The Community Themes and Strengths Assessment At-A-Glance

The Community Themes and Strengths Assessment answers the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets.

The information gathered during this phase will feed into the Identify Strategic Issues phase of the MAPP process (the other three assessments will also provide important sources of information). By including Community Themes and Strengths in the MAPP process, two benefits are gained. First, community members become more vested in the process when they have a sense of ownership and responsibility for the outcomes. This occurs when their concerns are genuinely considered and visibly affect the process. Second, the themes and issues identified here offer insight into the information uncovered during the other assessments.

Recommended Participants and Roles:

?? Subcommittee — designs and prepares for the Community Themes and Strengths Assessment, oversees the information-gathering process, and compiles results.

?? MAPP Committee — oversees subcommittee activities and provides recommendations for gaining broad community participation.

?? Broad Community Involvement — is included to gather the thoughts, opinions, and concerns of community residents — an especially important component of this phase.

A Step-by-Step Overview of the Community Themes and Strengths Assessment:

1. Prepare for the Community Themes and Strengths Assessment by establishing a subcommittee to oversee the activities. Identify necessary resources and individuals. Determine the most effective approaches to gather information from a cross-section of the community. These might include community meetings, focus groups, windshield surveys, individual discussions or interviews, and surveys.
2. Implement activities that gather community themes and strengths and engage the community in the MAPP process. Use open-ended questions that elicit opinions, thoughts, and issues. Also, gather feedback on quality of life issues and community assets. Meetings or discussions should be held in accessible places and at times that facilitate broad participation.
3. Compile the results. Be sure to list issues, potential solutions, and assets.
4. Sustain community involvement and empowerment throughout the remainder of the MAPP process.

The Community Themes and Strengths Assessment

Introduction to the Community Themes and Strengths Assessment
The Community Themes and Strengths Assessment answers the following questions:
- "What is important to our community?"
- "How is quality of life perceived in our community?"
- "What assets do we have that can be used to improve community health?"

The Community Themes and Strengths Assessment is a vital part of a community health improvement process. During this phase, community thoughts, opinions, concerns, and solutions are gathered – anything that provides insight into the issues of importance to the community. Feedback about the quality of life in the community and community assets is also gathered. The result of this phase is a strong understanding of community concerns, perceptions about quality of life, and a map of community assets.

The information gathered during this phase will feed into the Identify Strategic Issues phase of the MAPP process (the other three assessments will also provide important sources of information).

What are Community Themes and Strengths?
Listening to and communicating with the community are essential to any community-wide initiative. The impressions and thoughts of community residents can help pinpoint important issues and highlight possible solutions. More importantly, by involving community residents and truly listening to their concerns, every participant feels like an integral part of the process. Mobilizing and engaging the community may be a daunting task, but when successful, it ensures greater sustainability and enthusiasm for the process.

During this phase, three tiers of information-gathering should occur.

- **Open discussion to elicit community concerns, opinions, and comments in an unstructured way** – Asking open-ended questions ensures that issues of concern and interest to the community are raised. If concerns are properly addressed, this activity can raise the credibility of the process and underscore the community-driven nature. For example, in Alameda County, CA, community residents expressed concern about potholes in the jurisdiction's streets. While potholes are not generally seen as a public health issue, community conveners worked with appropriate agencies in the community to address the problem. The success of this effort raised the credibility of the community conveners in the public's eye and generated trust among residents for the process.

- **Perceptions regarding community quality of life** – Questions about quality of life in the community can pinpoint specific concerns. This helps to highlight aspects of neighborhoods and/or communities that either enhance or diminish residents' quality of life.

- **A map of community assets** – Asset mapping is an important tool for mobilizing community resources. It is the process by which the capacities of individuals, civic associations, and local institutions are inventoried.

Below is a comparison of an asset-based versus a needs-based approach:

Needs Based	Asset Based
✍ Focus on deficits	✍ Focus on assets
✍ Problem response	✍ Opportunity identification
✍ Charity orientation	✍ Investment orientation
✍ Programs are the answer	✍ People are the answer
✍ More services	✍ Less services
✍ Grants to agencies	✍ Grants, loans, contracts, investment, leverage dollars
✍ High emphasis on government agencies	✍ Emphasis on associations, business, agencies, churches, etc.
✍ Focus on individual	✍ Focus on community or neighborhood
✍ See people as "clients"	✍ See people as "citizens"
✍ "Fix" people	✍ Develop potential

Source: United Way of Metro Atlanta

All of this information — open community discussions, quality of life perceptions, and a map of community assets — leads to a portrait of the community as seen through the eyes of its residents.

