Tiny Town

**What:** Tiny Town is a problem-oriented community assessment & analysis *case study*.

**Purpose:** It’s used as an application to walk you through the *process* (& the *critical thinking*) needed to conduct a community assessment (step 1-4 below).

You will see how the pieces of data from the community wheel areas provide the "whole" picture of the health of the community.

### Process

<table>
<thead>
<tr>
<th>Nursing Process Phase</th>
<th>Phase</th>
<th>Focus</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>1</td>
<td>Establishment of partnership</td>
<td>To form a partnership with our assigned community</td>
</tr>
<tr>
<td>Assessment</td>
<td>2</td>
<td>Collect community wheel data</td>
<td>To perform a needs assessment of our site</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>3</td>
<td>Identify strengths &amp; concerns</td>
<td>To identify what problem &amp; intervention should take place</td>
</tr>
<tr>
<td>Additional assessment</td>
<td>4</td>
<td>Collect health topic (of concern) data</td>
<td>To share data with group</td>
</tr>
<tr>
<td>Planning</td>
<td>5</td>
<td>Plan details of intervention (<em>e.g.</em>, health fair, educational intervention) operations &amp; process for evaluation</td>
<td>To impact local community with needs-based intervention</td>
</tr>
<tr>
<td>Intervention Evaluation</td>
<td>6</td>
<td>Complete the project intervention &amp; evaluate it’s effectiveness</td>
<td>To analyze effectiveness of intervention for display to others</td>
</tr>
<tr>
<td>-</td>
<td>7</td>
<td>Presentation sharing (dissemination)</td>
<td>To disseminate project with class &amp; community members</td>
</tr>
</tbody>
</table>

**Case Study:**
You are the new community health nurse in this rural community, Tiny Town, USA.

**Brief Community Description:**

**Where:** Tiny Town, USA.

**What:** This is a small rural community in a southern state. This community began as a crossroads town 200 years ago en route to the larger city, which is 40 miles north.

**Population:** The total population is 25,000 people.

**County:** Tiny Town is located in a Tiny County.

**Questions:**

- What is the first step of the process/phase when working with a community?

- What is the second step of the process/phase when working with a community?

- What are the different components of community wheel data?
People

Data Collection:

You began your data collection with an in depth search on the Internet.

Question:
- What are some data sources used to find “people” data?

The demographics table below includes the results of your data collection process:

<table>
<thead>
<tr>
<th>Demographics (2010)</th>
<th>USA</th>
<th>Georgia</th>
<th>Tiny Town</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>281,422,000</td>
<td>8,186,500</td>
<td>25,000</td>
</tr>
<tr>
<td>% Change 2000-2010</td>
<td>+6.8</td>
<td>+7.3</td>
<td>+0.04</td>
</tr>
<tr>
<td>Age groups (%):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under 5 years</td>
<td>-</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>&lt; 18 years</td>
<td>25.7</td>
<td>26.5</td>
<td>30</td>
</tr>
<tr>
<td>&gt; 65 years</td>
<td>12.4</td>
<td>9.6</td>
<td>40</td>
</tr>
<tr>
<td>Race (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>75.1</td>
<td>65.1</td>
<td>35</td>
</tr>
<tr>
<td>Black</td>
<td>12.3</td>
<td>28.7</td>
<td>30</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.9</td>
<td>0.3</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>3.6</td>
<td>2.1</td>
<td>5</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>12.5</td>
<td>5.3</td>
<td>30</td>
</tr>
<tr>
<td>Gender (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>49.1</td>
<td>49.2</td>
<td>40</td>
</tr>
<tr>
<td>Female</td>
<td>50.9</td>
<td>50.8</td>
<td>60</td>
</tr>
<tr>
<td>Marital Status (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>-</td>
<td>-</td>
<td>70</td>
</tr>
<tr>
<td>Married</td>
<td>-</td>
<td>-</td>
<td>30</td>
</tr>
</tbody>
</table>
Here are the vital statistics for this community:

Please note that marital status is not a vital statistic in and of itself. Marital status is used as a categorical variable (married, single, divorced, widowed) when using further vital statistics (examples below).

