



A Needs Assessment to Develop Community Partnerships: Initial Steps Working with a Major Agricultural Community

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ABSTRACT

Background: *Healthy People 2010* identified community partnership as one of the most effective strategies in eliminating health disparities and considered it a critical element in improving an individual's quality of life. To be effective at engaging communities in partnerships, an initial community based needs assessment is recommended. **Purpose:** The purpose of this project was to use a community assessment to establish if there is a need for community partnerships in a rural Northern Colorado county. **Methods:** A mixed-methods design using an online survey and focus groups was used to collect data. **Results:** The analysis of the online survey indicated strong support for community partnerships and analysis of focus group transcriptions found both barriers and solutions to human service delivery. **Discussion:** Survey responses indicated a perception of support, involvement, and interest in community partnerships; however, focus groups revealed that although some partnerships do exist, significant improvement is needed to better serve disparate populations. **Translation to Health Education Practice:** Future health educators must be equipped with the strategies to effectively address disparate populations and incorporate community partnerships within their agencies once they graduate and enter into employment.

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BACKGROUND

The two overarching goals of *Healthy People 2010* were: (1) increase the years of quality of life and (2) eliminate health disparities.¹ Health disparities exist among gender, income level, race, ethnicity, education level and disability. The causes of health disparities are multifaceted, but the determinants of health most often theorized to lead to disparate health outcomes include socio-economic, psychosocial and cultural factors.² We currently understand that individuals who are lower income are most likely to have poor health outcomes, and those with less education typically earn less income than those with more education.^{1,2}

Racial and ethnic minorities and people with disabilities are among the groups most likely to live in poverty. It is important for human service professionals to examine the causes of health disparities in their community.

According to *Healthy People 2010*, community partnership is one of the most effective strategies in eliminating health disparities and is considered a critical element in improving an individual's quality of life.^{1,3} An essential component in establishing strong community partnerships is the use of community-based participatory research (CBPR). CBPR allows community members and leaders a chance to become active participants in the research process, thus creating

an avenue for action connected to research efforts.⁴ Advantages of using CBPR to create

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community partnerships include joining partners with diverse skills, improving the quality and validity of research efforts, and providing resources to communities.⁵

Evidence accumulated through various research efforts also describes the importance of community partnerships and CBPR to eliminate health disparities. CBPR has been successful in effectively reducing health disparities in areas of preventing STDs, breast and cervical cancer screening, oral health, increased immunization rates, and promoting healthy neighborhoods.^{4,6} CBPR has also been applied in various settings including urban research centers, community environmental-health coalitions and immigrant communities.⁷ In addition, CBPR has proven effective in identifying and raising awareness of concerns related to long-term care for individuals with disabilities.⁸ Researchers agree that CBPR not only leads to richer interpretations of data and greater knowledge of high priority intervention areas, but it can also lead to improvements in assessment and an increased commitment to scientific rigor in the area of health promotion.^{7,9} This wide array of research evidence further suggests the use of CBPR to establish community partnerships is critical in the elimination of health disparities.

To engage communities in CBPR effectively, an initial community-based needs assessment is recommended as a method of involving members of target community groups and including existing community agencies.^{4,10} The purpose of the current project is to use a community needs assessment to describe the need for community partnerships in a rural county in Northern Colorado, to meet the goals of *Healthy People 2010*. Issues of poverty and lack of insurance plague citizens of the county, and it is particularly apparent among individuals of Hispanic origin, people with disabilities and refugees. With the support of local and state funding, the public health department and local community agencies in the county began exploring the importance and benefits of community partnerships, but additional information is needed to form and use these partnerships effectively with the goal

of eventually eliminating health disparities within the local community.

PURPOSE

To collect baseline information regarding community partnerships in the county, this collaborative project addressed the following research questions:

- What is the need for community partnerships to eliminate health disparities in a rural county of Northern Colorado?
- What is currently being done by local agencies to establish and improve community partnerships?

