Needs analysis and local health service planning

Jane Gregg & Lily O’Hara

Red Lotus Health Promotion
Overview

- Needs and needs analysis process
- Relevance to health service planning
- Competencies for needs analysis practice
- Model to guide needs analysis practice
- Values and principles relevant to needs analysis practice
Need

• That which is required for optimum health and well being
  – What makes people healthier
  – Not static
  – Different communities, different needs
Needs analysis

• Building a picture of a community
• Process used to determine health and well being needs of a community
  – Systematic research process
  – Strategic
  – On-going
  – Best practice
  – Initial stage of program
Also known as …

- Needs assessment
- Community analysis
- Community diagnosis
- Rapid appraisal
- Situational analysis
- Community consultation
- Community profiling
- Social / environmental audit
- Others
Needs analysis tells us

- Health and well being of a community
- Inequities in health and well being and access to services
- Health and well being priorities
- Where to act for change
Disciplines and needs analysis

- Comprehensive primary health care
- Community development
- Modern health promotion
CPHC framework

Continuum of activity

Interventions

Downstream
Midstream
Upstream

Disease prevention
Primary
Secondary
Tertiary

Communication Strategies
Health information
Behaviour change programs

Health education and empowerment
Knowledge
Understanding
Skill development

Community and Health Development
Engagement
Community action
Advocacy

Infrastructure and Systems Change
Policy
Legislation
Organisational change

Comprehensive Primary Health Care
Health promotion process

Needs Assessment
Planning
Evaluation
Implementation

Values and principles
Relevance to health service planning

- Ensures a health service uses its resources to contribute to improving the health and well being of the community
Relevance to health service planning

• Accurate information
• Identify actual need(s)
• Foundation for planning
• Rationalise limited resources
• Tailor services and programs to local context
• Meet PHC principles – access, equity, appropriateness, effectiveness
Important for practitioners

- Organisations needs analysis process
- Role in needs analysis process
Core competencies for health promotion practitioners

• Australian Health Promotion Association, 2009

• Competency – application of knowledge, skills, attitudes, values to performance

• Needs (or situational) assessment competencies
Needs assessment competencies

- Locate, conduct and critically analyse relevant literature (includes peer reviewed and grey literature, local, state and national strategic plan, and relevant area and organisational reports and policies)

- Compile an epidemiological and socio-demographic picture of the geographical or community population or setting of interest
Needs assessment competencies

- Involve community members and stakeholders in the needs assessment process

- Seek input from academic and practitioner specialists for the particular health issue or problem being assessed
Needs assessment competencies

• Determine priorities for health promotion action from available evidence using local, state and national data and information collected

• Identify behavioural, environmental, social and organisational risk and contributory factors for the particular health issue or problem of concern
Needs assessment competencies

• Identify processes that are effective in setting priorities for health promotion action

• Recommend specific actions based on the analysis of information
Needs analysis process

• Range of models to guide needs analysis practice

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Health Promotion Model

• **Holistic** – health is seen as a function of the whole person with a number of interdependent parts – mind, body and spirit

• **Ecological** – health is seen as holistic and exists within the context of the social, economic, political built and natural environment

• **Salutogenic** – health creating, focus on positive health, strengths model
Figure 1: Red Lotus Health Promotion Model

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Red Lotus Health Promotion Model

Petal layer 2: Components of needs assessment process
- Types of need
- Types of data
- Data collection processes used
- Determining priorities
Types of need

• Difference between individual level needs and community level needs

• Types of need
  – Normative
  – Felt
  – Expressed
  – Comparative
Types of data

• Collecting data about people and their environments
  – People: demographic, social indicator, health status, behaviours
  – Environments: social, cultural economic, political, natural, built
Types of data

• Existing and new

• Qualitative and quantitative

• Range of sources
  – Primary and secondary
  – National, state and local levels
Types of data

- Positivist
  - Experimental
  - Extensive
  - Breadth

- Interpretive
  - Naturalistic
  - Intensive
  - Depth
Data collection methods

- Surveys - people, records, environments
- Focus groups
- Interviews
Determining priorities: criteria

