



ASSESSING COMMUNITY HEALTH NEEDS: Frameworks & Methods

Part 1 of the Training Series



Welcome and Presenter Introductions



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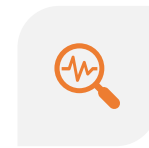
Ana Arana, MPH
Public Health Program Associate
Rollins School of Public Health

Emory Prevention Research Center

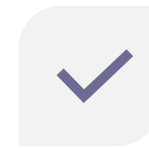
I. Prevention Research Centers Network – 2024-2029



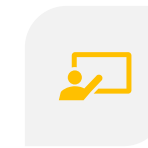
- Focus on cancer prevention in rural communities
- Mission is to **partner with communities and leverage research to prevent cancer and promote health for all**
- Community-based participatory research
- Funded by the CDC
- <http://web1.sph.emory.edu/eprc/>



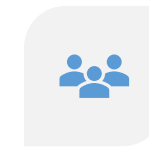
RESEARCH



EVALUATION



TRAINING



COMMUNITY



DISSEMINATION

The Healthy Nonprofit Network

A program of Emory Centers for Training and Technical Assistance

About the Healthy Nonprofit Network

A CDC-funded initiative that provides **free capacity-building support** to health-focused community-based organizations (CBOs), with a special focus on those serving **rural and Southern communities**.

What We Offer:

- **Comprehensive organizational assessment.**
- **Training, coaching, and individualized technical assistance** for nonprofit leaders and teams.
- Peer learning opportunities through communities of practice and small group discussions.
 - Share knowledge, challenges, and solutions

Core Focus Areas



Organizational Capacity and Process Improvements

Strengthen operations, finances, and internal systems to stay operational and legally compliant



Workforce Development

Build a skilled, supported, and effective team



Partnership Development

Create and sustain strong community collaborations

Visit HealthyOrgs.org/Services to learn more

Learning Objectives

Identify	Identify community assets and needs
Learn	Learn the key phases of the community assessment process
Discover	Discover reliable local health data sources
Explore	Explore practical tools and methods to apply in your work



Let's hear from you!

Activities

Moderate Visual settings Edit

Join by Web **PollEv.com /anaarana424** Join by Text Send **anaarana424** and your message to **22333**

What topics are you interested in for your community assessment?
Loading...

Nobody has responded yet.

Hang tight! Responses are coming in.

Powered by Poll Everywhere



What is Community Assessment & Why It Matters

A process to understand a community's needs, assets, and health priorities through data.



**shift from term “community needs assessment”*

Helps You:

- **Set priorities** and understand health issues
- **Identify resources & gaps** in the community
- **Guide planning & decision-making** for programs

Why This Matters in Practice

- Make informed decisions based on real data
- Strengthen community partnerships and engagement
- Use existing resources more effectively
- Improve communication across organizations
- Sustain programs over time



What Do We Mean by “Community”

Community can be defined by:

- Geography (e.g., a city or county)
- Population group (e.g., youth, older adults)
- A combination of both

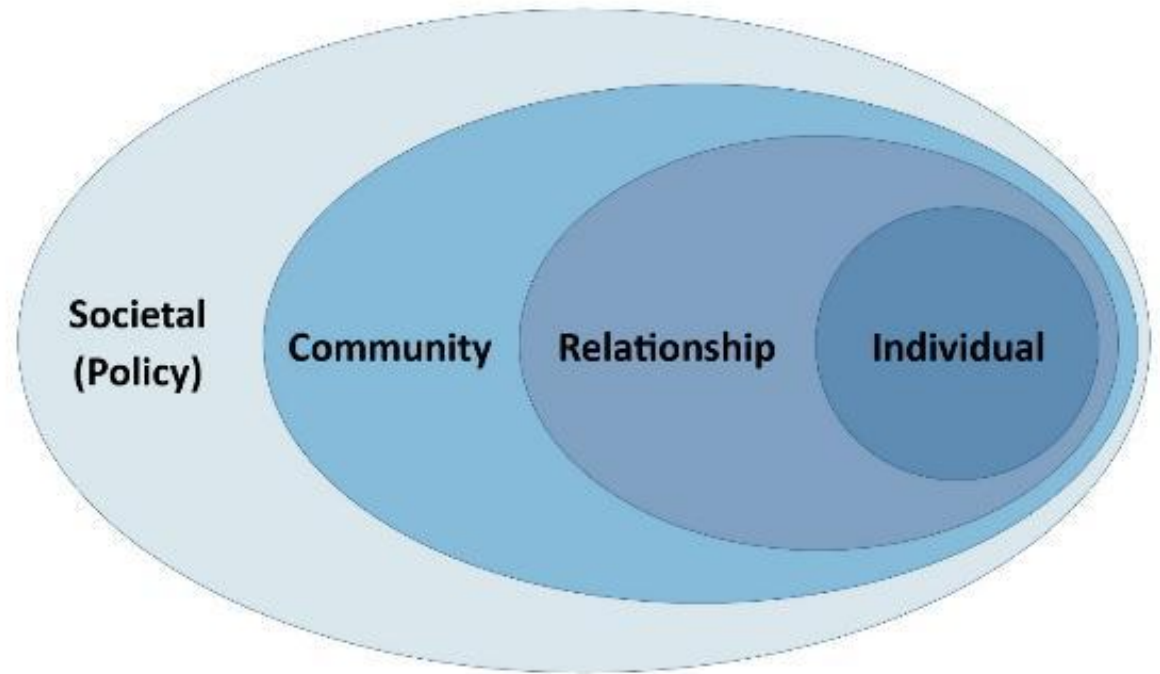
A community is:

- A group of people connected by shared experiences, interests, or identity
- *Communities are not homogeneous and seldom speak with one voice*



Before You Start a Community Assessment (CA)

- What do you want to learn?
 - Personal opinions, attitudes, risk or behavior assessment
 - Ecological or contextual influences on health behaviors or healthy environment.
 - Catalog resources, capacities, or assets available (community strengths)
- Who should be involved?
- When do you need results?



Let's hear from you!

1. Have you conducted a community assessment before?

2. What are the reasons you want to conduct one?



Please respond using the **Zoom poll** on your screen.



You'll have **1 minute**.



Where do **YOU** fit in the Community Assessment process?

Many partners. Many roles. One stronger community.



Who You Are



Public health practitioners



Community organizations & nonprofits



Health departments



Healthcare systems & hospitals



Researchers & students



Health educators & program staff



Community members



Government & business leaders



How You Contribute



Be part of the team

Join the Community Assessment team.



Share data & connections

Provide data or access to audiences for the CA.



Share & disseminate findings

Conduct and/or share CA reports for your community or hospital area.



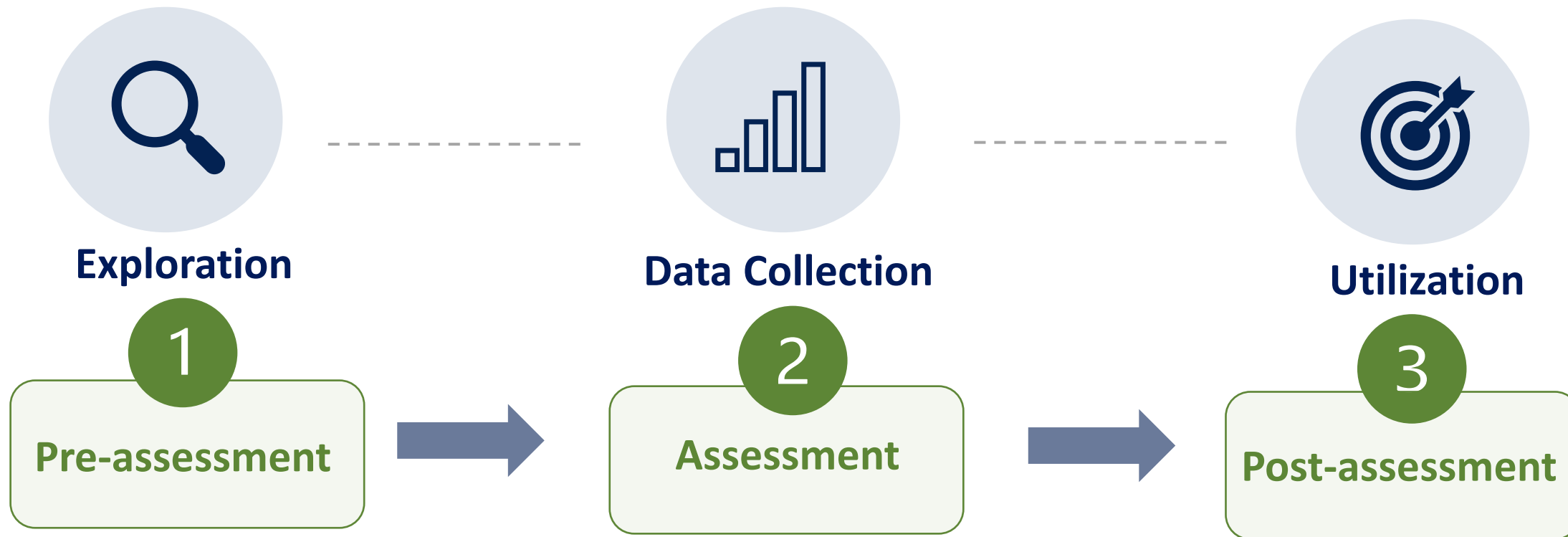
Use for planning & action

Use CA data and insights to guide your planning and improve outcomes.



