

Using Appreciative Inquiry to Engage Community Members in a Health Needs Assessment

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APHA Annual Conference 2013



Formed in 1983: WE'RE TURNING 30!

	2006	2008	2010	2012
<i>Annual Budget</i>	<i>\$3.5m</i>	<i>\$6.6m</i>	<i>\$11.9m</i>	<i>\$20.2m</i>
<i>Paid Staff</i>	<i>36</i>	<i>68</i>	<i>107</i>	<i>180</i>
<i>Volunteers</i>	<i>150</i>	<i>350</i>	<i>500+</i>	<i>600+</i>

2012 visits & clients

- 3,404 HIV+ CM clients*
- 1,239 PMC patients*
- 3,062 CTR (tests)*
- 1,340 MAP clients*
- 24,955 Meals Delivered*



A PARTNERSHIP FOR LIFE

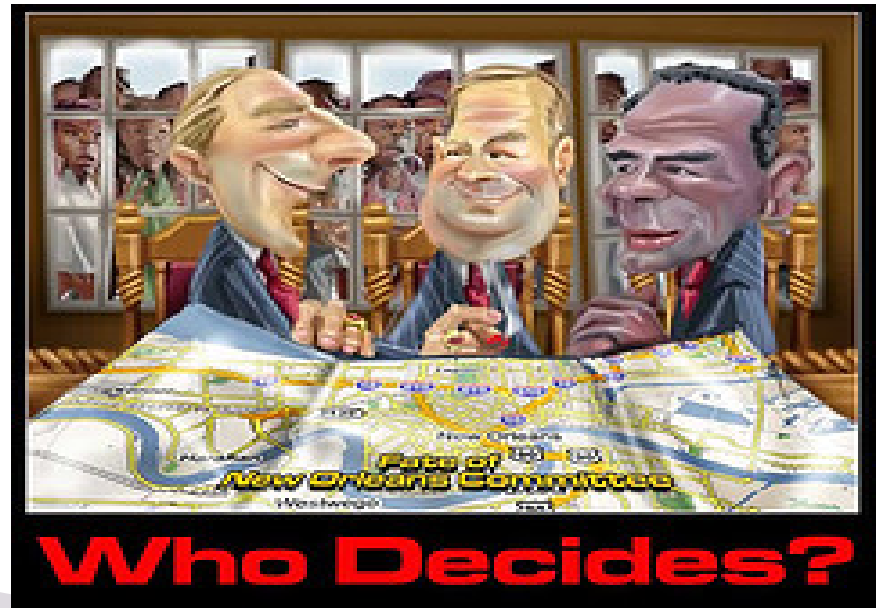


Needs Assessment Objectives

- ▶ Identify within the target population:
 - Unique characteristics that affect access to Primary Care, attitudes, preferences, etc.
 - Special sub-populations otherwise not identified or served
 - Existing resources
- ▶ Identify key informants to assist with the planning process
- ▶ Provide forum to obtain community input
- ▶ Assist with prioritization of needs

Background / Context

- ▶ Post-hurricane Katrina New Orleans
- ▶ Over-taxed, over-surveyed, over-assessed resident population
- ▶ Little results ➡ Leaving residents feel like their voices are not really heard



Approach – Appreciative Inquiry (AI)

- ▶ AI is a framework (i.e., “a lens”)
- ▶ Underlying assumption is that people and organizations are full of assets, capabilities, resources, and strengths that can be located, affirmed, leveraged and encouraged:
 - 1. The positive is the focus of inquiry
 - 2. Inquiring into stories of life– “ask for examples”
 - 3. Locating themes that appear in the stories and selecting topics for further inquiry
 - 4. Creating shared images of a preferred future
 - 5. Identify innovative ways to create that future.

Data Collection Strategy

- ▶ Defined catchment area:
 - 70112, 70113, 70116, 70117, 70119
- ▶ Created 5 neighborhood groupings:
 - Mid City / Bayou St. John
 - Bywater / Marigny
 - French Quarter / CBD
 - Iberville / Central City / Tulane -Gravier
 - Treme / 7th Ward / St. Roch / St. Claude
- ▶ Data collection activities: surveys, focus groups, interviews with FQHCs/stakeholders

How AI Was Applied to the CNA:

- ▶ Survey Design:
 - Which services are available? Vs. ~~Which services are not available?~~
 - How satisfied are you with this service? Vs. ~~What are the problems with this service?~~
- ▶ Focus Groups:
 - Began each session by asking “What makes your neighborhood unique?”
 - “What would be your ideal / wish list for health care in your neighborhood?”
- ▶ Interview Questions:
 - “Where do you see opportunities to partner w/ NATF for complementary services?”
 - “In what ways would having a CHC in these areas be beneficial for those residents?”
- ▶ Reporting:
 - Organized by neighborhood
 - Included neighborhood photos as section headers