1. Prevalence
2. Incidence
3. Equity-based
4. Cost of issue
5. Severity
6. Selectivity
7. Amenability to action
8. Cost-benefit
9. Already covered
10. Community support
11. Community resources
12. Political priorities
Determining priorities: methods

- Brainstorming
- Delphi technique
- Breakout groups
- Values clarification
- Circle
- Role play
- Nominal group
Figure 1: Red Lotus Health Promotion Model

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<table>
<thead>
<tr>
<th>Value</th>
<th>Principle</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic worldview¹⁸</td>
<td>The existence of an organic universe</td>
<td>Seeing the world as a living, breathing, dynamic, whole.</td>
</tr>
<tr>
<td>Constructionist epistemology¹³</td>
<td>The construction of knowledge through interactions within and between health promotion practitioners and communities</td>
<td>Acknowledging that all people are connected and that collectively they construct knowledge and understanding about their worlds.</td>
</tr>
<tr>
<td>Ecological science⁷,¹⁹,²⁰</td>
<td>The science underpinning health promotion is ecological</td>
<td>Using the science of ecology, which recognises that people exist in multiple ecosystems, from the individual level, to the family, group, community and population level. Health is determined by complex interactions between people (including their biological status, such as age, gender and genetics, state of health and well-being, socio-economic status, attitudes, values, beliefs and behaviours) and their social, economic, political, built and natural environments. All parts within the whole system affect each other, and the whole is greater than the sum of the parts. Ecological science incorporates the tenets of connectedness, complementarity, uncertainty and non-locality.</td>
</tr>
<tr>
<td>Holistic health paradigm⁷,¹⁸</td>
<td>The concept of health includes interrelated dimensions of spiritual, mental, social and physical health and well-being</td>
<td>Understanding that health is a complex concept that includes aspects of well-being that relate to the whole person or communities of people.</td>
</tr>
<tr>
<td>Salutogenic focus²¹,²²</td>
<td>Focusing on the creation of health</td>
<td>Emphasising factors that create and support health, well-being, happiness and meaning in life.</td>
</tr>
<tr>
<td>Health is purposeful¹⁸</td>
<td>The motivation for health is as a resource for living</td>
<td>Recognising that health provides a sense of purpose and enables greater enjoyment of life and is not an end in itself.</td>
</tr>
<tr>
<td>Assumption of positive intentions¹⁸</td>
<td>Assume that people have a natural desire to do the best for themselves, their families and their communities</td>
<td>Assuming that when left to their own devices, people will do the best they can, given their circumstances and available resources.</td>
</tr>
<tr>
<td>Empowering health promotion strategies⁵,⁷,⁹,¹⁸</td>
<td>Participatory processes that enable and empower people</td>
<td>Using participatory processes that enable and empower people to connect with their inner wisdom, and gain control over their lives and the determinants of their health.</td>
</tr>
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<td>------------------------------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Equity-based priority</td>
<td>Prioritise action with the most vulnerable or disadvantaged communities.</td>
<td>Prioritising work with communities that are most marginalised, vulnerable, disadvantaged and often regarded as ‘hard to reach’ based on considerations of equity.</td>
</tr>
<tr>
<td>communities$^5,6,35$</td>
<td></td>
<td></td>
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<tr>
<td>Equitable distribution</td>
<td>Power is distributed equitably between stakeholders.</td>
<td>Facilitating participatory and egalitarian processes that assist with the redistribution of power.</td>
</tr>
<tr>
<td>of power$^5,7,9$</td>
<td></td>
<td></td>
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<tr>
<td>Ethical change processes</td>
<td>Change processes enable active participation of people affected by the issue.</td>
<td>Ensuring that the people most affected by an issue are an integral part of all components of a health promotion change process that addresses the issue, as distinct from being targeted as recipients of decisions made external to them.</td>
</tr>
<tr>
<td>$^{18,36}$</td>
<td></td>
<td></td>
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<tr>
<td>Processes do not impinge on</td>
<td></td>
<td>Ensuring that all relevant parties consent to health promotion change processes and acknowledging and respecting that not all people will choose the same actions.</td>
</tr>
<tr>
<td>people’s personal autonomy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beneficence is a priority</td>
<td></td>
<td>Actively considering what the benefits of any health promotion change process may be and who may be the beneficiaries.</td>
</tr>
<tr>
<td>consideration.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-maleficence is a priority</td>
<td></td>
<td>Actively considering what the potential harms of any health promotion change process may be, who may be harmed by the change processes and in what way. Taking steps to minimise or avoid this harm. Communicating risks involved in a truthful and open manner.</td>
</tr>
<tr>
<td>consideration.</td>
<td></td>
<td></td>
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<tr>
<td>Evidence-based practice</td>
<td>Practice is based on evidence of need and effectiveness, and sound</td>
<td>Ensuring that needs assessment processes incorporate the perspectives of all stakeholders, and that health promotion practice is based on sound evidence of need, evidence of effectiveness, and appropriate theoretical foundations.</td>
</tr>
<tr>
<td>$^1,3$</td>
<td>theoretical foundations.</td>
<td></td>
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<table>
<thead>
<tr>
<th>Table 3: Values and principles in the technical domain.</th>
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</thead>
<tbody>
<tr>
<td><strong>Value</strong></td>
</tr>
<tr>
<td>Comprehensive actions$^{10-12}$</td>
</tr>
<tr>
<td>Democratic governance$^{5,9}$</td>
</tr>
<tr>
<td>Practitioner is a resource$^{5,6}$</td>
</tr>
<tr>
<td>System-level evaluation$^{5,25}$</td>
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</tbody>
</table>
## Values and principles continuum