Three-Phase Plan for Assessing Needs

A step-by-step approach to understanding community needs and driving action



Models of Community Assessment

NACCHO Mobilizing for Action through Planning and Partnerships (MAPP 2.0)

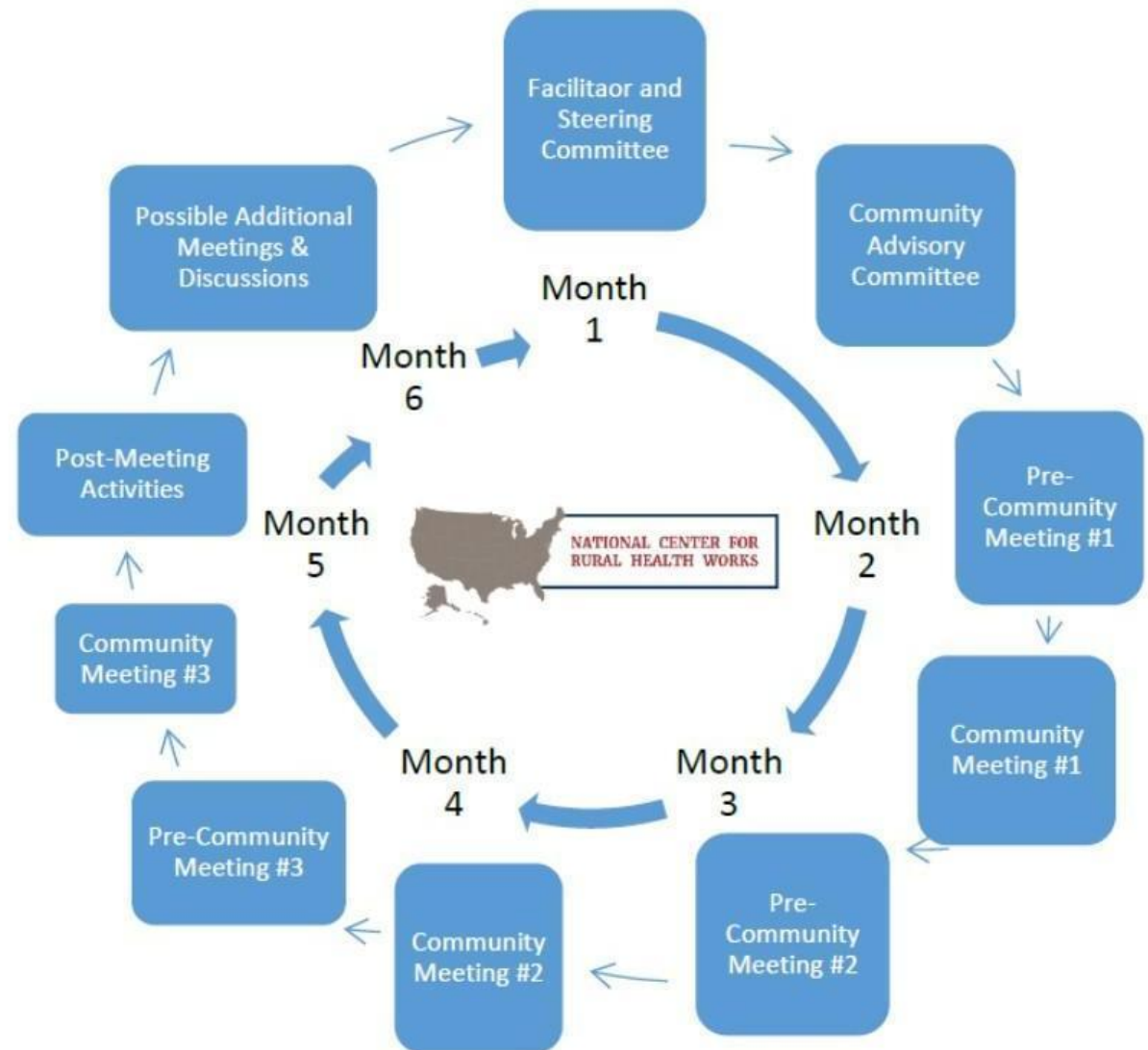
A guide for communities to use as a strategic, systematic approach to improving health and quality of life of the community

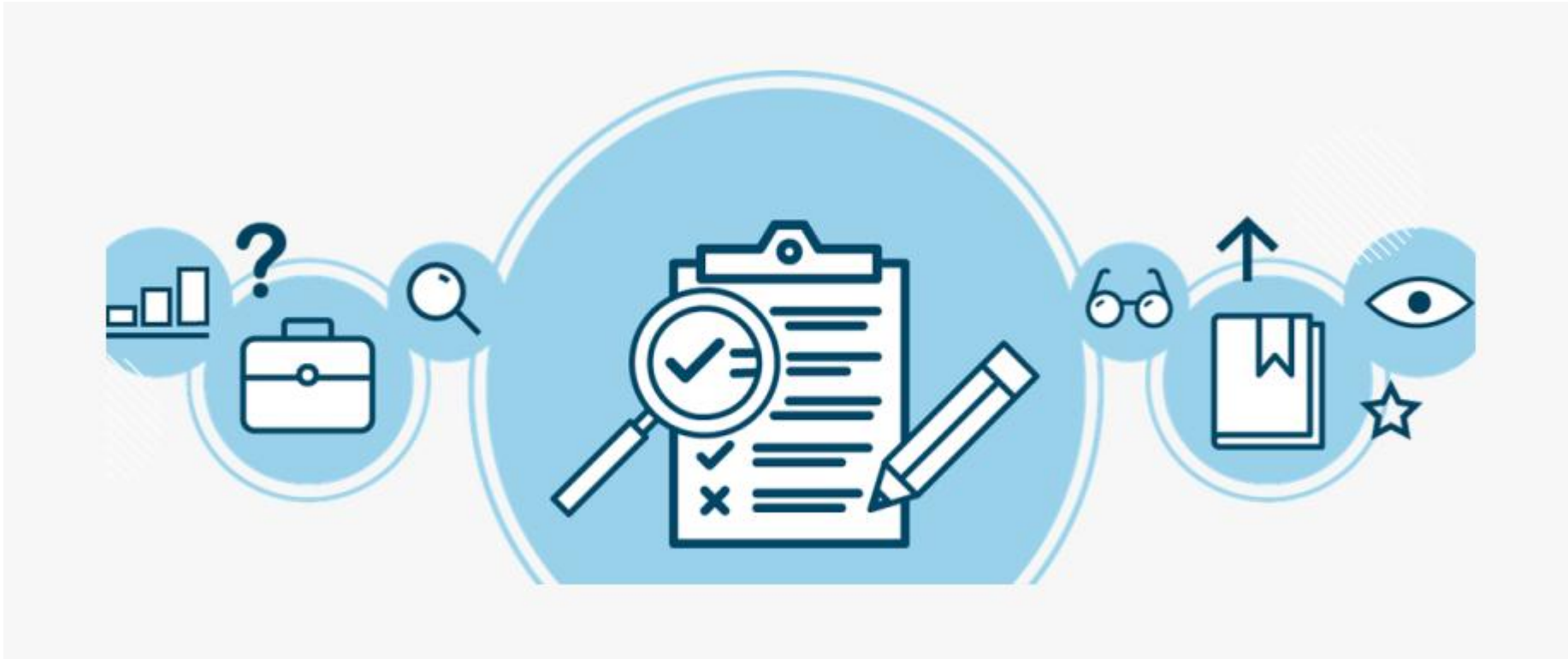


Models of Community Assessment

Community Health Benefits Assessment

A structured process, commonly used by hospitals and healthcare systems, to identify and prioritize community health needs and to guide programs, funding, and community health improvement efforts





Phase 1: Pre-assessment

Exploring and Organizing for Action



Phase 1: Pre-assessment - Exploration



Set up CA committee



Investigate what is already known about the needs of the target group



Determine the focus and scope of the assessment



Determine specific data to collect and how data will be used



Set up CA Committee

- Include key health partners
 - Staff
 - Other health professionals
 - Leaders from community organizations/partners
- Include voices of the community:
 - Community members
 - Stakeholders
 - ✓ Key Organizations with similar mission or interest
 - ✓ Community-based organizations



Pre-assessment Steps: Determine the focus

- Form a CA assessment committee and gain commitment for all stages of the assessment
- Plan interview key contacts, stakeholders, and informants
- Discuss plan for community analysis and review of literature
- Identify major areas of need for data collection instrument
- Deliverable: Finalize a community assessment plan





Phase 2: Assessment

Gathering What You Need

Types of Data Sources

	Definition	Examples
Secondary Data Sources (Starting off with what has been collected)	Information collected by someone else	<ul style="list-style-type: none">▪ Census data about your population in your city▪ Previous community assessment/comm health benefit reports▪ Emergency room discharge records
Primary Data Sources (Ending with what data needs to be collect to fill in gaps)	Information collected directly by you or your organization	<ul style="list-style-type: none">▪ Community health concern survey▪ Key informant interviews



