"Descriptive Approach to Community Assessment"

Chapter Four

IN

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COMMUNITY AS A CLIENT:
ASSESSMENT
AND
DIAGNOSIS

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DESCRIPTIVE APPROACH TO COMMUNITY ASSESSMENT

OBJECTIVES

THE LEARNER WILL

1. identify the term health as defined in the descriptive approach to community assessment.

2. recall the three areas involved in a descriptive community assessment.

3. compare philosophical foundations of the descriptive approach to Orem's concepts of self-care.

4. recognize the place for the descriptive approach in the Discovery Process.

5. differentiate between themes and issues.

6. assess a community using the Discovery Process.

The descriptive approach to community assessment is a method of gathering health data about a community by investigating the physical, sociocultural, and

economic conditions which affect those within the community. The assessment phase is the first step of an operational activity for assisting with the resolution of health problems by using the strengths and abilities of the individuals within the community.

The basis for this type of assessment is a view of health as a total life process—continuous, dynamic, and influenced by internal and external forces that are of a physical, sociocultural, and economic nature.[1] Communities use skills to manage their life processes based on the availability of resources and the ability to influence the various forces. Identification of these factors can give direction for adapting to new modes of action for improved quality of life.

The descriptive approach has been perfected by James Kent and associates through the development of the Discovery Process. There are a number of similarities between this Discovery Process and Orem's nursing theory in terms of conceptual approach to clients.

NURSING THEORY APPLICATION

Dorothea Orem proposes that clients use their own unique styles to provide for health care according to their capabilities.[2] These are identified as self-care abilities. The ability for self-care is influenced by numerous internal and external factors which can include cultural orientation, economic conditions, geographic area, political influences, present health status, and available resources.

The definition of self-care includes the following presuppositions:

1. Self-care is a form of self-management.
2. Self-care is necessary for life itself, for health, for human development, and for general well-being.
3. Self-care and the care of dependents rest on the cultural attainments of social groups and on the educability of their individual members.[3]

Orem focuses on the patient as an individual, with the health team and significant others viewed as a helping system. If the community is viewed as a client or patient, then the nursing process can be applied to the community, beginning with a history and assessment. The idea of self-care can serve as a theoretical foundation for the descriptive community assessment. Orem's theory can be interpreted to state that any condition that impinges upon the ability of the *community* to meet its physical, sociocultural, or economic needs can be considered a health care demand. A self-care deficit exists when the health care demand is greater than the self-care ability. A nursing relationship exists when the self-care deficit is great enough to project the client into a state of social dependency.

DISCOVERY PROCESS

Community assessment using the descriptive method to ascertain self-care deficits begins with an identification of self-care abilities and health demands. The community or neighborhood is considered the basic unit for assessment, planning, and action. The Foundation for Urban and Neighborhood Development (FUND), directed by James Kent, uses the descriptive approach to initiate the Discovery Process. They advocate that the process begin with a description of the means by which the people in a community employ survival and learning techniques to manage their everyday lives. The interactions of the members of the community are observed as they relate to environmental constraints, support systems, and each other. It is not possible to separate community activity from the environment. Each modifies the other to affect the community as a whole.

Kent's Discovery Process uses the theory of "informal networks," consisting of people who support each other in predictable ways and have a shared commitment to maintain and to enhance their quality of life.[4] Discovery of the formal and informal networks, how they function, and the content of their interaction helps identify the strengths and weaknesses of the community and leads to a definition of the issues that disrupt or impinge upon the quality of community life. This assessment then gives direction to a social action process for change which incorporates citizen participation by using the network system. The "process begins with an ability to identify and tie issues to specific networks, because social action processes must always be grounded to the concerns of individual citizens and their constantly changing environments."[5] Figure 4-1 illustrates Kent's view of citizen participation and the Discovery Process.

Before beginning the assessment, Brownlee[6] suggests two areas that should be explored. The first is the attitude of the community toward "being studied." This is particularly true if the community is unique, such as having a specific ethnic orientation. The second is the need for an identification of any rules or protocols that should be followed during your investigation. Key informant interviews may provide this information. Ignoring this preparatory step could result in lack of acceptance and inaccurate data.