While the broader community should be involved in the entire MAPP process, it is during the Community Themes and Strengths Assessment that formal community dialogues are established and community ownership begins. Dialogue, which is more fully discussed in the Tip Sheet – Engaging the Community, can be defined as the "skillful exchange or interaction between people that develops shared understanding as the basis for building trust, fostering a sense of ownership, facilitating genuine agreement, and enabling creative problem solving."

Benefits and Challenges of Identifying Community Themes and Strengths

Benefits include:

- **Community members become more vested in the process** when they realize that their concerns are being genuinely considered and are influencing the process.
- The themes and issues identified in this phase **shed light on the information uncovered in each of the other assessments**.

Additional benefits are listed in the Tip Sheet – Engaging the Community.

There are many challenges associated with conducting community dialogues. These include limited resources and time, difficulty in reaching all populations and residents, and ensuring that the process is *truly* community-driven. Revisit the Tip Sheet – Engaging the Community for ideas about how these challenges can be overcome.

Dialogue is a particularly well-suited tool for the Community Themes and Strengths Assessment, as it moves communities away from a "discussion" model and toward a "participatory" model of developing shared understanding. As a methodology it enables broad exploration of the many aspects of an issue or initiative. Issues that initially appear to be relatively simple often have completely unexpected consequences or implications when exposed to the light of open community dialogue. By respectful listening, less

enfranchised constituents of the community may begin to participate. A facilitator in this sort of process should be prepared for the possibility that what at first appears as disruptive participation will often turn out to be quite the opposite. It is this sort of openness and sensitivity to the process of participation that can lead to the emergence of "a new way of thinking together."

How to Conduct the Community Themes and Strengths Assessment

The following steps outline a loose process for initiating the Community Themes and Strengths Assessment. It is especially important to tailor activities to the community's needs, resources, and characteristics. The following six vignettes illustrate how communities have been engaged in public health processes:
Alameda, CA,
Santa Clara, CA,
Chicago, IL,
Jasper County, SC
Clarkston, GA – Windshield Survey
Clarkston, GA – Photovoice Concept

Step 1 – Prepare for the Community Themes and Strengths Assessment
Establish a subcommittee to oversee Community Themes and Strengths Assessment. Thoughtful selection of participants helps to ensure that subcommittee members represent diverse segments of the community and bring different ideas to the table. Individuals proficient in qualitative data collection should be included.

Identify the skills and resources needed to conduct the activities. When choosing the approaches (listed below) to be implemented, consider the types of resources needed for each approach. Resources may include meeting space, food and drink for meetings, staffing support, equipment (tape recorders, projectors), and copying costs. If a community survey will be implemented, consider how that will be developed, disseminated, gathered, and analyzed. Identify a facilitator and recorder for community discussions and focus groups. See the Tip Sheet – Facilitation within the MAPP Process for helpful hints on identifying and working with a facilitator.

Consider the resources needed to reach broad segments of the population. Local media may be useful for informing residents about the process. See the Tip Sheet – Engaging the Media.

Multiple approaches can be used to engage the community. These include:
- Community Meetings
- Community Dialogues
- Focus Groups
- Walking or Windshield Surveys
- Individual Discussions / Interviews
- Surveys

The matrix, Information Gathering Mechanisms, describes each of these approaches, along with their advantages and disadvantages. Consider implementing a variety of options. For example, surveys may be useful for data gathering as a first pass, while

community meetings and individual discussions can delve more deeply into the identified issues. Or alternatively, focus groups may reveal themes that can be explored more thoroughly through surveys.

The committee should tailor its activities to the characteristics of the community. It is vital that the broader community have a voice in determining the activities to be undertaken. For example, a town hall meeting for gathering community themes will be unsuccessful if those involved are uncomfortable with that type of venue. Committee members should use their connections with others in the community to explore the various options. Additionally, ensure that resources are available to implement the activity effectively. For example, leaders of community meetings and focus groups require strong facilitation skills.