<table>
<thead>
<tr>
<th>Focus of Value or Principle</th>
<th>Holistic, Ecological, Salutogenic Health Promotion Value or Principle</th>
<th>Description of each end of the values and principles continuum</th>
<th>Traditional Health Promotion Value or Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worldview&lt;sup&gt;17&lt;/sup&gt;</td>
<td>Organic</td>
<td>Seeing the world as a living, breathing, dynamic, whole as opposed to seeing the world as an unchanging, static machine.</td>
<td>Mechanistic</td>
</tr>
<tr>
<td>Epistemology&lt;sup&gt;19&lt;/sup&gt;</td>
<td>Constructionist, Subjectivist</td>
<td>Acknowledging that all people are connected and that collectively they construct knowledge and understanding about their worlds, as distinct from believing that there is only one truth that is ascertained by an objective observer.</td>
<td>Objectivist</td>
</tr>
<tr>
<td>Science&lt;sup&gt;2,5,11&lt;/sup&gt;</td>
<td>Ecological</td>
<td>Using the science of ecology, which recognises that people exist in multiple ecosystems, from the individual level, to the family, group, community and population level. All parts within the whole system impact on each other, and the whole is greater than the sum of the parts. Ecological science incorporates the tenets of connectedness, complementarity, uncertainty and non-locality. This principle is distinct from reductionism or positivism, in which understanding about the whole comes from simply understanding each part.</td>
<td>Reductionist, Positivist</td>
</tr>
</tbody>
</table>
Health promotion values and principles

Comparing modern and traditional health promotion values and principles relevant to needs assessment practice
Traditional health promotion view of health

Bodies
Traditional health promotion view of health

Bodies + Physical behaviours
Complexities of health

- Modern health promotion practice needs to respond to complex health issues that have multiple determinants
Modern health promotion view of health

Bodies + minds + spirits
+ behaviours
+ environments
+ connections

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Needs assessment values and principles

- Epistemology: constructionist or objectivist

- Application: Involve people in the collection and interpretation of needs analysis data
Needs assessment values and principles

- Ecological science: recognises people exist in multiple ecosystems, parts within the whole effect each other, the whole is greater than sum of the parts or understanding the whole comes from simply understanding each part