The chosen community may be one that is considered familiar to the investigator or it may be an unknown entity. In either situation, the approach should be that of a "stranger" involved in discovering hitherto unknown data. The investigation lends itself well to some techniques used in an anthropological investigation or the phenomenological approach.[7] An effort should be made to erase all preconceived notions regarding the area. It is best not to research formal data about the community before starting the project. This can be done at a later time.

Initial perceptions should be on a personal basis, using all five senses of sight, hearing, touch, smell, and taste.[8] This is accomplished on foot and alone. Walking around the area allows time for the senses to absorb the atmosphere of the neighborhood. Being alone is important. If two or more people start the activ-

DESCRIBING COMMUNITIES
or areas affected by proposed
changes using key social
variables and indicators

EVALUATING RESULTS
and monitoring further
developments for changing
or unanticipated situations

GENERATING THEMES
and topics of broad
public interest
and concern

Physical/Ecological

Economic/Political

PEOPLE
and their
ENVIRONMENT

Social/Cultural

IMPLEMENTING ACTION
strategies and/or
mitigation schedules
to resolve public issues

IDENTIFYING NETWORKS
or organized groups
and the specific
issues they carry

DESIGNING STRATEGIES
and implementation
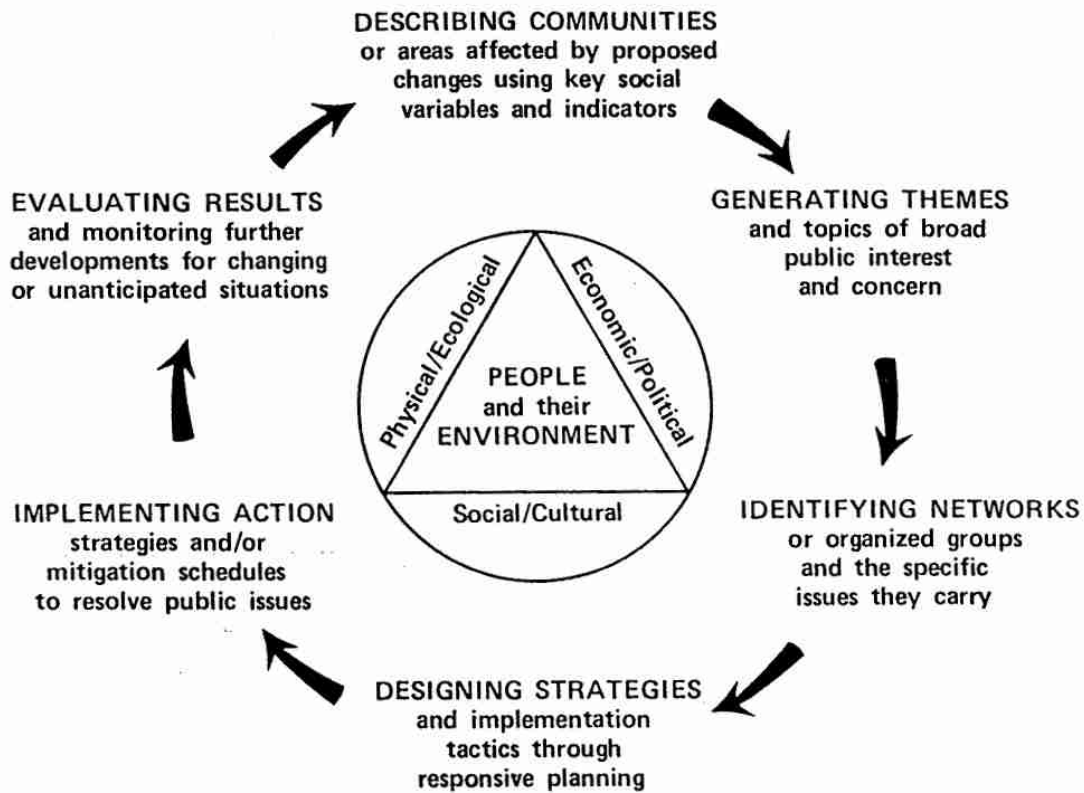tactics through
responsive planning

FIGURE 4-1. Diagram of Kent's view of citizen participation and the Discovery Process. (Redrawn from Health Care Strategic Management, November, 1983.)

ity together, it is only natural to share reactions, which will influence others' perceptions while they are occurring. A group of outsiders wandering around a close-knit neighborhood may cause suspicion and reticence to share. This may make it difficult to collect the correct information. If safety is a factor making it impractical for the assessment to be done alone, care should be taken so that observations are not shared with each other until the completion of this initial assessment.