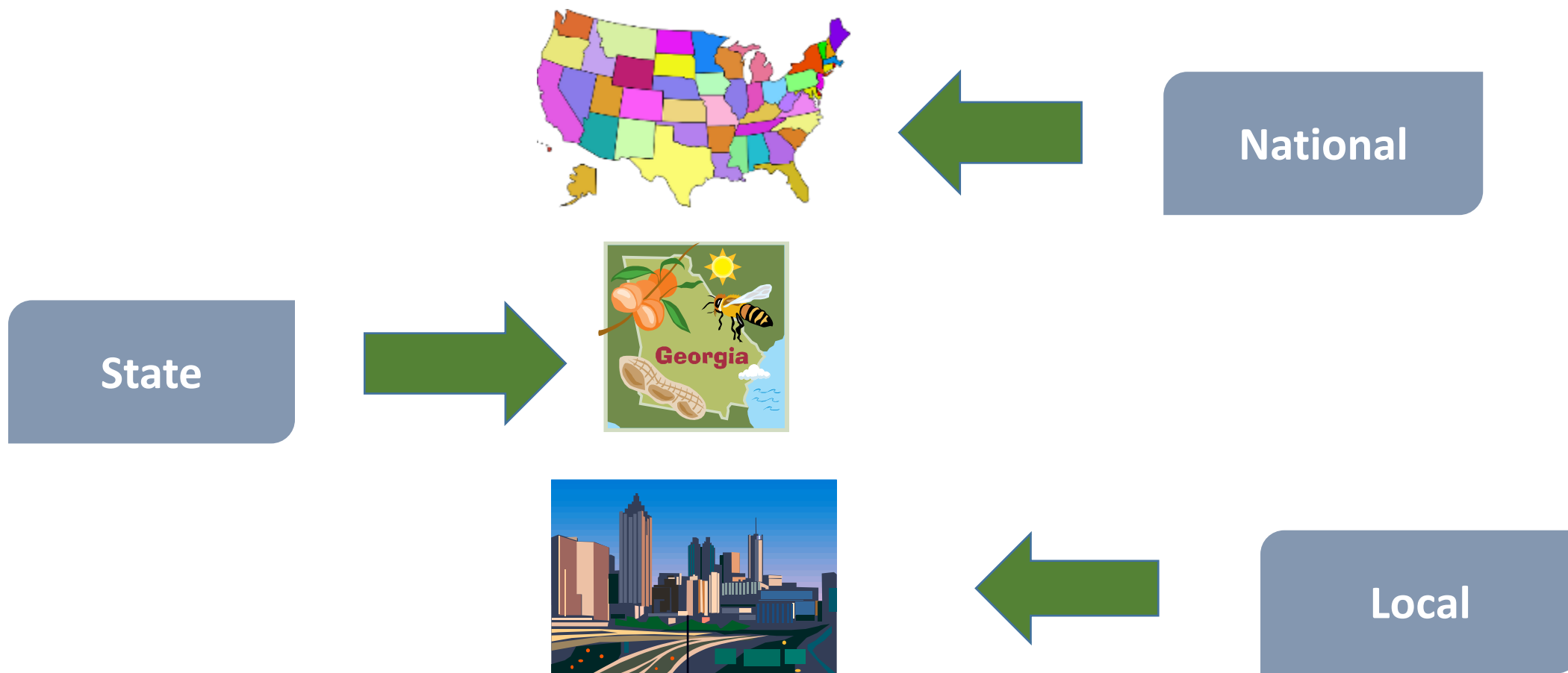
Secondary Data Collection

Examples of Key Online Community
Assessment Resources

Secondary Data Sources

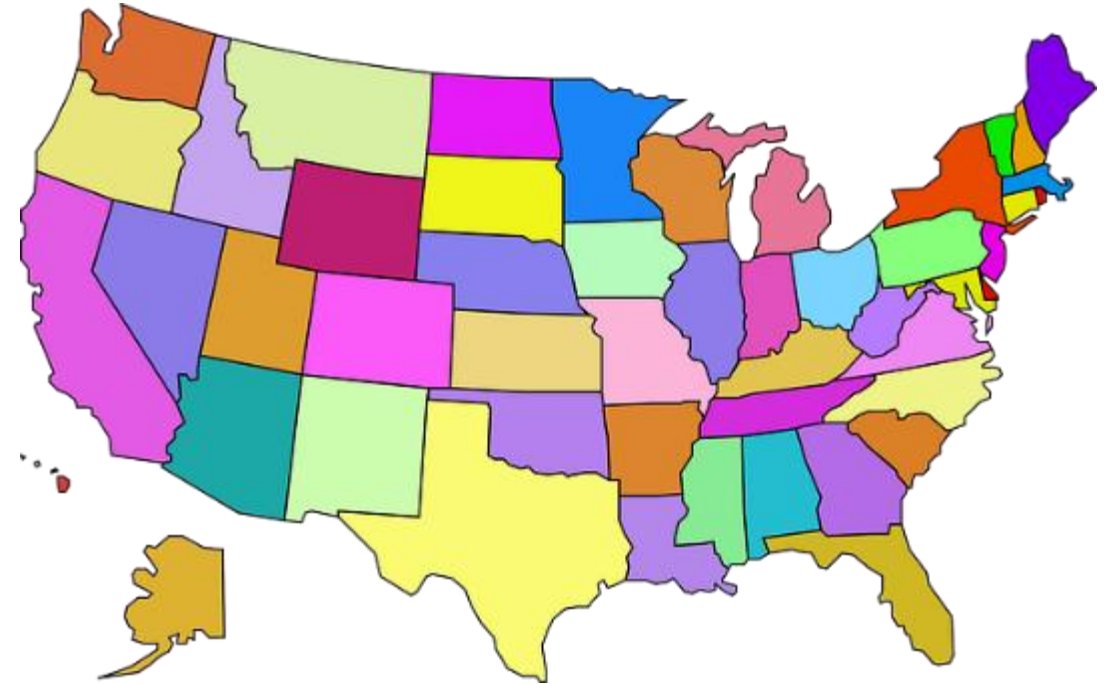
- Reports about the community from schools, medical systems, health departments, or city governments
- Prior community assessment reports
- Reports about health topics from Centers for Disease Control and Prevention (CDC) that describe rates and who has diseases
- Your agency program data (services, participation)
- Health information on websites
- Literature review using PubMed or google (audience, health topics)

Levels of Data for Community Analysis



National Level

- U.S. Census Bureau (people)
- Vital Registration System (births, marriages)
- National Case Reporting System
 - ✓ Federal Reporting System
- National Health Surveys
 - ✓ Behavior Risk Factor Surveillance System (BRFSS)
 - ✓ National Health Information Survey
- National Health Organizations
 - ✓ Centers for Disease Control and Prevention (CDC)
 - ✓ American Cancer Society, etc.



State Level

- Bureau of Vital Statistics
- GA Department of Health (state health department)
- State Department of Education
- State Department of Justice
- Office for Motor Vehicles
- Offices of Voluntary and Private Health Agencies
- Fact Books



Regional/Local Level

- Chamber of Commerce
- City, county, regional planning offices
- Newspaper Offices
- Public Libraries
- Insurance Companies
- School Systems
- *Hospitals



- Public/Private Mental and Public Health Centers
- *County health departments
- Community Residents
- Participants in Programs or Services
- Neighborhood leaders

*review their needs assessment reports

Types of Health Data

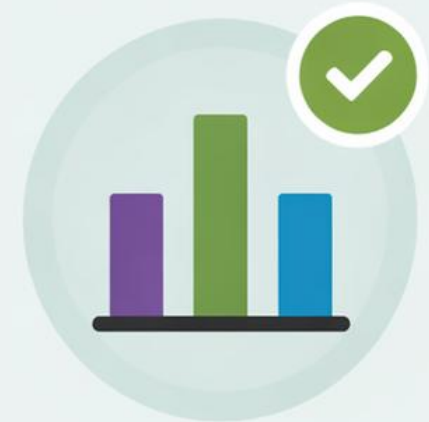
Health Statistic	Definition
Vital Statistics	government database recording births and deaths
Mortality	the number of deaths in a population (i.e., COVID-19 deaths in a county)
Morbidity	number of cases of a specific disease in a population (i.e., diabetes)
Incidence	the number of new cases of a specific disease occurring during a certain period in a population at risk
Hospital Discharge	number of hospital stays and the reason for hospitalization
Risk Factors or Behaviors	variable associated with an increased risk for disease (i.e., not getting preventive care, smoking, lack of exercise, unhealthy eating)
Social determinants of health	structural factors that can affect health (access, economics, educational resources, community supports, etc.)



Let's hear from you!

1. What data are you looking for in your assessment?

2. Where do you currently go for local data?



Please respond using the **Zoom poll** on your screen.