- Application: Collect and analyse needs assessment data that reflects the multiple ecosystems people live in and the connections between these ecosystems
Needs assessment values and principles

• Holistic health: understanding health is complex and related to whole person – mind, body, spirit or seeing health as absence of disease or unhealthy behaviours

• Application: Collect data about the holistic health and well being of people – physical, social, mental, spiritual aspects
Needs assessment values and principles

- Emphasis on health: salutogenic focus that emphasises factors that create and support health, well-being, happiness and meaning in life or emphasis on risk factors for disease

- Application: Collect data about factors that create and support health and well-being
Needs assessment values and principles

- Population focus: prioritise work with communities most marginalised and disadvantaged based on equity or work with more visible, less vulnerable and more accessible communities.

- Application: Identify and proactively engage with communities or groups within the community where the greatest inequities exist.
Needs assessment values and principles

- Distribution of power: facilitate participatory and egalitarian processes that assist with redistribution of power or processes that have foundations in patriarchy and domination that reinforce inequitable distribution of power.

- Application: Actively strategise to engage those with less power in the needs assessment process.
Needs assessment values and principles

• Basis for practice: needs assessment processes are based on sound theoretical foundations or needs assessment processes focused on selective collection of evidence, or on political imperatives

• Application: Base the needs assessment process on sound theories, models and evidence
Needs assessment values and principles

- Governance and decision making: collaborative models of governance and decision making or health worker led and/or imposed from outside

- Application: Use models of governance and decision making that facilitate active and meaningful participation by all stakeholders in the needs assessment process
Needs assessment values and principles

• Professional role: ally or expert

• Application: Work with people as an ally and a resource in the collection and analysis of data, and in determining priorities
Needs assessment values and principles

• Evaluation processes: maximum beneficence or limited beneficence

• Application: Design the evaluation strategy so that the full range of people benefiting from a health promotion process are identified
Modern health promotion values and principles

• Needs assessment practice
  – Constructionist epistemology
  – Ecological science
  – Holistic health paradigm
  – Salutogenic focus
  – Empowering strategies
  – Equity-based priority communities
  – Equitable distribution of power
  – Evidence-based practice
  – Democratic governance
  – Practitioner as a resource
Summary

• Needs and needs analysis process
• Relevance to health service planning
• Competencies for needs analysis practice
• Model to guide needs analysis practice
• Values and principles relevant to needs analysis practice
Key messages

• Good quality process that is planned and resourced to guide needs analysis practice

• Values and principles held by practitioners and organisations influence needs analysis practice

• Needs analysis is ongoing and a key component of a practitioners operational work
Key references


Afternoon workshop overview

• Work though the needs analysis process

• Objective: To demonstrate participants understanding of the needs analysis process and its application to local service planning

• 1 hour 30 minutes
Task 1: Individual participant reflection - 20 minutes

• Briefly describe your experience in needs analysis practice
• Identify three values and principles that have or would be important to you in your needs analysis practice?
• Consider whether your personal practice values and principles are consistent with those of your organisation?
• Rate your level of confidence for each needs analysis competency
Task 2: Needs assessment activity - 60 minutes

- Overview of GPQ Needs analysis template
- Small groups 6-8 as per tables
- Overview of workshop process
- Each group has a pre populated needs analysis document
- Nominate a facilitator
Task 2: Needs assessment activity

• As a group
  – Review pre populated needs analysis data
  – Complete the following components of the template:
    • Comment on demographic and population health profile data
    • Analysis – needs and criteria for determining priorities
    • Identification of options for program implementation
    • Prioritisation of options in consultation with stakeholders
    • Risk assessment
Task 3: Needs assessment activity feedback - 10 minutes

• Consider the following questions
  – What type of needs are reflected – *normative, expressed, felt, comparative*?
  – How is needs analysis relevant to health service planning at the local level?

• Feedback to large group
  – What have you learned about needs analysis?
  – How can needs analysis be used in your everyday work?