Finally, give strong consideration to gathering information through meetings or mechanisms already established within the community. Identify organizations within the community that have established meeting times and try to get on the agenda of those meetings. Examples might include meetings of the local Parent Teacher Association (PTA), community-based organizations, elected officials, as well as numerous others. This approach is less resource-intensive and, assuming that a variety of community meetings are used, assures input from diverse perspectives.

Step 2 – Implement information-gathering activities

When implementing selected activities, be sure to facilitate the broadest participation possible. Conduct a community scan to identify subpopulations or individuals whose voices are not being heard. For methods that require specific meeting times (i.e., the community meeting or focus groups), ensure that the logistics — how, when, and where the meetings are held — promote good participation. Give consideration to barriers to participation, such as child care and transportation. Each meeting should be accessible to all who wish to attend and it should be held at a time and date that accommodates the schedules of the desired participants (i.e., in the evening to accommodate those with day jobs).

All meetings, focus groups, or discussions should begin with an overview of the MAPP process, a description of community health (as contrasted with personal health) and a statement of the goal of the information-gathering mechanism. Similarly, written and telephone surveys should include a cover letter or a verbal introduction that informs respondents of the survey objectives.

Three levels of information-gathering should occur during the Community Themes and Strengths Assessment. These are described below:

1. **Open-ended, unstructured questions to gather information on community concerns, opinions, thoughts, and suggestions**

   Community meetings or discussions should open with an invitation to provide feedback on opinions, concerns, thoughts, and suggestions — virtually anything that provides insight into the issues of importance to the community.

   The following questions may be useful for gathering information on Community Themes and Strengths:

a) What do you believe are the 2-3 most important characteristics of a healthy community?
b) What makes you most proud of our community?
c) What are some specific examples of people or groups working together to improve the health and quality of life in our community?
d) What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?
e) What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?
f) What actions, policy, or funding priorities would you support to build a healthier community?
g) What would excite you enough to become involved (or more involved) in improving our community?

2. Perceptions regarding the quality of life in the community

Information on perceptions about quality of life in a community can be gathered through a community survey and/or community discussions. See Quality of Life Questions for more information.

3. Mapping the community's assets

Asset mapping involves developing a "capacity inventory" for the jurisdiction, community, or neighborhood and literally placing symbols on a map for the various social, cultural, economic, environmental and other community attributes and assets identified by community residents. Asset mapping can also be conducted through the use of walking or windshield surveys. Include regional assets, such as universities, airports, or national/state parks outside the jurisdiction boundaries.

After the map is complete, community members can analyze whether there are unrecognized assets from which it can draw upon and whether all segments of the community can access its resources. Community members should work together to build additional resources — including the social capital of mutual trust and civic engagement — to enhance the quality of life for all community residents.

See the Clarkston, GA Vignette – Photovoice and Clarkston, GA – Windshield Survey for a description of two different methods for gathering information about community assets.

Step 3 – Compile the results of the Community Themes and Strengths Assessment

Keep a running list of ideas, comments, quotes, and themes while activities are being implemented. More than one person might want to record the ideas to ensure that all suggestions and comments are documented and to capture nuances that one person might miss. Also note possible solutions to identified problems or innovative ideas for providing public health services. Issues and solutions are both important outcomes and will be a crucial contribution to the identification of strategic issues.

The results of this phase should be compiled into one central list. The worksheet Community Themes and Strengths – Issues, Perceptions, and Assets, may be used or another customized worksheet can be developed by your subcommittee. In addition, the ongoing results should be made available to participants of the other assessments so that

the Community Themes and Strengths Assessment can inform the other assessments' findings. The results should also be shared with the entire community.