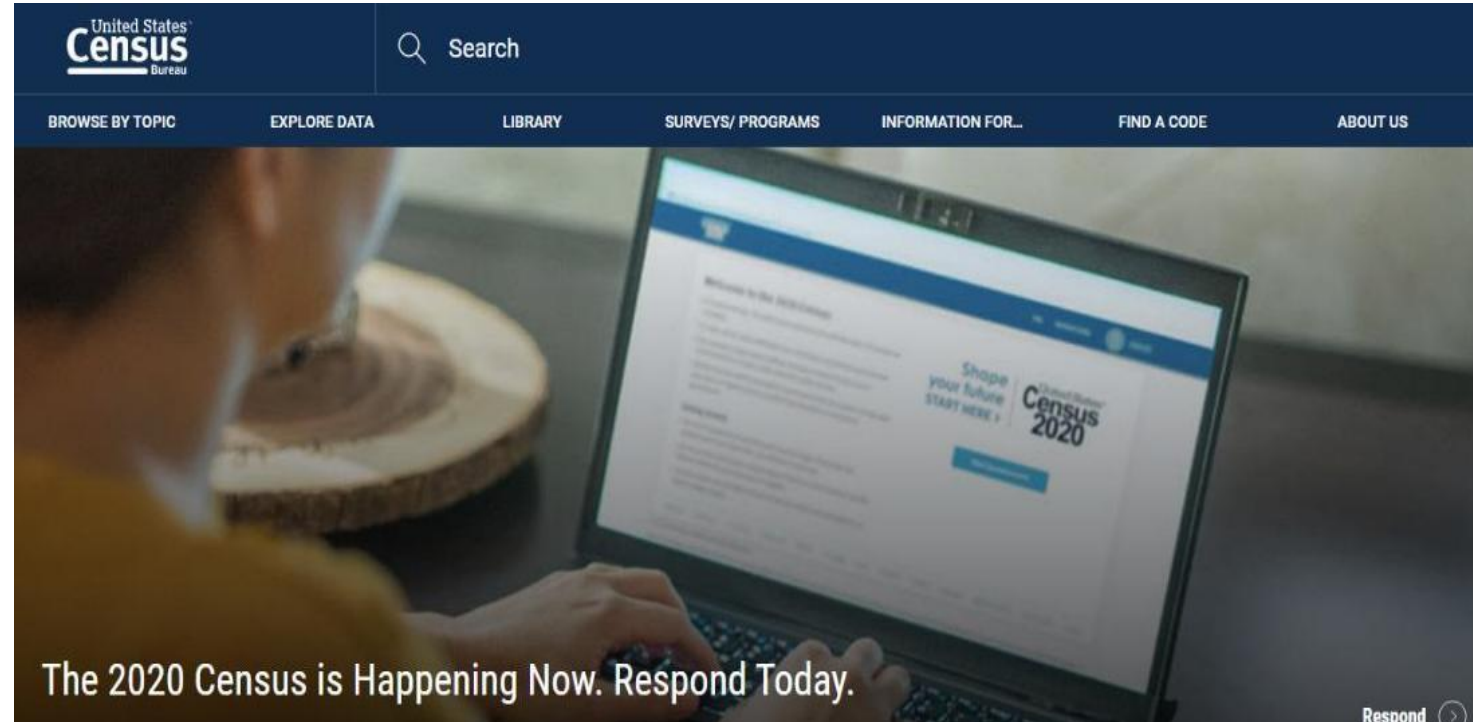


You'll have **1 minute.**



U.S. Census Bureau

- The Census Bureau serves as a primary source of quality data about a community's people and economy (i.e., # of people in the home, race/ethnicity, adults/children)
- The Census Bureau includes more than just the 10-year Census
 - the American Community Survey is an annual survey that provides updated estimates based on Census data and more detailed information
- Census data allow for a closer look into information from different geographies: counties, cities, zip codes, etc.



<https://www.census.gov/data.html>

U.S. Census Bureau – Explore Census Data

ed States government. [Here's how you know](#) -
ts.census.gov. Take our survey here!

Tables Maps Charts Profiles Microdata Getting Started

Put in city, county,
or place

Explore Census Data

Learn about America's People and Economy

Search for an area, a topic, or both

Search by Address

Explore Filters

Searching for **commute in Georgia in 2017**

Tables

ASIC | All Sectors: Summary Statistics for the U.S., States, and Selected Geographies: 2017

Years Topics Surveys Codes Hide Filter Restore Excel CSV ZIP Print More Data Map

Name	Meaning of NAICS code	Number of firms	Pivot Mode
Wholesale trade	Wholesale trade	43	<input type="checkbox"/> Search...
Merchant wholesalers, durable goods	Merchant wholesalers, durable goods	26	<input type="checkbox"/> Geographic identifier code
Merchant wholesalers, nondurable goods	Merchant wholesalers, nondurable goods	17	<input checked="" type="checkbox"/> Geographic Area Name

Explore the thousands of tables we have. We are adding new tables every week.

[Explore Tables](#)

Types of data available and survey

United States Census Bureau

dekalb county, ga

Explore Filters

All Tables Maps Charts Profiles Pages

1 Filter

DeKalb County, Georgia

Clear search

Search for a filter

Geographies

- Nation
- State
- County
- County Subdivision
- Place
- ZIP Code Tabulation Area
- Metropolitan/Micropolitan Statistical Area
- Census Tract
- Block
- Block Group
- All Geographies

Topics

- Business and Economy
- Education
- Employment
- Families and Living Arrangements
- Government
- Health
- Housing
- Income and Poverty
- Populations and People
- Race and Ethnicity

Total Population in DeKalb County, Georgia is 764,382

2020 Decennial Census

View This Result

3,506 Datasets, 6 Profiles, 5 Pages

View: 10 | 25 | 50

Data

Decennial Census	Table	Map	Chart
P1 RACE View All 4 Products			
American Community Survey	Table	Map	Chart
DP05 ACS Demographic and Housing Estimates View All 30 Products			
American Community Survey	Table	Map	Chart
S0101 Age and Sex View All 29 Products			
American Community Survey	Table	Map	Chart
S0102 Population 60 Years and Over in the United States View All 29 Products			
American Community Survey	Table	Map	Chart
S0103 Population 65 Years and Over in the United States View All 28 Products			
American Community Survey	Table	Map	Chart
S0501 Selected Characteristics of the Native and Foreign-Born Populations View All 29 Products			
American Community Survey	Table	Map	Chart

County

DeKalb County, Georgia

Total Population: 764,382
Median Household Income: \$81,564
Bachelor's Degree or Higher: 48.5%
Employment Rate: 65.9%
Total Housing Units: 335,512
Without Health Care Coverage: 13.1%
Total Employer Establishments: 18,258
Total Households: 309,812
Hispanic or Latino (of any race): 81,471

[View Profile](#)

Related Searches

- DeKalb County, Georgia Business and Economy
- DeKalb County, Georgia Education
- DeKalb County, Georgia Employment
- DeKalb County, Georgia Families and Living Arrangements
- DeKalb County, Georgia Government
- DeKalb County, Georgia Health
- DeKalb County, Georgia Housing
- DeKalb County, Georgia Income and Poverty

U.S. Census Bureau – Albany, Georgia

United States
Census
Bureau

ALL TABLES MAPS PAGES

About 4,184 results | [Filter](#)

[EXPLORE DATA](#)

71,646 +/- 2,660 **Total Population in Albany city, Georgia**

Source 2018 American Community Survey 1-Year Estimates
<https://www.census.gov/programs-surveys/acs/>

Tables

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

Survey/Program: American Community Survey
 Years: 2018,2017,2016,2015,2014,2013,2012,2011,2010 Table: DP05

	United States			
	Estimate	Margin of Error	Percent	Percent Margin of Error
▼ SEX AND AGE ▼ Total population	327,167,439	*****	327,167,439	(
	161,118,151	+/-27,812	49.2%	+/-0
	166,049,288	+/-27,815	50.8%	+/-0

Related Searches

- [Albany city, Georgia Business and Economy](#)
- [Albany city, Georgia Education](#)
- [Albany city, Georgia Employment](#)
- [Albany city, Georgia Families and Living Arrangements](#)
- [Albany city, Georgia Government](#)
- [Albany city, Georgia Health](#)
- [Albany city, Georgia Housing](#)
- [Albany city, Georgia Income and Poverty](#)
- [Albany city, Georgia Populations and People](#)
- [Albany city, Georgia Race and Ethnicity](#)

U.S. Census Bureau – Albany, GA Data Search

QuickFacts
Albany city, Georgia; Georgia
 QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.

Enter state, county, city, town, or zip code -- Select a fact -- CLEAR TABLE MAP CHART

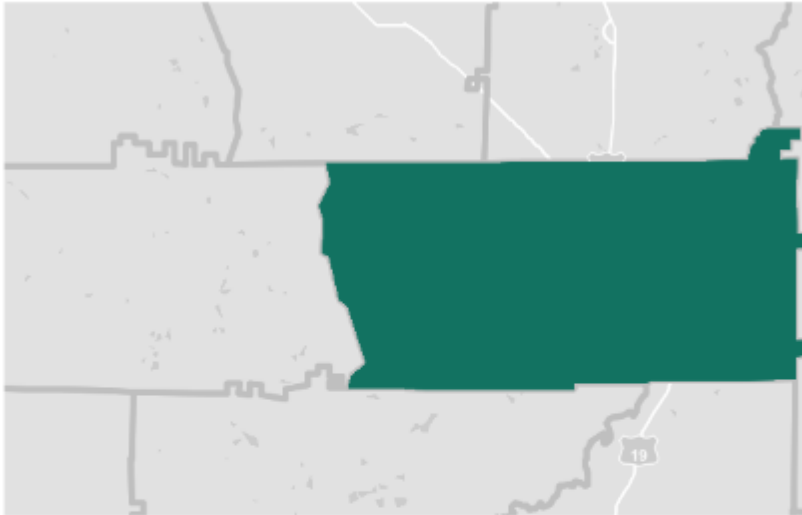
All Topics Albany city, Georgia Georgia

	Albany city, Georgia	Georgia
Population estimates, July 1, 2019, (V2019)	72,130	10,617,423
PEOPLE		
Population		
Population estimates, July 1, 2019, (V2019)	72,130	10,617,423
Population estimates base, April 1, 2010, (V2019)	77,436	9,688,729
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-6.9%	9.6%
Population, Census, April 1, 2010	77,434	9,687,653
Age and Sex		
Persons under 5 years, percent	△ 6.7%	△ 6.2%
Persons under 18 years, percent	△ 24.5%	△ 23.6%
Persons 65 years and over, percent	△ 13.8%	△ 14.3%
Female persons, percent	△ 54.3%	△ 51.4%
Race and Hispanic Origin		
White alone, percent	△ 22.7%	△ 60.2%
Black or African American alone, percent (a)	△ 73.5%	△ 32.6%
American Indian and Alaska Native alone, percent (a)	△ 0.3%	△ 0.5%
Asian alone, percent (a)	△ 0.9%	△ 4.4%

U.S. Census Bureau – Maps and Profiles

Dougherty County, Georgia

County, or equivalent in Georgia



Covering 328.5 square miles, Dougherty County, Georgia is the 87th-largest county in Georgia by area. Dougherty County, Georgia is bordered by Calhoun County, Worth County, Mitchell County, Lee County, Baker County, and Terrell County.