The first walk through the neighborhood should not be hurried. Take time to observe. What is your first impression? Does it make you feel comfortable? Does it seem foreign to you? Sounds are significant. Is it noisy or quiet? What are the noises? Are they traffic, machinery, voices? Are they pleasant or distracting? Do you get the impression of purposeful activity? Odors can indicate industry, sanitation, cooking habits, or environmental problems. Try to get an overall impression while you are noting and absorbing the small details.

Physical Characteristics

Once the boundaries or limits to the community have been determined, *physical features* can be identified. The size and topographical features influence the

character of the community. Cohesiveness, communication, and mobility may be affected by the size of the community. The geography of the area can influence the ability of the inhabitants to interact with each other. Cliffs, hills, mountains, rivers, and lakes are natural barriers which can divide a neighborhood. Artificial or man-made barriers include freeways, one-way arterials, railroad tracks, or anything that makes it difficult to cross in order to travel from one part of the community to the other. Tall buildings or large billboard signs, even though it might be easy to pass around or through them, sometimes act as visual or psychological deterrents to communication.

These same characteristics may well be the ones that serve to identify the boundaries of a community. The manner in which they influence transportation within the area and to the outside should be noted. Natural pathways used by the people as they travel to shopping or social congregation areas need to be identified. Modes and availability of transportation should be noted.

Climate affects the life style of the community. Housing, clothing, food, occupation, and the methods for adapting to the constraints imposed by severe fluctuations in climate can be assessed by direct observation or through discussions with the residents. The particular period in which the investigation is taking place may not give the entire picture of conditions throughout the year.

Vegetation is influenced by climate but can be an indicator of additional factors as well. It can inform the careful observer of the relative age of the district by the size of the trees and shrubs. Their condition may communicate a pride in the neighborhood, social or economic constraints, or a feeling of neglect and dissatisfaction. Cultural influences can be recognized by the nature and variety of vegetation. When economic conditions make growing vegetables a necessity, lawns may be replaced by a garden plot. Some communities have protested increasing water rates by discontinuing outside watering, or a water shortage may have made it impossible to irrigate.

The buildings and structures are good indicators of the "personality" of a community. The proportion of housing to industry, the type of housing—single family, multifamily, apartment or hotel—age and condition of housing are all economic and social indexes of living styles and possible health care demands. Communities pass through developmental stages similar to human growth and development. There is a growing phase, a stationary phase, and a deteriorating phase. The death of an individual community takes place when some new type of activity takes over the space of that particular community. The periods of changing between one phase and another are known as transition phases. Age and conditions of housing are frequently the first indicators of a changing phase in a community. Evidence of recent improvements or lack of repair could signal the direction a neighborhood is taking.

Physical conditions of the community—including buildings, sidewalks, lights, streets, or any other structure—may reflect the attitudes of the residents toward their circumstances. They may also be the result of outside political or economic policy at the local, state, or federal level. A quick survey of adjacent communities might be helpful as a comparison.

Signs can be another indicator of the attitude of the community residents

toward each other and outsiders. The usual street signs to control traffic and to protect pedestrians are to be expected and their absence questioned. House signs such as "Beware of Dog," "No Peddlers Allowed" or "No Trespassing" may be seen occasionally in any neighborhood. A large number of such signs should prompt further investigation of the situation surrounding the particular need for posting them.

Additional features of the neighborhood that should not be overlooked are the following: 1) *Fences.* These are a way of staking a territorial claim. They can be very attractive and meet the need for privacy or they can be forbidding and threatening. 2) *Recreation and shopping.* There should be provision for various types of facilities within the boundaries of the community which are conveniently located and meet the needs of its members. 3) *Parks.* Many neighborhoods have legal requirements for certain amounts of land to be allocated for park usage based on a percentage of the people residing in the area. It should be accessible and appropriate to developmental needs as well as having aesthetic qualities. 4) *Traffic.* Parking, flow, type, age and condition of vehicles may give clues to the nature of the neighborhood. 5) *Industry.* The variety, size, type, and amount of business conducted within the boundaries of the community can have a great influence upon the nature of the community.