Step 4 – Ensure that community involvement and empowerment is sustained
While the specific activities conducted (i.e., focus groups, windshield surveys) occur on a finite timeline, the dialogue that has opened up within the community should be never-ending. The participants who have become involved in the Community Themes and Strengths Assessment should continue to meet — their dialogue will be enriched by the findings of the other assessments and their creative and informed participation will be a critical resource throughout the MAPP process. Be sure to record names, addresses, phone numbers and emails of participants whenever it is appropriate in order to build a master list of contacts. Persons on that list are not only candidates for direct participation in the remaining MAPP phases, but are also potential recipients of progress reports and the final plan and may assist in implementation or evaluation during the Action Cycle. Building this broad participation is also vital to ensuring community ownership of the strategies and action plan.

Additionally, the community dialogues that have occurred may extend to other activities within the community and can benefit relationships of all types. It is the expectation that these dialogues will take on a vital life of their own within the communities themselves around issues and initiatives that may or may not be MAPP-related.

Community Themes and Strengths Assessment
Alameda County, CA, Vignette

The Livermore neighborhood encompasses a 12-block area within Alameda County. A unique partnership has been formed among the residents of Livermore, the Livermore Community Policing Unit, and Alameda County Health Department (ACHD). Using Community Themes activities (public meetings, surveys, and informal discussions) and a community-driven process, the partners have begun to work together to identify and solve local problems.

Residents and the Community Policing Unit initiated the partnership after a series of drive-by shootings occurred in the neighborhood. The police department responded initially with a traditional policing approach to the problem through an enforcement sweep. The gang- and drug-related activities were minimized, but the partnership work had just begun. The police department provided a street barbecue and clean-up day with free dumpsters for the neighborhood. Residents were pleased with the efforts and offered to work with the police on future safety issues.

The police saw the potential for establishing a community-based effort and invited ACHD to participate. Shared goals were identified: 1) conduct neighborhood-based activities that would increase the community capacity for decision-making; and 2) organize to improve the overall health of the neighborhood. All partners shared the commitment to broad health outcomes, non-traditional problem solving with the community, asset-based approach to change, and community-building strategies.

Residents were invited to a public meeting at the local middle school. The police and health departments introduced key staff, crime issues, and the goals of a partnership with the community. A brief written survey was conducted to determine areas of concern. Residents were identified from sign-in sheets and invited to a follow-up meeting. The Neighborhood Coalition was soon formalized. The group selected a resident chair and police and health department representatives provide staff support. A visioning process was conducted to identify how residents would like the neighborhood to look in five years. This provided the basis for the assessment and planning process.

The coalition is currently designing a neighborhood assessment. The commitment of its members is demonstrated through attendance at weekly planning meetings that are held in the homes of members. Residents will be recruited and trained to conduct a door-to-door survey. This is a participatory process that transfers skills and information to residents in the design of the information-gathering tools, the implementation, and the development of a written plan that holds all the partners accountable.

One success story already has occurred. The coalition approached an apartment owner about noise, reckless driving, street drinking, and litter. The coalition was successful where previous actions by the police and others had been unsuccessful. The complex has remained quiet and clean. The power of collective action was felt by all the members.

Community changes come from the neighborhood level. The outcomes of neighborhood work will affect multiple areas of health and will be replicated in other areas throughout the county.

Creating Dialogue Between the Community and Local Organizations Santa Clara, CA, Vignette

Located in Central California, Santa Clara County has a total population of 1,600,000, and consists of both urban (San Jose) and rural populations. There had been a long-standing rift between the county's HIV/AIDS Program personnel and the local community of persons living with HIV/AIDS and providers of nonprofit, private HIV/AIDS care in the county. This was routinely played out in the relationship between the county's AIDS Health Services Program and the HIV Health Services Planning Council — a group of community volunteers convened by the County Board of Supervisors to plan for comprehensive system of care for people living with HIV or AIDS.

The county routinely disregarded the recommendations of the planning council. It also was uncooperative in sharing utilization and demographic data about the consumer population using services locally. The level of mistrust between the two entities had accelerated to the point of mutual antagonism, disrespect, and hostility.

In 1998, a new manager was hired to head the county's HIV/AIDS Program. Because of the history of bad feelings with the community, the planning council's efforts to re-establish a working relationship and sense of trust were met with polite indifference. To break down the barriers between the HIV/AIDS program staff and the planning council, the county offered to pay for dialogue training to be attended jointly by council members and county staff. The sessions were successful beyond anyone's expectations.