METHODS

Participants

The current study was approved by an Institutional Review Board at the University of Northern Colorado. The sample for the online survey portion of this study consisted of 55 individuals employed at local human service agencies. The sample was drawn from a list of 278 individuals employed at agencies with existing relationships with the Human Services, Community Health and Human Rehabilitative Services programs at the University of Northern Colorado. The response rate for the online survey portion of the study was 20%. Each participant received an email invitation to participate in the survey with a URL address to access the online survey. Following the initial invitation, participants received two email reminders to participate in the survey. The sample of survey respondents consisted of individuals with employment history at their current agency ranging from three months to 39 years. In addition, participants reported serving individuals of ethnic and racial minority groups, at risk teens, immigrants, refugees, and people with physical, cognitive, or mental health disabilities. There was considerable overlap reported regarding the populations served by survey participants. Participants in the focus group meeting were drawn from the same list of individuals mentioned previously. A total of 13 individuals participated in the two focus group meetings.

Instrumentation

The instrument used in data collection was created by the authors following an examination of assessment tools used to identify the importance of community partnerships in other communities. The primary tool used to develop items for the current survey was part of the Local Public Health Performance Assessment Instrument Version 2.0.¹¹ A review of related research indicates evidence of face and content validity for the Local Public Health Performance Assessment Instrument Version 2.0 with an overall opinion that it is a valid measure of public health performance.^{12,13}

The survey for the current study was online and contained 26 single-answer items. The survey included two initial demographic questions, and the remaining items investigated individual perceptions of agency or organization support and resources available for community partnerships. These items included five Likert type responses: 1 = Strongly disagree, 2 = Disagree, 3 = Agree, 4 = Strongly agree, 5 = N/A. In addition, respondents were able to provide explanations or examples for any of the items in the survey.

In addition to the online survey, all participants were invited to attend one of two focus group meetings to provide additional information regarding community partnerships. An informal list of focus group questions began each of the meetings. These questions inquired about priorities related to health promotion, accessibility to health care, and resources needed to develop and improve community partnerships. Follow-up questions developed as the discussion evolved in each focus group meeting.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) for Windows was used to perform all quantitative data analyses. Descriptive statistics were computed for all items, including measures of frequency, central tendency, and variation where applicable. Data generated from the focus group meetings was qualitative in nature. The groups were audio recorded, recordings were transcribed, and transcriptions were verified



for accuracy and were uploaded into Nvivo 8. The constant-comparative method was used to analyze the transcripts and identify the significant themes that emerged during the focus group dialogue.

RESULTS

Online Survey

As indicated, the online survey included mostly Likert items assessing individual perceptions of their agency or organization support and resources available for community partnerships. Based on the responses, a majority of participants indicate strong agency support of community partnerships as well as adequate resources available for the development and improvement of community partnerships. However, when asked if the agency employees have been interviewed about community health needs and disparities and if the agency has interviewed local residents about health needs and disparities, the overall response was more negative. Table 1 reports the responses of four of the 26 items asked in the online survey.

Focus Groups

The two focus groups conducted included employees from local agencies in Weld County. The analysis of the responses identified common themes related to both barriers and solutions to human service delivery. The barriers to health and human service delivery include the following themes: access, difficulty in the benefit process, inadequate resources and lack of knowledge of both the client and the human service professional regarding available resources. Agency representatives further discussed issues surrounding transportation, cost, language barriers, the health benefit application process, and the limited availability of services and professionals as major sub-themes of barriers to health and human service delivery. The following comment from participant F represents the barrier of access discussed during the focus groups.

Participant F:

I know a lot of Spanish-speaking people have told us that, "Great, we have stuff out there. Great, you're telling us about it.

If we try to access them [sic], they don't speak our language, or..." So I guess it's twofold, even knowing about it in their language, because a lot of times they'll say, "We see fliers and things happening, but we don't know what they're about [sic]," or when we do find out about this in our language, then we go there, and they don't speak our language...

The following comment from participant D represents the barriers associated with the difficulty with the benefit process.

...and I don't know how anybody who's not in the system gets through it because I struggle getting through it, and I know who to call and the questions to ask.

The solutions to human service delivery include the following themes: community advocate, improved navigation, and inter-agency collaboration. Of these major themes identified, specific examples discussed by agency representatives identify the need for a single entry point and consolidation of existing partnerships to better improve the navigation and services provided by health and human service agencies in this community. Participant F discussed the need for a single entry point as a solution for improved human service delivery. This comment is representative of the group's discussion of this theme.