POPULATION

91,049



MEDIAN HOUSEHOLD INCOME

\$37,633



POVERTY RATE

29.4%



EMPLOYMENT RATE

49.3%



Online Analytical Statistical Information System (OASIS)



OASIS ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM
Tools for Public Health and Public Policy Data Analysis
Accessing the Georgia Department of Public Health's Data Warehouse

Create tables, maps or charts of health data by selecting a topic below

- Full of interactive tools that have access to Georgia Department of Public Health's standardized health data storage
- Includes vital statistics (e.g., births, deaths, and pregnancies), hospital discharge, ER visit, population, and behavior risk factor surveillance survey data
- Choose data based on certain criteria such as age, race, ethnicity, sex/gender, and health/county district

Online Analytical Statistical Information System (OASIS)

Data for Community Assessment or Grant writing

OASIS ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM
Tools for Public Health and Public Policy Data Analysis
Accessing the Georgia Department of Public Health's Data Warehouse

Years of Service 24

Create tables, maps or charts of health data by selecting a topic below

Dashboards

Community Health Needs Assessment	Leading Causes of Premature Death
-----------------------------------	-----------------------------------

Mortality/Morbidity

Mortality	Sexually Transmitted Disease
Hospital Discharge	Drug Overdoses - Mortality
Emergency Room Visits	Drug Overdoses - ER/Inpatient
Ambulatory Care Sensitive Conditions	Alzheimer's Disease and Related Dementia (ADRD)

Maternal/Child Health (MCH)

Births	Pregnancies
Fetal Deaths	Maternal Deaths
Induced Terminations	Popular Baby Names

Infant Mortality

Infant Mortality	Perinatal Periods of Risk (PPOR)
Infant Mortality - Birth Cohort Based	

Population Characteristics

Population Counts

Behavioral Surveys

Youth Risk Behavior Survey	Behavioral Risk Factor Survey
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Additional Tools

ZIP/Tract Boundary Finder	Map-Your-Own-Data Tool
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Latest Updates

- Mapping Tool: County Health Departments added as a layer. (1/8/2026)
- YPLL Pyramids - improved UI. (12/8/2025)
- Updated How to Use OASIS tutorial. (12/2/2025)
- Lifespan Histogram - more age groupings available. (12/2/2025)
- Births Trending Tool - Measures now multi-selectable. (10/23/2025)

How to Use OASIS / A Tutorial

Examples of Oasis:

Percent Low Birthweight by Census Tract

OASIS Overview & FAQ

Reports and Resources

External Resources

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Page Version 3.48 Updated: 2/23/2026.



ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM

Community Health Needs Assessment Dashboard

Tools for Public Health and Public Policy Data Analysis
Accessing the Georgia Department of Public Health's Data Warehouse

Rank By: Age-Adjusted Death Rate

Time: 5-Year Aggregates
2020-2024

Prioritize! (significantly high causes) ?
 Using green, yellow and red for dials.
 Using Georgia Rankable Causes.

Geography: County
Doraville
Dodge
Dooly
Dougherty
Douglas
Early
Echols
Effingham
Elbert

Age: All Ages
<1 year
1-4 years
5-9 years
10-14 years
15-17 years
18-19 years
20-24 years
25-29 years

Race: All Races

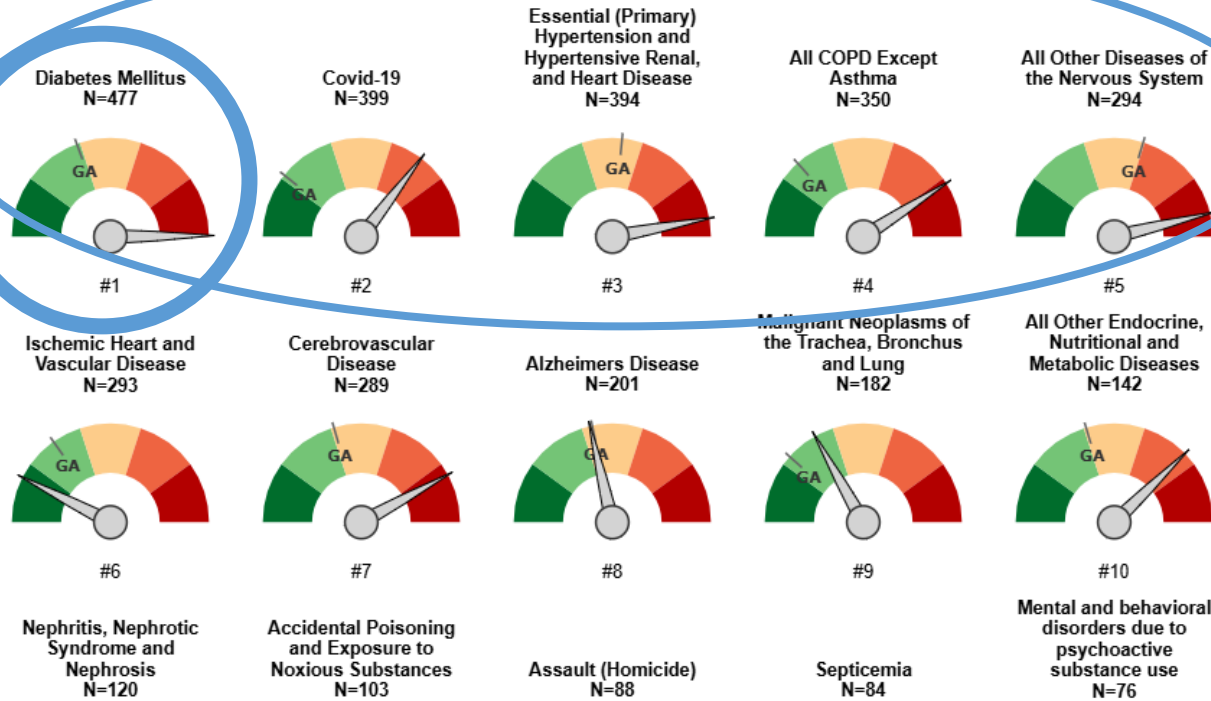
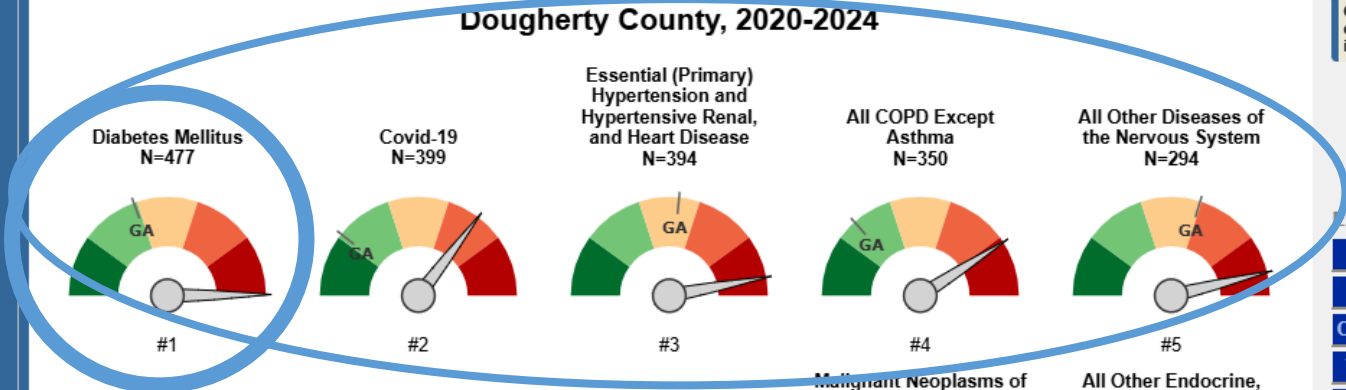
Ethnicity: All Ethnicities

Sex: All Sexes

[Get Data!](#) [Reset](#)

- [Quick Start Guide](#)
- [Definitions](#)
- [GA Rankable Definitions](#)
- [NCHS Definitions](#)
- [Known Data Issues](#)

Ranked Causes and State/County Comparison, Age-Adjusted Death Rate, Dougherty County, 2020-2024



Click on a cause label or chart for more details, including trend line and map.