<table>
<thead>
<tr>
<th>Vital Statistics (2010)</th>
<th>USA</th>
<th>Georgia</th>
<th>Tiny Town</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births per year</td>
<td>4,064,948</td>
<td>126,744</td>
<td>150</td>
</tr>
<tr>
<td>Birth rates</td>
<td>14.8</td>
<td>16.3</td>
<td>18</td>
</tr>
<tr>
<td>Rate of birth to teens (per 1000 population)</td>
<td>49.6</td>
<td>65.1</td>
<td>80</td>
</tr>
<tr>
<td>Births to unmarried mothers (%)</td>
<td>33</td>
<td>36.6</td>
<td>60</td>
</tr>
<tr>
<td>Low birth weight babies (%)</td>
<td>7.6</td>
<td>8.7</td>
<td>10</td>
</tr>
<tr>
<td>Mothers with first trimester prenatal care (%)</td>
<td>83.2</td>
<td>87.3</td>
<td>66</td>
</tr>
<tr>
<td>Infant mortality rates (per 1000 live births)</td>
<td>7.2</td>
<td>13</td>
<td>16</td>
</tr>
</tbody>
</table>

Questions:
- What is the third step of the process/phase when working with a community?
- What trend in vital statistics is of particular concern within this community?
- What is the fourth step of the process/phase when working with a community?

People (continued)

To begin the planning process for interventions aimed at the promotion of population health, you knew that further investigation was the next step.

Pertinent Mortality & Morbidity:

The leading causes of death for the total population is heart disease & cancer. STD/STI rates have consistently been higher than the state & nation for the past 5 years.

The most common communicable diseases are chlamydia, syphilis & chicken pox.

The nurse at the local clinic (who is a resident of the community) reports that although the larger city nearby has alarmingly high rates of HIV/AIDS, there are no known cases of HIV/AIDS in this town.
You also consulted with the key informants in the community such as the nursing director at the district health department, the nurse at the local clinic, school counselors as well as civic, community & church leaders.

**Pertinent Behavior Health Indicators:**

Key informants (high school counselor, police, parents & teens) report high levels of alcohol & tobacco use in the teen population but no statistical data available for this community. The community leaders feel that there is “no drug problem” in the town, but do express concern about the alcohol use among all residents.

The clinic nurse estimates that at least 50% of the people in the community are overweight (all ages). Teen dietary habits consists of high fat junk food & sodas & few fruits & vegetables. The clinic nurse is proud to report that 100% of the children in the town are immunized. The average teen girl reports beginning sexual activity at age 14 years.

**Values Identified through Key Informant Interviews:**

This community reports approximately 75% dedicated practice of the Catholic religion. There are four churches in town (a multiracial congregation in the large Catholic Church & three segregated Baptist churches).

**Community Mobility:**

The bulk of the young males leave the area after high school graduation to “seek jobs” or “adventure”. Some return to care for their elders later in life. The elderly population report they return to their hometown “after retirement”. A large percentage of the Hispanic population is associated with the farming community & moves frequently as a migrant community.

Use this data to determine community strengths & community risks/problems (make inferences regarding the health of the community).

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<thead>
<tr>
<th>People</th>
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<tbody>
<tr>
<td><strong>Strengths</strong></td>
<td><strong>Risks/ Problem Inferences</strong></td>
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</table>
Environment

Your next step is to validate some of your inferences by gaining a better impression of the town as a whole. You decided to complete a windshield survey, interview more key informants, attend school sporting events, church gatherings & town meetings. The following are your findings.

Physical Environment:

This town is located at the crossroads of two small county highway & 30 miles from a major interstate. The nearest large city (75,000) is 40 miles north. The town is located in a hilly, woody area with a small river on the southeast side of town. The climate is mild with hot summers & cool winters.

Most homes are older & found on small farms with single & multiple family dwellings. Majority of homes are wooden one story homes with porches. No new construction noted. There are three large trailer parks. The residential areas appear well maintained. The center of town has no trees, shrubs & little grass as it is primarily concrete & moderate amount of litter is noted on the sidewalks.

The center of town consists of a group of commercial buildings, three restaurant & usual service businesses & vendors (a drug store, two doctor offices, one clinic, a grocery store, a department store, a hardware store, a laundromat, a small library, a gas station & a convenience store). During the day elderly & very young people can be seen sitting on their porches or teens seen driving in cars. At night, the streets are quiet & stores are closed. Only the convenience store is open after dark & this seems to be a hangout place for teens. The schools are located on the outskirts of the town & all within one block of each other. They share a big sports field/stadium.

Use this data to determine community strengths & community risks/problems. (make inferences regarding the health of the community).

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Health & Social Services

There are no community hospitals within a 40-mile radius of this town.

The public health services are available in a small clinic in the town center. This clinic offers prenatal services, Family Planning, Child Immunizations & STD screening & treatment. Two nurses & a clerk staff the clinic. All staff persons are local residents. The clinic rotates the type of services offered on a daily basis & operates Monday-Friday 9-5pm. Teens report that the clerk has difficulty with confidentiality.

All OB patients are referred by clinic staff to the general hospital 40 miles away for delivery. Pregnant teens report that they do not like driving to Big City for their prenatal care (due to lack of transportation or gas money or time) so often arrive at the hospital in labor to be admitted for L&D (labor & delivery) by the ER (emergency room) doctor to a scary strange environment.