Community members, especially consumers, were able to vent their frustration with county staff, who some believe have stood in the way of building a strong program of care for people with HIV. They were able to express their feelings that their time was running out, that they needed higher quality, compassionate care, but that no one seemed to be doing much to establish the services they need. County personnel were able to communicate their own frustrations with the organizational structure within which they operated and express their genuine concern for the consumers and their commitment to the community to rebuild the county's AIDS program.

Not all members of the planning council attended at first. Those who were most skeptical and cynical opted not to participate. Nonetheless, the climate between the two entities changed relatively quickly following the first dialogue session. This was due to the fact that those council members who did attend modeled changed behavior to their peers which was more open, trusting and collaborative in nature. As a result, more council members opted to attend subsequent sessions and gave the training high praise.

The relationship between the HIV/AIDS Program and the planning council has been transformed. The two entities now work in partnership in a spirit of mutual respect and trust. Dialogue training created the opportunity for this change to occur, as it presented both groups with an opportunity to share their feelings and perceptions in a safe place and begin to eliminate misconceptions and barriers to effective, meaningful communication.

Community Themes and Strengths Assessment
Chicago, IL Vignette

While focusing its efforts primarily at a systems and policy level, the Chicago Partnership recognized the need to engage partners at the community level to inform the development of a strengthened public health system. With a "community" of nearly three million persons, this presented some challenges. The partnership decided to engage in contracts with four existing, more geographically focused community-based partnerships, each with the necessary expertise for reaching into their respective communities that the larger Chicago Partnership, as systems representatives with broader foci, lacked. Each local partnership would conduct a series of three community forums. The first set of forums was used to inform the assessment process, while the subsequent meetings were used to generate input on strategic issues and strategies.

At the first series of public forums, community members (both residents and local service providers) shared their perceptions regarding: (a) priority health and public health issues, (b) barriers to the delivery of local public health services, (c) elements for successful community-based health improvement efforts, and (d) systems-level changes needed to support local public health improvement efforts. A member of the community-based partnership led each forum and was also responsible for reporting the findings to the partnership staff.

Staff analyzed the findings from the forums both individually and collectively. The findings were then organized in a manner that reflected both issues unique to a specific community and those that were more common. During the forums that were convened in four different parts of the city, there was great diversity among the issues raised. However, common themes were also evident. For example, participants at most or all of the forums identified substance abuse, violence, cancer, hypertension, diabetes, and asthma as being among the most pressing health status problems facing their respective communities. Also frequently noted were access barriers such as transportation, language or other cultural barriers, and poor health care coverage. Broader issues were also identified, pertaining to the complexity of the public health system, community mistrust, and limited funding for critical services. Participants also offered suggestions for system improvements, including greater community involvement in local planning, better communication, policy changes, greater collaboration, and stronger public health leadership.

The findings were presented to the Chicago Partnership at its September 1999 meeting. Partnership members discussed the findings, noting similarities between the communities' perceptions and the health status data. It was also noted that the suggestions for systems change were very consistent with the partnership's vision. In one case, members noted that the perceptions of the community (that there were not enough community health centers) were inconsistent with their collective knowledge of the numbers, distribution and capacity of the system. Members concluded that the issue might be related more to access than availability.

Engaging the Community through a Community Forum
Jasper County, SC Vignette

"First Steps to School Readiness" — a governor's initiative — is a comprehensive enterprise designed to improve South Carolina children's readiness for the first grade. The initiative's goal is to support families in their efforts to ensure that their young children are physically, mentally, and emotionally healthy, thereby ready to face the challenges of school and learning.

Jasper County is a poor, rural county near the South Carolina coast. The county's population is approximately 17,000 people — 58 percent of whom are African American. According to the 1990 census, the per capita yearly income in Jasper County was $7,984 — more than $3,000 lower than the state per capita income. Frequently, communities with these characteristics are a challenge for community development because of the lack of necessary resources effectively to involve citizens. Jasper County has historically lacked the necessary financial resources, structure, and citizen support necessary to sustain community-improvement endeavors.