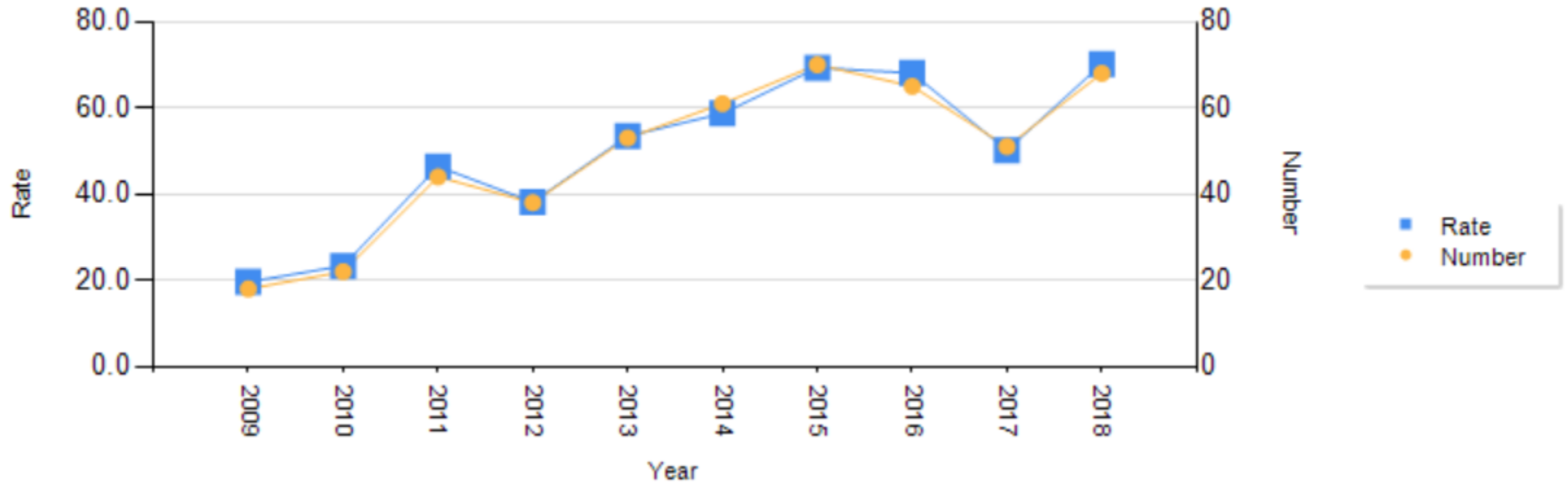
- External Resources**
- [Change Action Guide](#)
 - [MAPP](#)
 - [County Health Rankings](#)
 - [The Community Guide](#)
 - [Health Improvement Navigator](#)

What is the County's Trend?



As stated above the current rate is 63.2. The rate for the previous 5 year aggregate (2009 - 2013) was 36.4. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

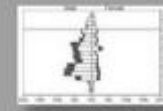
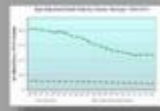
Age-Adjusted Death Rate and Number for Diabetes Mellitus for Dougherty County, 2009 - 2018





ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM

Tools for Public Health and Public Policy Data Analysis
Accessing the Georgia Department of Public Health's Data Warehouse



Create tables, maps or charts of health data by selecting a topic below

Dashboards

Community Health Needs Assessment

Leading Causes of Premature Death

Mortality/Morbidity

Mortality
Hospital Discharge
Emergency Room Visits
Ambulatory Care Sensitive Conditions

Drug Overdoses - Mortality
Drug Overdoses - ER/Inpatient
Sexually Transmitted Disease

Maternal/Child Health (MCH)

Births
Fetal Deaths
Induced Terminations

Pregnancies
Maternal Deaths
Popular Baby Names

Infant Mortality

Infant Mortality
Infant Mortality - Birth Cohort Based

Perinatal Periods of Risk (PPOR)

Population Characteristics

Population Counts

Demographic Clusters

Behavioral Surveys

Youth Risk Behavior Survey

Behavioral Risk Factor Survey

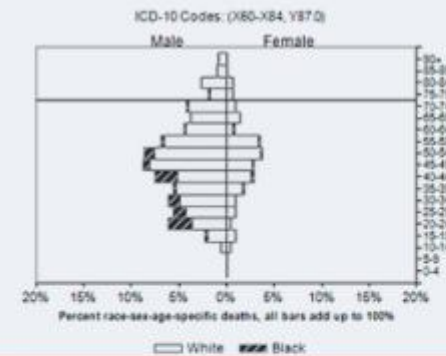
Latest Updates

What Can OASIS Do For You?

Examples of OASIS:

What's the leading cause of premature death amongst Georgia's wealthiest?

1) Intentional Self-Harm (Suicide)



Reports and Resources

External Resources



Emory Prevention Research Center



ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM

TRENDING TOOL

Accessing the Georgia Department of Public Health's Data Warehouse

Measure
 Number of Deaths
 Death Rate
Age-Adjusted Death Rate
 Percent of Deaths by Cause
 Number of YPLL 75
 YPLL 75 Rate

Time
 All Years
 2024
 2023
 2022
 2021
 2020
 2019
 2018
 2017

Geography
 County
 Dade
 Dawson
 Decatur
 DeKalb
 Dodge
 Dooly
Dougherty

Race
 All Races
White
 Black or African-American

Ethnicity
 All Ethnicities
 Hispanic or Latino
 Not Hispanic or Latino

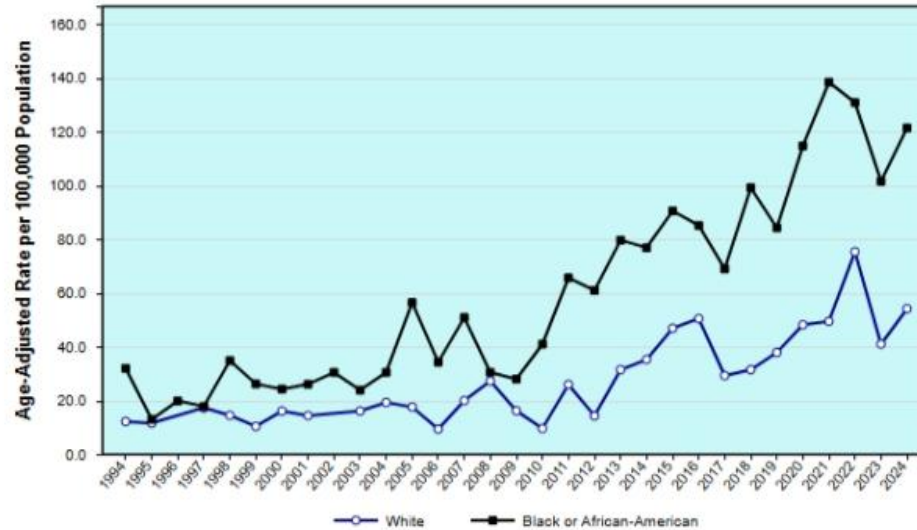
Aggregation
 1-Year Aggregates
 3-Year Aggregates
 5-Year Aggregates

Sex
 All Sexes
 Male
 Female

Cause
 OASIS Detailed Causes
 Leukemia
 Blood Diseases (Anemias)
 Sickle Cell Anemia
 Endocrine, Nutritional and Metabolic Diseases
Diabetes
 All other Endocrine, Nutritional and Metabolic
 Mental and Behavioral Disorders
 Disorders Related to Drug Use

[Switch Tool](#)
[Quick Start Guide](#)
[Definitions](#)
[Get Trends!](#)
[Reset](#)
[Change Data Source](#)
[Save Image](#)

Age-Adjusted Death Rate by Race, White, Black or African-American, Diabetes, Dougherty County, GA, 1994-2024



RACE	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
White	12.1	11.5	*	17.2	14.4	10.3	16.0	14.3	*	16.0	19.2	17.5	9.3	19.9
Black or African-American	31.9	12.9	19.8	17.7	34.8	26.1	24.2	26.0	30.4	23.8	30.4	56.4	34.2	50.8
Selected Races Total	18.5	13.1	10.5	18.1	23.2	17.5	19.4	19.3	17.8	19.8	24.0	32.6	22.5	33.0

County Health Rankings

- The rankings help measure the health of counties in all 50 states
- Translate complex data into accessible reports and models that helps with understanding community health needs as well as evaluation of improvement efforts
- Offer reliable source of local data to communities that assists community leaders in identifying opportunities to improve the population's health



<https://www.countyhealthrankings.org/>

Georgia County Health Rankings – Profile

County by county comparison for grant writing

https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=13089%2C13067%2C13121%2C13135&year=2025