There are no mental health services or support groups in the town. A social worker is available through the DFACS (Division of Family & Children Services) satellite office once a week to coordinate services such as food stamps, Right From the Start (a Medicaid program), & WIC (Women, Infants, & Children). The social worker states most of time involved food stamps eligibility paperwork.

Two private physicians (one family practice, one gerontologist) & one dentist practice in the town & accept Medicaid & Medicare. Most residents report these two physicians are their providers. Few go out of town for health care other than OB services unless referred by the local MD.

A volunteer EMS program exists. The CVS offer pharmacy services. No retirement home or extended care homes are located in the town. Key informants related that there are two unlicensed midwives who deliver babies in homes. Folk practices are prevalent which included use of herbals & home remedies.

Health Education:
Schools offer the approved abstinence-based curriculum. The churches & school counselors coordinate a health fair once a year at the annual town October festival. While talking with a group of elderly men & women in the church, a church leaders stated that something needs to be done in this town as there are too many teen parents & nothing is ever going to change around here until these teens quit having babies.

Use this data to determine community strengths & community risks/problems (make inferences regarding the health of the community).

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<tr>
<th>Health &amp; Social Services</th>
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Safety & Sanitation

EMS & fire department services is on a voluntary basis & the response time varies to time of day & available personnel. The police department (three full time policemen) personnel have been trained to deliver babies in emergency situations.

Crime statistics from the local police department reveal misdemeanors such as DUI, & burglary & theft as the primary crimes. Occasional vandalism (graffiti) is reported, but police believe it is typically associated with visiting teams for the sports games held in town.

In regards to the teen population, the policeman report that there are several calls related to teens fighting & disturbing the peace but they are just local folks having a good time & not a problem. General public reports feel safe in their quiet community.

The town offers a waste collection service & transports to a distant dumpsite. The majority of homes are on well water.

Use this data to determine community strengths & community risks/problems (make inferences regarding the health of the community).

<table>
<thead>
<tr>
<th>Safety &amp; Sanitation</th>
<th>Strengths</th>
<th>Risks/ Problem Inferences</th>
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</table>
Transportation

There are no public transportation services in this community. People ride in cars, trucks, & bicycles or walk. It is estimated that 75% of the households have at least one car. There is a school bus system to provide transportation to school. Closest air or rail transportation is 40 miles. Roads are in good condition.

Use this data to determine community strengths & community risks/problems (make inferences regarding the health of the community).

<table>
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</table>
Economics

The median household income is $12,000.
40% of the residents are below poverty & 33% receive federal assistance.
The primary occupations are farming & service jobs.
The unemployment rate is 45%.
Retirement population makes up approximately 40% of the total population.
Most people have Medicare or Medicaid.

Teen discussion about the job market & economy in the county was that “You just need to enjoy every day as no roads lead out of Tiny Town. ‘Be Young Be foolish Be Happy’ is our motto!!”

Use this data to determine community strengths & community risks/problems (make inferences regarding the health of the community).

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</table>
Education

The town has one elementary school, one middle school & one high school all within one block radius. Strong school sports program which community supports through attending the games & providing a nice stadium.

The high school has a 30% dropout rate. The highest dropout rate occurs at age 16 years. The median education level of people in the town is the 9th grade. Only 5% of residents have a college education. The average reading level is at the sixth grade.

The physical education teachers teach the standard state sex education program curriculum which is abstinence-based. The students comment that it is “boring & elementary”.
Survey of knowledge administered by PE teacher in sex education class reveals 65% of students in high school have accurate basic knowledge about sex & pregnancy facts. The test was not allowed to ask about birth control. Health education knowledge has been focused on treatment rather than prevention of disease.

One school nurse covers all three schools on a daily rotating basis. She reports that her time is primarily spent with minor first aid, head lice screening, & hearing & vision screening. She reports that she is often the person the pregnant teens contact for advice. She refers to the local health clinic although she would "like to get more involved in counseling the teens," but must follow the abstinence program & cannot counsel on birth control.

Use this data to determine community strengths & community risks/problems (make inferences regarding the health of the community).

<table>
<thead>
<tr>
<th>Education</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Strengths</td>
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</tr>
</tbody>
</table>
Communication

The media source for this town includes the newspaper from the metropolitan city, which is 40 miles away, & their radio station. Most homes have a newspaper.

The Catholic churches have a weekly bulletin distributed to the members. The priest says that if “suitable according to the Catholic faith” then he is open to publishing current community events or announcements in this newsletter if requested. The informal communicating revolves around the local diner, the convenience store & the school sports events.

Use this data to determine community strengths & community risks/problems (make inferences regarding the health of the community).

<table>
<thead>
<tr>
<th>Communication</th>
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</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
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</table>

Politics & Government

There is a town council, which meets monthly. Council members consist of retired elders & retired school teachers in the community. The meeting minutes from the last month meeting focused on the establishment of a senior center in town for social activities.