The First Steps legislation required that each county form a County First Steps Partnership Board. The process required a community-wide forum, jointly convened by local legislators and the state Office of First Steps. The county meeting was widely publicized to all areas of the county so those community residents interested in becoming involved in the initiative could learn about it and choose board members. Categories and numbers of board members (e.g., two early childhood educators, two health care providers) were included in the legislation.

This process posed a challenge to the county's local health department staff, who acted as the community organizers. Jasper County had little experience in drawing all citizens together to work on common problems. It is resource-poor with little or no public transportation. There had not been sustained community leadership that would enable residents to effectively organize and address priority problems across race, class, and geographic lines.

The public health community organizers had to find ways to successfully engage all segments of Jasper County residents in the First Steps process. They believed it crucial to organize an intensive and far-reaching recruitment campaign to ensure that full community representation was achieved to attract all potential contributors to the process.

Community organizers utilized social marketing theory to attract community members to First Steps. Every conceivable inexpensive avenue of community recruitment was pursued: flyers in stores or gas stations, newspapers, church bulletins, networking, word-of-mouth, and public service announcements, as well as using local radio and television and the weekly newspaper. Community organizations and local businesses provided volunteers and food for the meeting. They also were important in getting the word out through their networks. Public health community organizers not only obtained full community representation, but also reached out to community members who possessed a sincere commitment to the project.

The county forum drew a remarkable crowd of more than one hundred residents. All facets of the community were represented at this forum including parents, public officials, the faith community, and law enforcement. The forum invited all comments and concerns. State legislators as well as faith leaders, education professionals and parents of young children spoke eloquently about the need to have all children ready for school and how important the initiative was to the community. The election process was by category. People who had been nominated were listed along the walls of the meeting room and through use of overhead projection. Nominations were taken from the floor and each nominee was allowed a brief statement about why they felt they could contribute to the partnership board. Election was by color-coded secret ballot, with winners announced throughout the evening. Representatives of different organizations took up ballots and counted them. By the end of the evening, the Jasper County Partnership Board was elected and members were introduced to those who had elected them. The board looked like the county – black and white, young and old, professional and grassroots. They received applause from their community constituents and good wishes as they prepared to make a difference in the lives of young children and their families in Jasper County.

First Steps is still in the rudimentary phases of development in Jasper County. The Jasper County First Steps Board has unanimously elected Reverend James Davis, a white Episcopalian Priest as Chair. Reverend Davis was one of the first community residents to join the community mobilization planning committee for the initial forum. The county First Steps Board is taking its time gathering all the information it can about Jasper County in preparation for submission of the initial $50,000 planning grant. They will use the expertise of the local Council of Government in developing the planning grant. The board is taking a slow, thoughtful approach and the entire group appears comfortable with their progress. As Brad Smith, the district director of health education stated: " I have been very impressed with the amount of unity in this group. It is almost as if they have truly moved beyond turfism and the 'Show Me The Money!' mentality." Because of the exceptional level of commitment demonstrated by Jasper County residents and the effective community mobilization by public health staff, the future of the First Steps initiative in this county looks promising.

Clarkston Health Collaborative – Windshield Survey
DeKalb County, GA Vignette

On November 18,1995, twenty-two people conducted a windshield survey of the census tract which encompasses Clarkston, GA, a small city with a culturally diverse population of about 5,395 in central DeKalb County. DeKalb County, the second largest county in Georgia, is also its most densely populated and culturally diverse county. The goal of the survey exercise was to initiate an asset-based community health collaborative and to create a foundation for people from within and without the Clarkston community to work together by using the strengths of the community to address its problems. The DeKalb County Board of Health (BOH) and the Atlanta Regional Commission (ARC) had earlier approached the leadership of Clarkston, who then expressed interest in launching the effort.

The participants divided into five teams (one for each section of the census tract) comprised of: a "tour guide" who knew the area the best, one or two other Clarkston residents, and one or two stakeholders from outside Clarkston but associated with the BOH or ARC. While driving every street in their area, participants discussed what was going on in Clarkston and made observations about housing patterns, businesses, schools, parks and recreational facilities, schools, faith institutions, transportation patterns, public service locations, and medical providers. During the hour and a half of the windshield survey, participants engaged in a lively exchange and it was obvious that both people from within and without Clarkston learned new things about their survey area.