Data updated 11/04/2023
Data updated 03/25/2026

	DeKalb, GA Remove Location	Cobb, GA Remove Location	Fulton, GA Remove Location	Gwinnett, GA Remove Location	
Population Health and Well-being					
Length of life	DeKalb, GA	Cobb, GA	Fulton, GA	Gwinnett, GA	—
Premature Death	8,500 ‡	6,300 ‡	8,000 ‡	6,100 ‡	▼
Quality of life	DeKalb, GA	Cobb, GA	Fulton, GA	Gwinnett, GA	—
Poor Physical Health Days	3.9 ‡	3.7 ‡	3.6 ‡	3.9 ‡	▼
Low Birth Weight	11% ‡	9% ‡	11% ‡	9% ‡	▼
Poor Mental Health Days	5.2 ‡	5.0 ‡	5.1 ‡	4.5 ‡	▼
Poor or Fair Health	18% ‡	16% ‡	16% ‡	19% ‡	▼
Community Conditions					
Health infrastructure	DeKalb, GA	Cobb, GA	Fulton, GA	Gwinnett, GA	—
Flu Vaccinations	46% ‡	46% ‡	49% ‡	43% ‡	▼
Access to Exercise Opportunities	91%	91%	94%	82%	▼
Food Environment Index	7.9 ‡	8.4 ‡	7.8 ‡	8.1 ‡	▼
Primary Care Physicians	930.1 †	1,260.1 †	890.1 †	1,480.1 †	▼
Mental Health Providers	240.1 †	370.1 †	260.1 †	600.1 †	▼
Dentists	1,590.1 †	1,350.1 †	1,300.1 †	1,490.1 †	▼
Preventable Hospital Stays	2,853 ‡	2,713 ‡	2,795 ‡	2,774 ‡	▼
Mammography Screening	38% ‡	45% ‡	42% ‡	40% ‡	▼
Uninsured	13% ‡	12% ‡	10% ‡	17% ‡	▼
Physical environment	DeKalb, GA	Cobb, GA	Fulton, GA	Gwinnett, GA	—
Severe Housing Problems	18%	13%	18%	17%	▼
Driving Alone to Work	63%	67%	59%	69%	▼
Long Commute - Driving Alone	50%	50%	40%	54%	▼
Air Pollution: Particulate Matter	9.0	8.2	9.5	8.3	▼
Drinking Water Violations	No ‡	No ‡	Yes ‡	No ‡	▼
Broadband Access	94% ‡	96% ‡	94% ‡	95% ‡	▼

Primary Data Sources



Quantitative:

- Surveys/questionnaires for key community members (key stakeholders) or target population
- Methods:
 - ✓ Surveys
 - ✓ Direct observation of community or people

Qualitative:

- Professionals or community members who are knowledgeable about health issue or audience
- Methods:
 - ✓ Interviews
 - ✓ Group
 - ✓ Focus Groups
 - ✓ Public meetings or forum
 - ✓ Windshield survey (drive/walk around community)

Benefits of Types of Data Collection

	Quantitative Data	Qualitative
Scale	<p>Shows scale and prevalence You can quantify how widespread or prevalence</p> <p>Enables comparison Compare across neighborhoods, demographic groups, or time periods</p>	<p>Provides depth and nuance You learn <i>why</i> people feel the way they do, not just <i>what</i> they feel</p> <p>Surfaces lived experiences Focus groups, interviews, and open-ended responses reveal community voices that numbers alone can't capture</p>
Benefits	<p>Reveals trends over time Longitudinal data shows whether conditions are improving or worsening.</p> <p>Provides objectivity Standardized measures with more numbers</p>	<p>Explains quantitative trends</p>
Engagement		<p>Builds trust and engagement Participatory methods make members feel heard/valued</p> <p>Identifies emerging or hidden issues People may raise issues beyond surveys</p>

Survey Questions Examples: Health Needs and Access to Care



What would you say is your greatest health need?

(Northeast Georgia Regional CHNA 2025)



What are the top 3 physical health needs/concerns in vulnerable populations compared to the community as a whole?

(Northside Hospital CHNA 2025)



Are there any services that you need and are not able to get? *If yes, what services?*

(Gwinnett Human Services CAN 2023)



What are the top 3 factors or barriers that you feel prevent community members from accessing the care that they need?

(Northside Hospital CHNA 2025)



Which Healthcare Service Would Have Greatest Impact on Community?

(South Georgia Medical Center Health - Lowndes County)



How important is it for DeKalb County to focus on the following substance use issues in the next five years?

(DeKalb County CNA 2024)

Health Behaviors & Social Factors

Examples of survey questions used in our community health assessments

Health Behaviors



What do you think are the top three unhealthy habits that influence the overall health of the community?

(Mitchell Co CHNA 2025-2026)



All people and groups within the county that I live have the opportunity to contribute to and participate in the county's quality of life.

(Georgia Department of Health -North Central Health District 2022 CHA)



How would you rate your access to healthy food in your neighborhood?

(Phoebe Putney Memorial Hospital CHNA 2026)

Barriers to Employment (Select all that apply)



Work & Wages

- Available jobs do not pay a wage that allows me to care for myself and my family
- Full time work is too much
- Part time work is not enough
- Shifts that do not work with schedule



Family Responsibilities

- Cannot find childcare
- Cost of childcare is too high
- Care giver for a family member



Access & Resources

- Lack of transportation
- Cannot find childcare
- Physically disabled



Systemic Barriers

- Criminal history
- Under 18 years old
- Have not received my high school diploma or GED



Other

- Positive drug test/drug screen
- I did not have a fair chance to get a job
- Other (please specify) _____



Key Informant Interviews: What, Who, & Why

What is it?



- Purposeful conversations between two people
- Interactive with open dialogue
- Held with people who are knowledgeable about the community, health topic, or organization
- Frame what topics to ask about during data collection

Who are key informants?



- A person in the community or target population
- A person working with the community
- A person who has access to information about the target population

Why it matters?



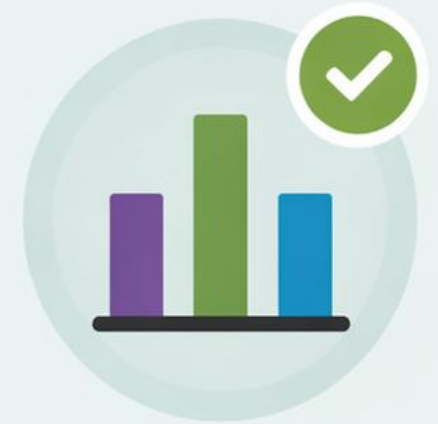
- Identifies key issues & priorities
- Guides data collection questions
- Provides multiple perspectives
 - From community members
 - From service providers
 - From elected officials

Helps frame what questions to ask during community assessment



Let's hear from you!

1. For your topic area, what informant from an agency or local organization do you think it would be good to interview?



Please respond using the **Zoom poll** on your screen.



You'll have **1 minute.**



Examples of interview/Focus questions:

- “In your opinion, what are the most serious health issues or diseases facing our community today?”
- “What barriers, if any, keep you or your neighbors from accessing health care (e.g., transportation, cost, insurance, childcare)?”
- “How difficult is it for families in this area to get nutritious food?”
- “Are there certain groups in our community that have a harder time getting healthcare than others?”

(Phoebe Putney Memorial Hospital CHNA 2026-2028)



What are your concerns regarding chronic conditions (e.g., diabetes, obesity, high blood pressure) in our area?



What can the hospital do to improve health and quality of life in the community?



What are your concerns regarding mental health or substance abuse?

(Northside Hospital CHNA 2025)



Types of Questions – Primary Data Collection

Health/Social Service Organization

How would you describe the current status of the organization?

What are you doing well? (start with assets)

What are areas in your organization that need improvement?
(weaknesses)

What issues or challenges does the organizations face?

What are key unmet needs or issues of your participants?

Community

- How would you rate your health/health of your community?
- What are your key unmet health needs or concerns?



Individual vs. Organizational Assets

Individual Assets

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

Organizational Assets

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

These assets can be mapped onto solutions for identified needs in the community



Observations or Windshield Survey

- Firsthand observation method used in community assessments to gather data by driving or walking through a neighborhood
- Examine the community or health topics with the topic in mind
- Ways to document:
 - Checklist of what is observed (or not seen)
 - Document timing (date and time)
 - Gather photos or maps of places (community, setting, etc.) or people (not faces or get photo release permissions)
- Supplement the survey with photos or mapping to identify specific areas with and those lacking resources



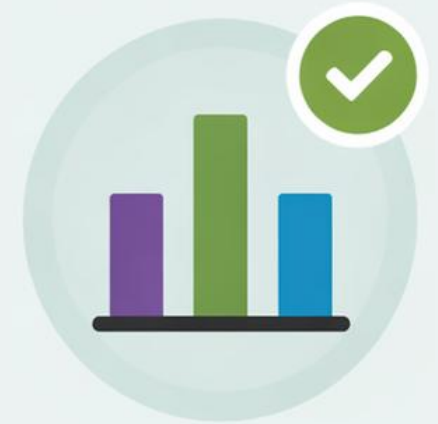
Windshield Survey Observation Example

Physical	People	Transportation	Community Services	Economy
<ul style="list-style-type: none">• Housing characteristics• Neighborhood characteristics• Condition• Recreation/ Parks• Boundaries	<ul style="list-style-type: none">• Common areas• Demographics (who is visible)• Interactions• Visible signs of community or culture	<ul style="list-style-type: none">• Public transit options• Complete street/road sharing• Walkability• Road conditions	<ul style="list-style-type: none">• Health systems• Public health• Food environment• Shared spaces• Public services (fire/police)• Educational options• Faith based organizations• Community organizations	<ul style="list-style-type: none">• Businesses• Top industry• Employment opportunities• Political activity



Let's hear from you!

1. What would you observe in the community if your focus was on physical activity among older adults?



Please respond using the **Zoom poll** on your screen.