Assessing the physical characteristics of the community can present a good beginning perception of its nature. It also serves as a basis for an introduction to an investigation of the social and economic factors which may affect the community's health demands and ability for self-care.

Social Characteristics

The social characteristics of a community are defined by the people who comprise the community. Their relationships with each other, the surrounding communities, and the government are areas to be defined. These relationships are influenced by many factors, including their culture, habits, modes of communication, and daily routines.

It is critical to talk with the people residing in the community. FUND developers learned that an "open process, rather than a 'back door' approach (stay invisible and hope that people won't know what you are doing) insures healthy community participation."[9] In this way as many issues as possible are identified and documented for resolution. The old-fashioned attribute of "passing the time of day" in a casual manner is a skill that should be encouraged. Professionals tend to have an agenda of preconceived ideas and a list of items which need answers. Community health nurses often claim more information can be gained about a client during the period of socialization at the beginning of a home visit than at any other time during the working phase of the visit. Talking may occur while walking around the area exploring its physical environment. Engaging in a conversation with someone who is hand watering the front yard, weeding the garden, or waiting for a bus might be appropriate. This sort of interaction can initiate ideas for further investigation.

Time might be spent on a park or bus stop bench observing the *activity of the people*. A stop at an establishment patronized by residents for refreshment, nourishment, and social interaction could be helpful. Browsing in some of the local stores will present an opportunity for observation and conversation.

The following excerpts from one of the author's experience as a participant in a community assessment workshop illustrate the talking technique and the information which can be acquired in this fashion:

A gravel country road, barbed wire fence enclosing a pasture of sparsely growing grass for two horses, one government low-income single family dwelling and a cluster of abandoned, unfinished multi-family housing. Blue skies, spring sunshine, meadowlarks calling and a few far-off traffic sounds and voices.

I was participating in a descriptive community assessment on the Ute Indian Reservation. This was my assigned area and I was becoming anxious. I had just been transported to the site, informed of my boundaries and abandoned. As I stood there undecided about how to proceed the residents of the single-family house emerged through the front door, got into their car and drove off down the road the way I had come. Since they were the only humans visible to me, I wondered how I was going to engage in a conversation with anyone!

I walked slowly along the dusty road and stopped in front of the pasture fence. I thought I might at least be able to contribute some observations to the assessment. The two horses were unkempt with protruding ribs, droopy heads and half-closed eyes despite the feel of spring in the air. The mare had a swollen belly and I mentally noted two alternatives—pregnancy or worms.

I moved on to the unfinished apartments a block away. They were framed and had outside siding, rough flooring, and sheetrock on the interior walls. There were no doors or windows nor any signs of wiring and plumbing. The dust had settled in a heavy coating to indicate cessation of building activity for some period of time. There were no signs of anyone using the building for any sort of activity whatsoever. Not even any vandalism.

I turned the corner of the road and there right behind another wire fence was a well-tended vegetable garden. The carrots were up about two inches in lovely even rows. My first thought was one of guilt because I hadn't even planted my carrots yet. Then I remembered I lived about a 1000 miles north and it wasn't planting time for us yet.

As I advanced to get a better look at the garden, a small boy about 8 or 9 years came around an unpainted shed towards me. We exchanged greetings and I expressed admiration for the garden. He said his mother planted it but she wasn't here now—she had gone to the store with his sisters and his grandfather was taking care of him.

He invited me to share a wooden garden bench under a tree in the back yard. As I gratefully accepted, I noticed his curious black eyes fixed

on a stenographic notebook I was clutching more for a security blanket than anything else. I remembered I had red and black felt pens and a pencil in my purse so I asked him if he would like to draw in the notebook.

It was a truly inspired thought! He smiled and nodded, examined the drawing instruments, chose the pencil and went right to work. He drew a galloping horse ridden by a man with a lighted cigarette hanging rakishly out of his mouth. The smoke from the cigarette swirled up to the sky in fancy spirals. He explained that this was a picture of his brother racing his horse at the last powwow. He said his family attended several powwows each year. Sometimes they were on other reservations many miles away. There were games, visiting, no school and he thought they were great fun. It sounded rather like a large combination picnic and family reunion.