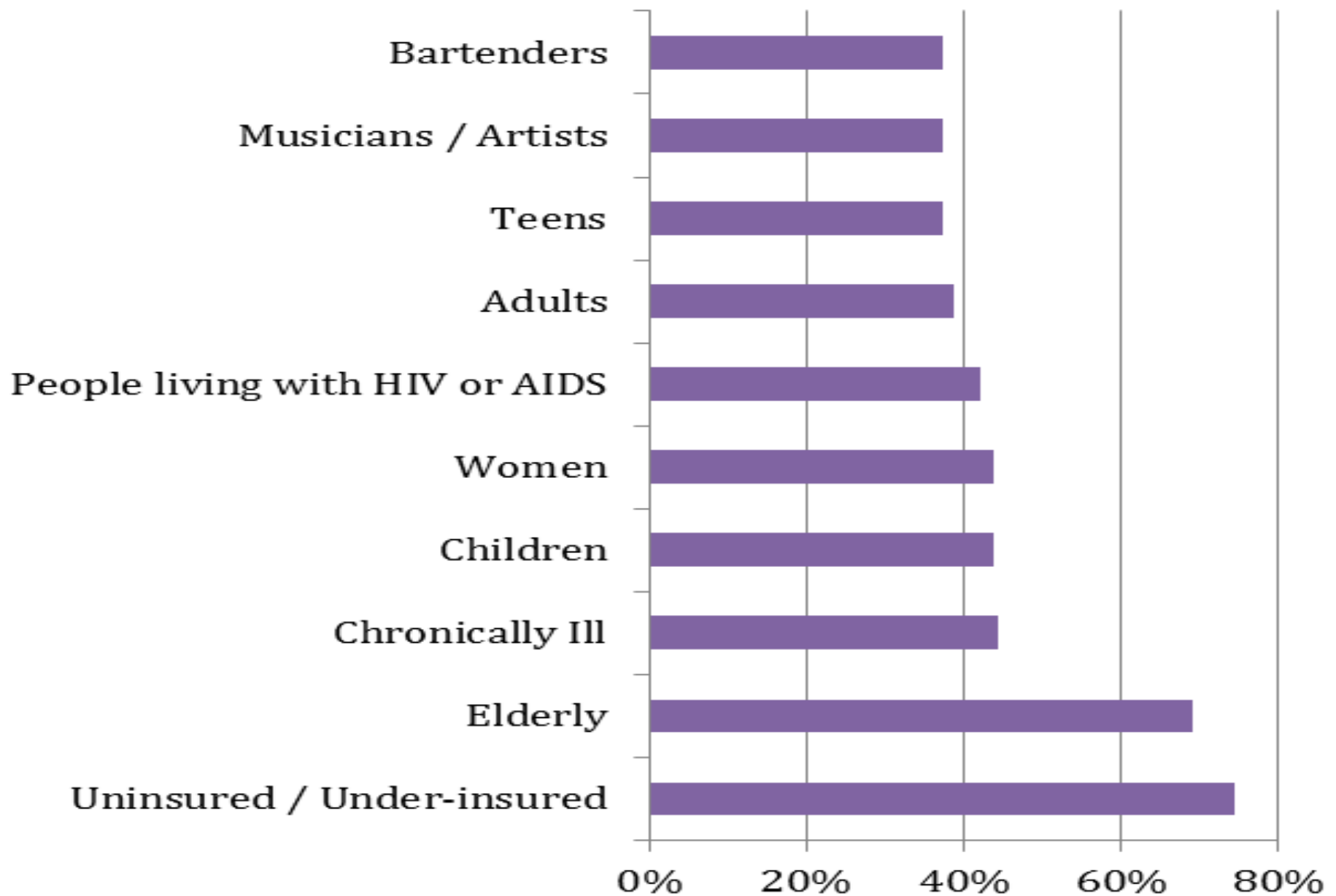
What Worked Well Applying AI:

- ▶ Approach can be easily applied by staff w/o extensive evaluation experience
- ▶ Focus Group participants left feeling “good” and excited about their neighborhoods as a result of the discussion instead of “negative”
- ▶ Phrasing of questions to interview participants created non-threatening atmosphere & allowed for diplomatic responses
- ▶ Phrasing of questions facilitated data collection and analysis

