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Community Health Assessment

Community Health Nursing

Concepts of community, types of communities, community diagnosis, community assessment, family assessment, community health needs, health indicators and community health surveys.

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CHAPTER 04 / COMMUNITY HEALTH NURSING 04. Community Health Assessment

1. Definition and types of community

Community assessment is a systematic process of identifying population health conditions, determinants, resources, strengths and priorities. Communities may be geographical (village, ward), functional (workplace, school), interest-based or based on common needs (e.g., people living with diabetes).

2. Community diagnosis

Community diagnosis summarizes a population health problem with contributing factors and supporting evidence. Unlike a medical diagnosis of an individual, it identifies a group-level health need. Example: incomplete vaccination among children in Ward A related to missed outreach and migration, supported by a dated register review and household verification.

3. Components of community assessment

Domain	Information to collect
Population	Size, age, sex, migration, vulnerable groups
Health	Disease burden, deaths, nutritional status, disability
Environment	Water, waste, sanitation, housing, vectors
Socioeconomic	Education, income, work, transport, food security
Services	Facilities, staff, medicines, referral access
Community assets	Local groups, volunteers, leaders, social support

4. Methods and sources

Primary data: household survey, interview, observation, focus group, physical assessment, environmental walk-through. Secondary data: census, HMIS, SRS, NFHS, disease registers and local records. Use multiple sources to reduce error; routinely collected service data do not necessarily measure true disease prevalence.

5. Steps of community survey

1. 1. Define geographical area, objectives, population and time period.
2. 2. Seek administrative approvals and engage community representatives.
3. 3. Choose census or sample approach; develop and pilot a questionnaire.

4. 4. Train data collectors, obtain consent and protect privacy.
5. 5. Collect and validate information; identify missing or duplicate records.
6. 6. Tabulate indicators and map service gaps without exposing identifiable households.
7. 7. Share findings and rank needs jointly; plan and evaluate interventions.

6. Family assessment

Assess family structure and relationships (genogram), social supports (ecomap), household environment, income and resources, health histories, pregnancy, child immunisation, nutrition, medications, disability and caregiving. Identify both risks and protective factors; include the family's own priorities.

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7. Health indicators

Indicator	What it measures
Incidence	New disease occurrence
Prevalence	Existing disease burden
IMR	Infant deaths per 1,000 live births
MMR	Maternal deaths per 100,000 live births
Immunisation coverage	Eligible people receiving a defined vaccine/dose
Service access	Geographic, financial and practical barriers

8. Prioritization and action plan

Consider severity, magnitude, feasibility, community concern, prevention potential and equity. Example: 30 of 120 eligible children missed a dose: dose coverage is 75% if the other 90 received it. Establish a due list, identify reasons, plan outreach and measure verified vaccination coverage again.

9. Nursing responsibilities

Maintain accurate household records, obtain informed participation, avoid stigmatizing labels, document data dates and denominators, refer identified illness, work with local bodies and evaluate whether the intervention reduced the gap.

10. Tools for community assessment

Community mapping

Draw a resource map showing households, water points, roads, schools, health facilities, waste disposal sites and areas with access barriers. Use a separate confidential system for personally identifiable clinical information; never publish household diagnoses on an open map.

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Community diagnosis statement

Describe the problem, population, supporting evidence and contributing factors. Example: low timely immunisation coverage among infants in a remote village, supported by reconciled due lists, with transport difficulty and missed outreach as potential contributors. Verify causes with caregivers before choosing interventions.

Data collection method	Strength	Limitation
Household interview	Reveals needs and barriers	Recall and social desirability bias
Direct observation	Records visible environmental conditions	May not explain reasons
Focus group	Explores community perspectives	Not representative of all residents
Register review	Uses service and follow-up records	Missing or duplicate entries

11. Worked assessment and evaluation

A survey identifies 120 eligible children; 90 have documentation of a scheduled vaccine. Verified coverage is 90/120 x 100 = 75%. Review the 30 children without recorded vaccination individually; some may have received a dose elsewhere. Create an updated due list and coordinate outreach. In the next review, compare coverage in the same defined population and period, accounting for new eligibility and migration.

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12. Important Examination Questions

Long Answer Questions

1. 1. Explain community assessment, diagnosis and survey steps.
2. 2. Describe family assessment and health indicators.
3. 3. Describe community diagnosis, resource mapping and prioritization with an example.
4. 4. Explain methods of collecting and validating community health data.

Short Answer Questions

1. 1. Primary vs secondary data
2. 2. genogram
3. 3. community assets
4. 4. priority setting
5. 5. Community mapping.
6. 6. Focus group versus household interview.
7. 7. Community diagnosis statement.

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Very Short Answer Questions (with answers)

1. 1. New cases? Incidence.
2. 2. Existing cases? Prevalence.
3. 3. Family relationship diagram? Genogram.
4. 4. What is a denominator? - The population or quantity to which a measure refers.
5. 5. What is a resource map? - A representation of community services and assets.

13. Quick Revision

- Community assessment covers needs and strengths.
- Use several data sources to verify findings.
- Prioritize severity, magnitude, feasibility and community views.
- Do not publish identifiable household health data.

Conclusion

Assessment is the basis of evidence-informed, locally relevant community care.

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which information is primary data in a community assessment?

A. A previously compiled disease register
B. Observations collected during a household visit
C. Published census tables
D. Existing HMIS reports

2. Which family assessment tool depicts family structure and relationships?

A. Epidemic curve
B. Population pyramid
C. Genogram
D. Ecomap

3. A survey verifies vaccination in 90 of 120 eligible children. What is the documented coverage?

A. 25%
B. 90%
C. 120%
D. 75%

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4. A village survey finds repeated diarrhoeal illness clustered around an unsafe water source. Which response best addresses the community-level problem?

A. Treat each episode without assessing the shared exposure

B. Stop recording new cases to avoid alarm

C. Provide the same medicine to all residents without assessment

D. Investigate the water risk and coordinate safe-water, sanitation and prevention measures

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Answer key and explanations

1. B - Observations collected during a household visit

Primary data are collected directly through methods such as interviews and observation.

2. C - Genogram

A genogram shows family structure and relationships; an ecomap shows social supports.

3. D - 75%

Coverage is 90 divided by 120 multiplied by 100.

4. D - Investigate the water risk and coordinate safe-water, sanitation and prevention measures

Community assessment connects patterns of illness with shared determinants. Coordinated investigation and environmental prevention complement individual clinical care.

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