There is a local school board, which meets in the county seat. The current Sex Education Curriculum is on the agenda for discussion at the next quarterly meeting.

Use this data to determine community strengths & community risks/problems (make inferences regarding the health of the community).

<table>
<thead>
<tr>
<th>Politics &amp; Government</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
</tr>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</tbody>
</table>
Recreation

The windshield survey revealed a football field & stadium behind the high school. Key persons report that this stadium is utilized frequently for sports practices & games. The kids in the community as well as other community members use the field for playing on the weekends.

There is one movie theater that shows one movie a week & is always crowded on the weekends. Kids report that for fun they meet at the convenience store & talk. There is a small public library utilized primary by the elderly.

No playgrounds or parks designated but the people report a local swimming hole down by the river. Empty beer bottles noted on the roadways & down by the swimming hole. Key informants have suggested drug use among teens but no definitive information has been obtained.

Use this data to determine community strengths & community risks/problems (make inferences regarding the health of the community).

<table>
<thead>
<tr>
<th>Recreation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
<td><strong>Risks/ Problem Inferences</strong></td>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</tbody>
</table>
Tiny Town Final Assessment

Now the assessment is complete 😊

Inferences have been drawn for each area of the assessment. Next we will take a look at the total picture & see the relationships within the areas of assessment to the identified problem in the community.

For example, PROBLEMS identified (no particular priority order) from this assessment include:

- High STD/STI rates
- High infant mortality rates
- High teen pregnancy rates

We have to ask ourselves as nurses why is there is such a high infant mortality rate? Why a high risk for premature birth, or a high risk for low birth weight?

What factors are in place in this specific community that hinder & become barriers for healthier behaviors for this target population?

High rates of sexually active teens, high STD/STI & high teen pregnancy rates may be related to:

- Potential for boredom related to minimal recreational for the youth
- Teen developmental maturity level & attitude of "it won’t happen to me"
- Probable high alcohol & drug availability among teens
- Possible lack of knowledge about STDs/STIs
- Possible lack of accessibility to condoms by teens
- Possible that this behavior is acceptable
- Cycle of teen parenting (“my mom was a teen parent, so I can be too”)
- Lack of adults in the community as role models

High infant mortality rates may be related to:

- Lack of prenatal care
- Inadequate resources at the health department clinic to meet prenatal health care needs of pregnant teens
- Inaccessibility & unacceptability of prenatal services at the clinic
- Lack of OB services in the community
- Lack of any public transportation for prenatal services in larger town

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- Possible lack of accessibility to condoms by teens
- Possible that this behavior is acceptable
- Cycle of teen parenting (“my mom was a teen parent, so I can be too”)
- Lack of adults in the community as role models

High infant mortality rates may be related to:

- Lack of prenatal care
- Inadequate resources at the health department clinic to meet prenatal health care needs of pregnant teens
- Inaccessibility & unacceptability of prenatal services at the clinic
- Lack of OB services in the community
- Lack of any public transportation for prenatal services in larger town

For example, PROBLEMS identified (no particular priority order) from this assessment include:

- High STD/STI rates
- High infant mortality rates
- High teen pregnancy rates

We have to ask ourselves as nurses why is there is such a high infant mortality rate? Why a high risk for premature birth, or a high risk for low birth weight?

What factors are in place in this specific community that hinder & become barriers for healthier behaviors for this target population?

High rates of sexually active teens, high STD/STI & high teen pregnancy rates may be related to:

- Potential for boredom related to minimal recreational for the youth
- Teen developmental maturity level & attitude of "it won’t happen to me"
- Probable high alcohol & drug availability among teens
- Possible lack of knowledge about STDs/STIs
- Possible lack of accessibility to condoms by teens
- Possible that this behavior is acceptable
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Based on this assessment & analysis...

What factors (strengths & problems/risks) will impact any intervention planned to address the issue of teen pregnancy & high infant mortality?

What influences can be used as support for the intervention (i.e., the school nurse's interest in “getting more involved”)? What about the health department clinic located in town (can they be involved somehow)? The convenience store as the gathering place (can you provide some sort of education there)? The school board’s agenda item for the next meeting (can you discuss this issue in order to shed light on the problem by using facts)?

What factors are barriers that need to be addressed within the plan (i.e., since there may be possible resistance from religious groups &/or elderly residents, these members need to be included in the program planning in order to achieve “buy in”)? Additionally, who else do you need to invite (remember the lack of recreation issue? What about plans for funding recreation sites for teens, such as the YMCA, or other parks. What political decision makers need to be included in the planning?

This Tiny Town activity should guide you in the process of your group community assessment.

It can be used as a reference guide.