Then he drew another picture of a man with a rifle and said the men in his family went hunting for deer in the fall. This led to stories of hunting and fishing and he described a fish he had caught. His third picture was of Sitting Bull and he used both the colored felt pens to get the decorations of feathers and beads just right. He announced that Sitting Bull was a very important person.

I was just about to ask for the story of Sitting Bull when an elderly man came out of the back door of their house and over to us. The boy told me with pride that this was his grandfather. We introduced ourselves and I displayed the pictures his grandson had drawn.

I realized my feeling of discomfort had completely disappeared. I was about to continue with our conversation when one of the other participants in the assessment activity came rushing across the road to remind me it was time to leave. Our ride back was departing in a few minutes.

I had gathered a great deal of data in a very short time. There was the possibility of a morning routine as evidenced by the disappearance of the mothers and small children around 10 AM. I also knew there was an extended family system, social gatherings for entertainment and recreation, supplements to purchased food through a home garden, hunting and fishing, a cultural heritage, and here in this back yard a gentle and loving family. Further investigation would be needed to find out if cigarette smoking was a possible health hazard to Indian youth. The condition of the abandoned apartment complex led me to believe respect for another's property was important.

The concept of defining the *social characteristics* of a community is very broad. The social assessment might begin by determining recruitment and settlement patterns or the means by which people chose jobs and a community in which to live. Factors influencing these patterns include recreational activities, possibilities for employment, the life style of the community, or supportive services. Each community is unique. An effort should be made to identify the individuality of the community.

The *culture* of the community is a primary influencing factor. There may be one cultural focus for the entire community because of ethnic identity, occupa-

tion, geographic location, or custom. It may be a diverse community with many cultures, or there can be many combinations or adaptations to the cultural focus of the area. Care must be taken to avoid judgments and stereotypes. Personal cultural biases which influence thinking and conclusions should be avoided. The fresh view of a "stranger" will be helpful again.

Identification of the *routines* of the community will help to ascertain the best times to investigate social interaction and can be useful in planning ways to assist with health care demands. There are many factors that may affect the routines of an area. A hot climate may make it more comfortable for activity to take place in the morning when it is cool and in the late afternoon when the sun goes down. In rural areas with no mail delivery the community routine may be focused on the arrival of the mail at the local post office. The occupations of the wage earners or industry in the area may influence the routines. In an agricultural community, the daily schedule may vary depending upon the progress of the crops. Free time for other activities is limited by the demands of the season. Those who maintain livestock are controlled in the morning and evening by the need to "do the chores." A manufacturing firm may have an around-the-clock schedule, resulting in various segments of the population with differing routines.

In a low-income metropolitan area there may be increased activity at the first of the month when the government assistance checks arrive. The ability for self-care may also increase or decrease in proportion to the skills of the recipients to make their income stretch from one pay period to the next. In a suburban area the routines of the day may be guided by the school schedule.

The *communication system* is another important aspect of the social structure of a community. *Gathering places* can be identified. These are often related to routines and close to *natural pathways*. If mail delivery at the post office determines a routine, the gathering place for social interaction may well be the post office or a restaurant nearby.

In a farming community during the winter season farmers often gather at a local coffee shop sometime around midmorning. The laundromat near an area with rental housing may be a place where mothers socialize while washing their clothes. It may be more difficult to observe the interactions of homemakers having coffee together at a neighborhood residence, but it may be possible to determine if there is a routine for gathering in a particular residential area. These gathering places are part of the communication network because they provide a place and participants for communicating. Two other common communication methods are the telephone and individual contacts. Listening carefully when conversing with residents may be helpful in identifying the favored method of communication.

Closely allied to the principle of gathering for social interaction is the concept of the *natural caretaker*. During crisis periods or times of anxiety community members may seek assistance from individuals they view as helpful. The "helpful" designation can be based on a variety of personal attributes assigned to the helper, including knowledge, caring, support, previous success with the system, tradition, or custom.

Individuals may also take on the caretaker role as a part of their life style. The waitress in an eating establishment who advises an elderly customer to have fruit for dessert rather than ice cream because she knows he is diabetic may be such a person. Care must be taken to differentiate between the natural caretaker and the opportunist (market caretaker) who assumes this role for personal or financial gain.