Participant F:

I think that if you at least have community workers, like yourselves, just dedicated to helping people manage the system – those experts that did know the ins and outs and who to call, and basically, "I'm going to hold your hand and help you through the system [sic]," that would be very helpful.

Participant H discussed the need for better interagency collaboration. This comment represents the focus group's discussion of improved collaborations among agencies.

Participant H:

...unless something actually changes, we have two or three coalitions doing their own thing instead of having all those co-

alitions working together in a collaborative effort. So consolidating partnerships rather than having a partnership here and a partnership there... trying to bring them all together...

DISCUSSION

Following initial analysis of these results, survey responses indicate a perception of support, involvement, and interest in community partnerships. Focus group participants revealed that although some partnerships do exist, significant improvement is needed to better serve disparate populations. Barriers to be addressed include provision of culturally competent services, difficulty in the benefit process, inadequate resources and lack of awareness of available resources. One immediate solution created by the academic partner was to develop a listserv for health and human service professionals in this community to promote inter-agency communication and collaboration.

The listserv was introduced at a community forum held following data collection. All health and human service agencies were invited to attend, and findings of the needs assessment were reviewed and potential solutions discussed. Suggested service learning opportunities were introduced to continue to bridge the gap between community organizations and academic institutions providing opportunities for students, faculty, and community members to work together. At the end of the forum, participants agreed that the event was beneficial and should occur regularly to strategize implementation of further solutions and build stronger community partnerships.

Despite the benefits, there are certain limitations of this foundational study. Results were self-report in nature, and associated bias may be present. A small, convenience-based sample was used, which impacts the generalizability of results. Results are specific to this county in Northern Colorado and may not be easily generalized to other counties; however, this study can serve as model for other communities initiating community partnerships.



Table 1. Selected Responses to Online Survey

Item	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
My agency recognizes and encourages community partnerships	76.4%	16.4%	1.8%	5.5%	0%
My agency provides resources to support community partnerships	59.3%	27.8%	5.6%	3.7%	3.7%
My agency has interviewed me about community health needs and disparities	13.2%	18.9%	34%	9.4%	26.4%
My agency has interviewed local residents about health needs and disparities	18.9%	18.9%	32.1%	5.7%	26.4%

TRANSLATION TO HEALTH EDUCATION PRACTICE

Following the conclusion of this initial needs assessment, the academic partners discussed the importance of communication as a significant component when developing and/or maintaining community partnerships. The academic partners also recognized the need to improve curriculum at each of the respective universities to include community partnership concepts in order to properly train future health educators when working with community members and agencies.

The Institute of Medicine (IOM) stated that health education and promotion programs should offer training in community partnerships and community-based par-

ticipatory research (CBPR) because of its success in studying and addressing health disparities.¹⁴ Likewise, the National Institute of Environmental Health Sciences (NIEHS), the Centers for Disease Control and Prevention (CDC), as well as many divisions in the National Institutes of Health (NIH) have increasingly called for proposals mandating the use of CBPR. In fact, just over the last three years, CBPR programs funded by NIH and CDC have tripled. Therefore, it is imperative for future health educators to learn how to conduct this type of research methodology. The skills needed to create and maintain community partnerships are necessary to include in health education and promotion curriculums to increase student self-efficacy when conducting CBPR.

Community partnerships are garnering more attention in the field of health promotion because of the ability to build opportunities for community capacity in order to create sustainable change. Universities must provide opportunities to 'future health educators in training' to practice the tools needed to create and maintain community partnerships to help them work effectively with communities to develop programs most relevant to the community's needs.

During the focus groups conducted during this study, it was noted that most of the participants lacked knowledge concerning other health and human service agencies and their functions. One focus group participant expounded that more educational opportunities are needed to inform practitioners



about the roles and functions of like professionals. Health Education and Promotion programs may spearhead this initiative by incorporating important elements of community partnerships within curriculum. Providing students more readings which demonstrate the effectiveness of community partnerships and CBPR and integrating more service learning opportunities for students will present a more focused curriculum on community partnering.