You'll have **1 minute.**



Data Summaries: Combine data from multiple sources

*Example Clarkston
Community Health Center*

Theme	Literature Review	Windshield Survey Observations	Key Informant Interviews	Primary Surveys
Immigrant lack of understanding of the healthcare system	X		X	X
Cultural humility among healthcare providers	X		X	
Mental health programming	X		X	X
College application process for children of immigrants			X	X
Sex education for children of immigrants			X	X
Marketing and outreach of community center programs			X	X
Reaching U.S.-born populations			X	
Perceptions of Clarkston Community Center			X	X
Use of community center space			X	X

Use Tables and Graphs Effectively

1 Whitfield/Murray County Report

Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Murray County	Whitfield County	Georgia	US
Heart Disease	206.0	195.3	183.7	168.2
Cancer	188.0	153.0	147.6	144.1
COVID-19*	89.9	120.2	81.7	85.0
Accidents (Unintentional Injuries)	54.8	43.6	50.8	57.6
Strokes	47.7	43.8	43.0	38.8
Respiratory Diseases	70.9	54.2	41.6	36.4
Alzheimer's	50.2	47.0	45.9	32.4
Diabetes	32.5	18.8	23.9	24.8
Suicide	16.6	16.1	13.7	13.5
Liver Disease	15.7	14.5	12.1	13.3
Influenza and Pneumonia	12.4	15.5	13.8	13.0
Nephritis, nephrosis	18.1	17.2	18.5	12.7
Parkinson Disease	12.1	10.7	10.9	9.9
Septicemia	13.8	9.6	15.6	9.7

*COVID is only 2020. Age-adjusted rates per 100,000 population. Murray County and

2 Wellstar Report

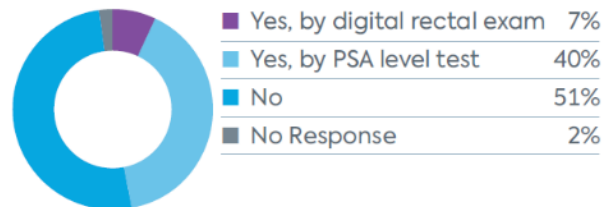
SUCCESS STORY: Two men previously in remission for prostate cancer participated in this screening and received abnormal results. The results led to further testing and a resumption of treatment.

Wellstar cancer screenings initiative.

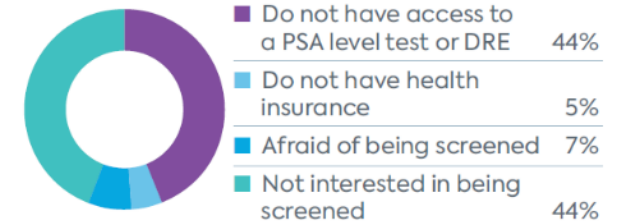
SUCCESS STORY: One participant received a new prostate cancer diagnosis. Despite a family history of prostate cancer, he was reluctant to be screened. Community Health team members at the event encouraged him to get screened on the spot.

Figure 7 | Prostate Screening Program

Previously screened for prostate cancer?*



Reason you have not been previously screened?*



Approaches to Data Prioritization

- Once you have the data, it is important to produce priority health issues
- Common methods
 - Importance and Feasibility/Changeability Matrix
 - Disaggregated priority setting
 - Multi voting methods
 - Nominal group (group process where individually consider, group discusses, voting)



Sork's Approach to Priority Setting

- Examine the overall topics and sort needs into categories of:
 - Importance
 - Feasibility to make change in the topic
- Feasibility (changeability) criteria:
 - Availability of resources
 - Educational intervention
 - Organization's willingness to change

Work as a team and place identified needs into one of these four boxes

Importance

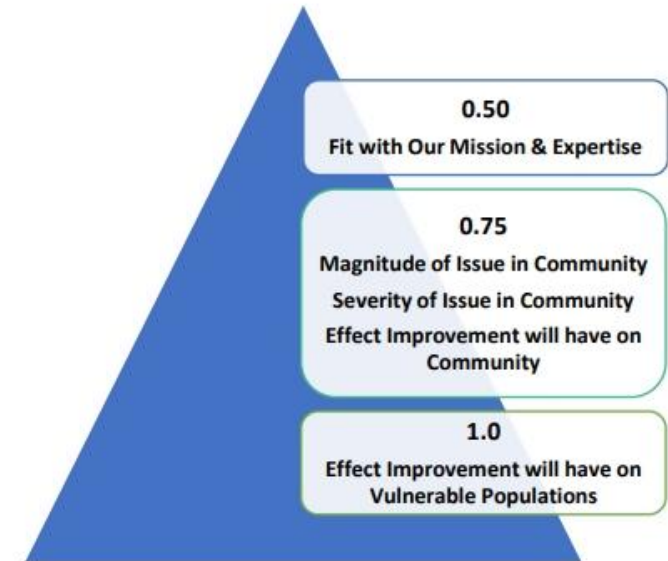
		Low	High
Feasibility	High	Low Priority Except to Demonstrate Change for Political Purposes	High Priority for Program Focus
	Low	No recommendations	Priority for Innovative Program; Evaluation Crucial

Disaggregated Priority Setting

- List out your important criteria for judging needs/solutions
- Rank order the criteria (and/or weight them)
- Evaluate each need or solution using the criteria
- May not handle the issue that some needs or solutions may overlap when each is treated alone

Example of some Criterion and Weights

Figure 88: Northside's CHNA Prioritization Criteria Weight Assignn



For each CA issue, multiply priority score by weight) 1=not a priority to 4=high

Northside Hospital Results of Top Health Concerns

Table 27: Northside's FY 2022-FY 2024 CHNA's Prioritization Total Score

1	Cancer	14.47
2	Cardiovascular	14.06
3	Maternal & Infant Health	13.86
4	Behavioral Health & Substance Use Disorder	13.58
5	Diabetes & Obesity	13.06
6	Access to Care	13.03
7	Healthy Lifestyle Behaviors	12.03
8	Respiratory Disease & Smoking	11.11
9	HIV/AIDS	8.97



Other Considerations for Health Priorities

- **Low hanging fruit:** solutions that are easy to achieve
- Solutions relates back to **organizational mission, goals, and assets**
- Input of stakeholders or wider community assessment team when data summaries are shared



Goal of Phase 2: Data Collection

- ✓ Learn about the community
 - ✓ Learn about assets and perceived needs
 - ✓ Elicit voice of community
- ✓ Collect data and hear voices from the community (community engagement)
- ✓ Deliverable: Summary of community health data, resources and needs





Phase 3: Post test-assessment

Action Items and Dissemination of Results



Post-Assessment Activities



Review community assessment data and summarize them into a “report”



Consider recommendation of actions based on the data reported and placed them into some level of prioritization (i.e., short-term activities vs longer-term activities)



Create a plan to address top community needs



Community Assessment Recommendations

DeKalb County Needs Assessment Report – June 2024



Leverage Community Partnerships

Leveraging community partnerships can bolster public health efforts, as it brings together diverse expertise and resources to achieve comprehensive outcomes. Collaborative efforts among governmental agencies, nonprofit organizations, health care providers, and community groups enable the pooling of knowledge and skills necessary for conducting thorough needs assessments. These partnerships not only facilitate a holistic understanding of prevalent health needs but also extend the reach of interventions. By tapping into existing networks, such collaborations ensure that interventions are culturally sensitive, tailored to specific community requirements, and therefore more effective in addressing health disparities.

- **Foster collaborations with local community organizations:** To address community health challenges, actively seek joint efforts such as mentorship, community service, food security, and economic security initiatives. DKPH can continue to align its strategic goals and resources with community organizations for maximum impact. Participants noted benefits from shared-use agreements.
- **Continue partnering with community organizations to increase reach and engagement with the community.** DKPH's community initiatives are well known among local organizations and have strong relationships with these organizations. This can be used to leverage community engagement as well as strengthen DKPH's presence in the community.
- **Expand collaborative projects beyond county borders:** Coordinate efforts with other counties to create community health spaces and activities. County collaborations can increase resources, expertise, and support for these projects. One participant mentioned a successful outdoor program for youth and families that combined health screenings that other counties may benefit from as well.



Dissemination of Assessment Report

Public/Community:

- Discuss ways of sharing the data with your assessment team
 - Newsletter or article
 - Presentation at public forum
 - Factsheet
 - Infographic
 - Executive summary on agency's website

Health Professionals:

- Executive summary
- Full report
- Presentations
 - Coalition or partnership
 - Public health or other Health Professionals
- conferences



Resources: Community Assessment Webinar Part 1

We will have a shared resource library that have examples to reports and we will send you a link for the OneDrive:

- Training/ppt. slides
- Resource list
- Community Assessment Worksheet
- Folder of previous reports



TOOLKIT



ASSESSING COMMUNITY HEALTH NEEDS: Part 2

- Interactive Exchange session in May/early June
- Panel of Professionals who have conducted community assessment/health benefits assessment
- Breakouts for work and sharing among participants (Please give us feedback on evaluation form)



Questions?



If not, we'd love your help!

**This presentation is a product of a Health Promotion and Disease Prevention Research Center supported by Cooperative Agreement Number U48 DP006377 from the Centers for Disease Control and Prevention. The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.*

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1. Following this link:
https://survey.qualtrics.emory.edu/jfe/form/SV_d3Zk2yik1W14YvQ
2. OR Scanning the QR code below



Thank you!

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