All five teams returned to city hall, where they shared their observations and developed a preliminary list of strengths and opportunities that would be brought to the formal launch of the collaborative on December 12th. Key observations included the fact that this community has enormous diversity not only in the race/ethnicity and age of its population but also in housing stock and economic status. There has been some reinvestment in the community but many opportunities for improvement remain. Faith institutions are numerous and often dedicated to being responsive to the newly arrived refugees and immigrants. Many other assets were identified. Major challenges for the community included: finding ways to include all groups in the effort, significant problems of substandard housing, the need for sidewalks, and the need for more recreational facilities accessible to youth.

The exercise created a sense of working together and provided an excellent foundation for the work of the Collaborative that is active now in its fifth year. What begins well has a chance for ending well. The Clarkston Health Collaborative has operated successfully without major new funding for the first four years and in May of 1999 received a substantial two-year grant from a local foundation to continue its community transformation. The Clarkston Community Center has received additional support for beginning the renovation of the old high school.

Clarkston Health Collaborative – Photovoice Concept
DeKalb County, GA Vignette

Clarkston is a small city in central DeKalb County with vast cultural diversity. The population of the city of Clarkston is 5,395; however, the greater Clarkston community was estimated to be 15,942 in 1994. Clarkston was originally approached by the Atlanta Regional Commission's premier health initiative — arising from the region's Vision 2020 initiative — because of its rich diversity in age groups, ethnic/racial groups, faith institutions, housing stock and because its health status data offered many opportunities for improvement. In addition, Clarkston represents a microcosm of what the Atlanta region, as a whole, will experience within a few decades.

The Clarkston Health Collaborative (CHC) facilitates communication and promotes collaboration throughout the community. The mission of CHC is to establish a platform for community development in order to facilitate meaningful dialogue among diverse individuals and groups so that they may effectively create the conditions that foster healthy people in healthy communities. With the leadership of the DeKalb County Board of Health (BOH), the group was formed in 1993 to guide a demonstration of community development that could lead to improved health and well being among local residents.

For three years, CHC has committed its efforts to listening to the community's needs. However, because adults primarily attend the CHC meetings, CHC found that it lacked information on adolescent needs and perceptions. So, the BOH implemented the Photovoice concept (developed by Caroline Wang) on behalf of the CHC.

The Photovoice concept provides a method for describing the community from the viewpoint of those who live there as opposed to those who govern it. Furthermore, it takes into consideration that what outsiders may think is important may not match what the community feels is important, and how outsiders perceive the community may differ from the way the community perceives itself. Using this framework, no person's perception is considered wrong and all are acknowledged as important. In Clarkston, the Photovoice concept was used as part of needs assessment, asset mapping, and evaluation.

Through partnership with Clarkston High School, the BOH asked the teachers to recommend eight students, and then hired the students to implement the Photovoice concept. The students discussed and identified their concerns for about two weeks. After this exploration, they were given a camera and unlimited supplies of film. Traveling around Clarkston, they took pictures of what they felt was important to them. Finally, they sorted out the photographs and produced a PowerPoint presentation and a book that reflected how they view their community.

The findings were presented to CHC and the BOH Board of Directors in August 2000. The youth identified five main concerns: violence, inadequate health facilities, smoking among youth, community services not being distributed equally among the different ethnic groups, and the environment (e.g., pollution). The assets they identified within the community were diversity and the fire and police departments. At the end of the Photovoice program, the students felt more empowered with an increased awareness of the community in which they live. They were also more willing to volunteer to make their community a safe and healthy place.

Tip Sheet –Conducting a Community Dialogue

The following process is a useful method for structuring community dialogue.[1]

Preparing for the Dialogue

Select a site that can readily accommodate 20-35 persons. The room should be set up with participants seated in a circle. This encourages participation by all persons in attendance.

Notification should be clear and given in a timely manner so as to avoid confusion. Care should be taken that the time and place facilitate as broad attendance as possible. In some communities, several different venues and schedules will be required to engage stakeholders with differing schedules or lifestyles.

Beginning the Dialogue

Set the tone prior to opening the dialogue session by greeting participants when they arrive, arranging for clear signage, and offering light refreshments. Helping people feel comfortable upon arrival and communicating to participants the importance of their presence can go a long way toward the more difficult work of building trust and commitment.