The benefit of educating undergraduate and graduate students about the steps in developing community partnerships is two-fold. One, future health educators will be equipped with strategies to effectively address disparate populations and incorporate community partnerships within their agencies once they graduate and enter employment. Two, students and instructors will have an opportunity to bridge academics and practical application to better serve their respective universities and the community-at-large.

In conclusion, the following list includes lessons learned by the academic partners over the course of this project related to developing and teaching the skills needed to create community partnerships:

- *Universities and community agencies can establish social alliances with communities and diverse populations by providing individuals and community agencies with the tools to bring about social change.* The academic partners recognize there is a need for professional workforce development to help local organizations learn the skills of fostering community partnerships. However, the academic partners also recognize that the community organizations must be involved in the process of developing specific workforce development curriculum. The academic partners should ask the community organizations to help identify the gaps in skills needed to develop community partnerships. By involving the organizations in this process, the types of workforce development will be specific to the community's needs, and it will encourage collaboration between the university and the health and human service organizations as skills training are offered to the community

regarding the implementation of community partnerships.

- *Vulnerable populations and community partners are willing and capable of using skills to share their perspectives to create lasting change.* Bryant, McCormack Brown, McDermott et al.¹⁵ and Bryant, Courtney, McDermott et al.¹⁶ describes the frustration of community members as they express the fear of wasting time because coalition members were always meeting but nothing was happening. The academic partners also found the same theme in this study. One participant from the focus groups expressed the concerns of the constant meetings focusing on community collaboration, but nothing comes from the meetings. Communication lines are typically broken among organizations in the local community; therefore, the academic partners created a listserv for the community agencies and have hosted community forums to promote more dialogue among the organizations. At the first follow-up community forum, the academic partners introduced the listserv, and it has since shown active involvement. This involvement in both the community forums and the listserv suggests the interest in change and sharing perspectives. With the lines of communication are open, it is obvious that community partners can and will use and help develop these and similar resources.

- *Community alliances and projects must offer real, long-lasting benefits to the community. Community partnering involves working toward sustainable community-based solutions and is needed for community partnering.* The introduction of the listserv and the community forums has improved communication between organizations. The academic partners will continue with the forums and electronic communication in effort to help empower community members to take control of the sustainability of both interventions. Identification of key players in the community who are highly invested in the pursuit of partnerships is needed. The academic partners learned that it is difficult for organizations to partner if only one person is responsible for the sustainability. The survey showed that support for community partnerships is high, but several barriers are apparent that limit the opportunities for these

partnerships. Some of the most noted barriers are time and resources; therefore, the creation of an advisory committee is recommended. The advisory committee is responsible for creating the mission, goals, and objectives to formalize the partnership process and provide a roadmap so there is a plan for community sustainability. The development of an advisory committee is also recommended by Bryant et al.¹⁵ as an effective tool to improve community based initiatives.

- *Academic partners must be willing to listen and to engage community members in dialogue. All stakeholders should have some ownership in the process and in the project.* It is important for academic partners to learn to listen and remember that the community influences the direction of academia. The community is the expert on their needs and challenges; therefore, the community partners are also the expert when addressing those needs. This knowledge and application by the academic partners will allow for more opportunities to listen and engage.

- *One-sided agendas are a disservice to the community. If the proposed project does not have value or buy-in from the community members/agencies, it is doomed to fail.* Partnerships between educational institutions and communities can prove to be beneficial for both entities. When an educational institution shares resources with a community in need, it provides the necessary resources to address the critical issues assessed within the community.¹⁷ An effective community partnership will move beyond data-driven initiatives to ignite a greater social and civic engagement to improve the way services are delivered to the community. The more input community partners have, the more investment the community has which leads to sustainability.

- *Trust is essential and change does not happen overnight. Both take time to build and sincerity and effort to maintain. It is important for both entities to understand that achieving trust and change takes time.* According to Seifer and Maurana,¹⁸ effective partnerships are built upon a mutual trust and respect. Furthermore, as parties enter into collaboration the roles and processes of the partnership must be



established and agreed upon by all partners. Feedback should be provided continually to all stakeholders with the overall goal of improving the partnership between academia and the community. As experience in developing and maintaining community partnerships increases, and as more resources are shared between the academic partners and the community organizations, the agencies will begin to see improvements in collaborative projects that meet the local community's needs.

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