Communication, routines, and natural caretakers produce a social network system for self-help within the community. An impression of the coping mechanisms used to deal with health care demands begins to emerge. This can be called the process by which the community uses self-care abilities. Health care needs or demands will also begin to present themselves as the investigator tries to identify self-care abilities.

Economic Characteristics

Economic and social characteristics of the community are closely interrelated. Data regarding both may be gathered at the same time. Information about the economic characteristics of a community may come from many sources. Observation of the physical nature of the area may quickly reveal the primary *focus of employment*—industry, agriculture, recreation, or small business. Initial perceptions can be verified through conversations with the residents. Some influencing factors relative to employment or personal income and their effect on self-care abilities and health demands include 1) availability, 2) permanence or seasonal nature, 3) "absentee" ownership or delegated management, 4) community attitudes, and 5) local, state, and federal controls, such as laws and/or policies.

Other factors that may be assessed relating to the individual workers that comprise the laboring population could include any changes in size or characteristics of the employment pool, the local labor supply, the mix of the population of those employed, and the management and wage structure.[10]

Power in a community frequently rests with those individuals who control the economy or finances. A group of nursing students investigating a deteriorating neighborhood using the descriptive method approached the manager of the nearest bank and asked him who he thought was the "power" in the community they were assessing. His answer was quite simple and straightforward. "I am," he said. Further inquiry revealed the city development plans projected industrial zoning for this primarily residential area. He was refusing requests for home improvement financing from anyone living there (an action sometimes referred to as *red lining*). Community efforts to upgrade living conditions were effectively frustrated. People were moving out of the area. He anticipated the properties would soon become available for industrial development.

Individual or small group *perceptions of the economic forces* within a community must be assessed as well as the broader economic influences. The ability to pay for services directly, through insurance, or via tax-supported programs is the present criteria in the United States by which health services are usually

dispensed. Accessibility and availability of services are influenced by multiple economic factors.

Discussion of finances can be a forbidden topic because of cultural norms. This is true for the investigator as well as for those being investigated. The topic may be difficult to approach and may require some diplomacy on the part of the one seeking information. When lack of money is the cause for stress or precipitates a crisis situation, particularly when it affects the ability to meet the basic needs of life, the community may be more open to exploration of the problem.

Clues to economic conditions include prices in grocery stores compared with those in stores in other areas, signs about food stamp rules and regulations, check-cashing policies, and attitudes of clerks toward customers. Conversations with individuals frequently gravitate toward their state of health. It may be appropriate to discuss the current cost of illness and how it is financed.

Collating the Data

The Discovery Process adapts itself to an individual or group community assessment. When a group undertakes the process, participants may wish to divide the chosen geographic area into smaller units so that each individual will be investigating independently. Immediately after each session in the community, time should be allocated to jot down impressions as they come to mind. Journals, maps, or worksheets are useful for recording notes to assist the memory. It is not necessary to have these descriptive statements in any particular order or sequence. If there is more than one investigator, this is the appropriate time to share all the collected information with others in the group.

An effective process for group sharing is to appoint a recorder who writes all the thoughts and impressions on a blackboard or large sheets of newsprint. As the notations accumulate, clusters of related descriptions will begin to appear. These clusters can be called categories or themes.[11] In this instance, themes are "broad topics of public interest or concern. Themes cannot be acted upon directly, but focus the describer to pursue the identification of issues."[12]

An issue is a subject of widespread public discussion or interest. Issues are expressed desires of a specific network or group that can be acted upon at various stages of implementation development.[13] For example, expressions of dissatisfaction with public transportation may be identified as a theme from a group of descriptions which include conversations with people waiting for a bus, observations of only a single bus stop in the area, and reports of missed appointments and poor attendance at clinics or community centers because of transportation problems. An issue may be a proposed reduction in bus services or an increase in bus fares.

Themes help identify issues related to self-care deficits and health demands of the community. Networks transport the specific issues through the community. Networks identify the issues and are the means for implementing change. Therefore, it is important that networks and issues be described simulta-

neously.[14] Together they form the basis for determining problems and setting priorities for action. This approach results in a needs identification from the client's perspective. Just as effective nursing care of an individual or family requires client involvement, this method encourages community involvement.

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