Open the meeting with an explanation of MAPP and why dialogue is important. The meeting should then be turned over to the facilitator(s). Skilled facilitation will play a particularly large role in helping to create an environment of trust, commitment, and openness at the outset. It will also provide for timely introduction of dialogue skills and practice when required.

Checking-in is a very simple way of breaking tension and encouraging broad participation. This may be as simple as beginning the meeting with a question such as "Why is this meeting important to you?" or "What needs to happen here today in order for this meeting to be a success to you?" and allowing each person in the room to introduce themselves and briefly respond. The value is to honor the various voices that are present in the room, rather than allowing the meeting agenda to drive the outcome. Observing a similar protocol at the end of the meeting (check-out) helps to bring closure and ensure that all voices have an opportunity to be heard.

Content of the Dialogue

A trained facilitator will broadly frame the focus of the group and help important themes and issues to emerge. For instance, a dialogue around quality of life issues or the mapping of community assets may stimulate participants' ideas of community assets or quality of life. Through discussion, participants will be able to identify areas of agreement and disagreement. As new insights emerge, they should be captured and clarified.

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[1] Note: This information incorporates information from two resources:

- Coalition for Healthier Cities and Communities. Healthy People in Healthy Communities: A Dialogue Guide. Chicago, IL: 1999
- Daniel Martin. The Spirit of Dialogue. International Communities for the Renewal of the Earth: 1999.

Follow-up and Sustaining the Dialogue

Sustain the dialogue over time by using sign-in sheets to facilitate follow up, summaries of brainstorming or other types of sessions, and possible outside information sources. For example, the Community Health Status Assessment may reveal some data that is surprising to the community and having that data clearly available in a timely way will make the community dialogue more productive. In all likelihood, this responsibility will fall to a lead agency or community partner at the outset, but as the process continues, the participants will increasingly assume this role.

Tip Sheet – A Step-by-Step Approach to Conducting a Focus Group[2]

Below is a brief outline of the eight steps recommended in focus group research. MAPP recommends the use of focus group resources or guidebooks to ensure effective implementation.

1. Decide if focus groups are the right tool for you to get the information you need. Focus groups are useful if: the discussion among participants will help provide insight, the group atmosphere will stimulate honest response, the discussion can be limited to well-defined topics, and the logistics can be managed.
2. Determine who should participate in your focus group(s). Consider factors such as social class, life cycle, user and nonuser status, age, culture, literacy/formal education, etc.
3. Draft a screening questionnaire to help recruit and place participants.
4. Develop a topic guide. There are four primary stages of the focus group discussion; the topic guide should follow this basic flow:
    A. Introduction – The moderator provides an overview of the goals of the discussion and introductions are made. (Approximately 10 minutes.)
    B. Rapport Building Stage – Easily answered questions are asked to encourage participants to begin talking and sharing. (Approximately 10 minutes.)
    C. In-depth Discussion – The moderator focuses on the main questions in the topic guide, encouraging conversation that reveals participants' feelings and thoughts. (Approximately 60 minutes.)
    D. Closure – The moderator summarizes the impressions or conclusions gathered and participants clarify, confirm, or elaborate on the information. (Approximately 10 minutes.)
5. Design forms for the moderator and note taker to use. The moderator may want a summary sheet with a reminder of key information about participants. The recorder (which all focus groups should have) can use forms with the focus group questions on it or another option is a two-column format organizing comments and quotes in one column and observations and interpretations in the second.
6. Draft a self-evaluation form. The self-evaluation form can help the moderator to improve his/her skills over time.
7. Practice a focus group discussion in advance so that everything will run smoothly. Then, conduct the focus group(s), being sure to tape them so that everything is captured.
8. Organize your notes for the focus group report. After conducting the focus group(s), the moderator and note-taker should review notes to fill in gaps and ensure accurate and complete information has been gathered. Keep a list of participants who were at the focus group sessions (i.e., have a sign-in sheet) so that you can keep them informed about next steps and gather additional feedback.

[2] Academy for Educational Development. A Skill-Building Guide for Making Focus Groups Work. Washington, DC: 1995.