Findings – Access Barriers

- ▶ 35% of respondents do not have a doctor or healthcare provider they see regularly
- ▶ Reported most barriers: Black, 41+ years old, <30,000 hh income/year, Gay orientation
- ▶ Other barriers:
 - Cost for medical appointments
 - Cost of filling Rx
 - Cost of Specialty Care
 - Cost of medical tests
- ▶ 34% report having to travel 6–10 miles to the place they usually go to for healthcare

Groups Perceived as Having Difficulties Accessing Care:



After Hours / Weekend Services and Telephone Advice Line are most frequently noted needs

Single Most Important Barrier to Accessing Care in Neighborhood:

1. Health services not available
2. Health services not affordable
3. No health insurance
4. Lack of transportation
5. Location not easily accessible

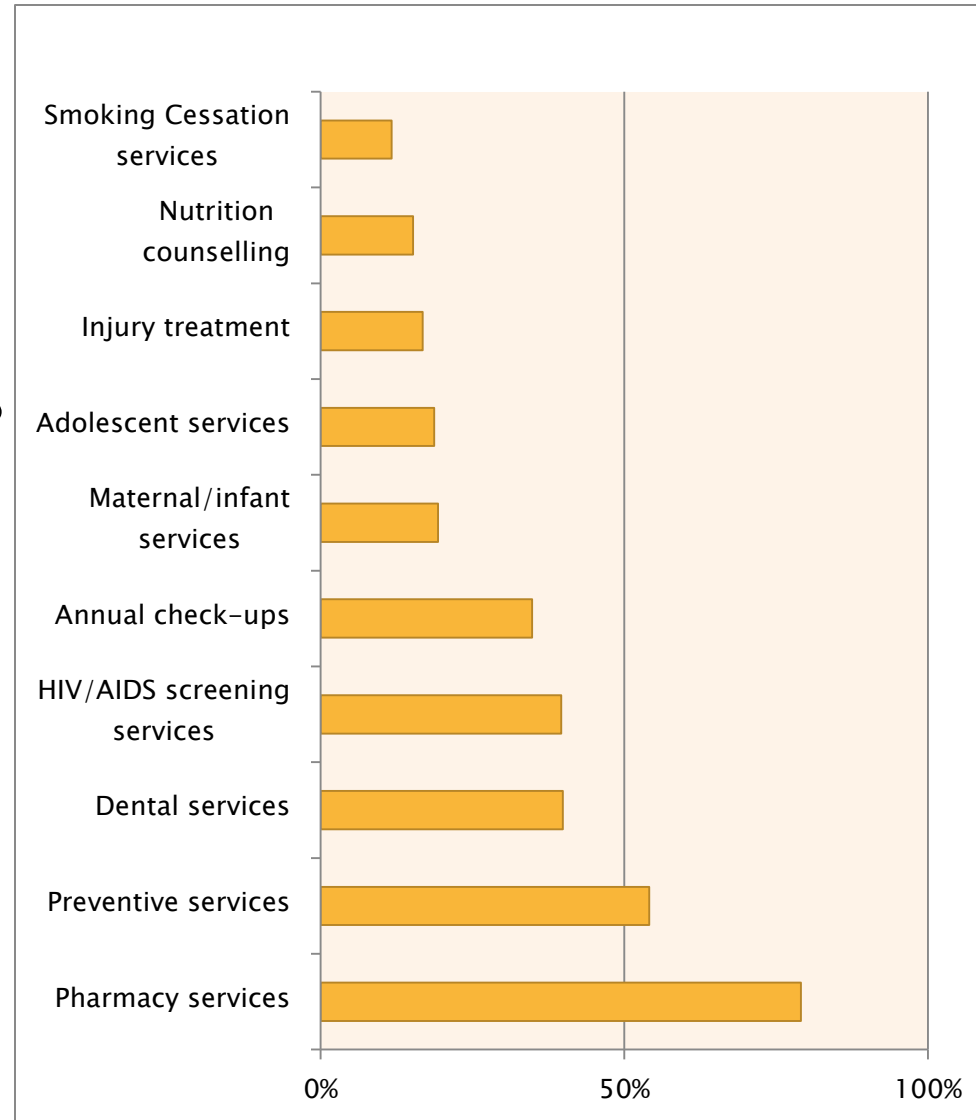
Most important health concerns:

- Eating healthy / Nutrition services
- Dental services
- Physical fitness / Exercise
- Overall wellness strategies
- Finding respectful doctors and nurses

Availability of Health Services

Additional service needs:

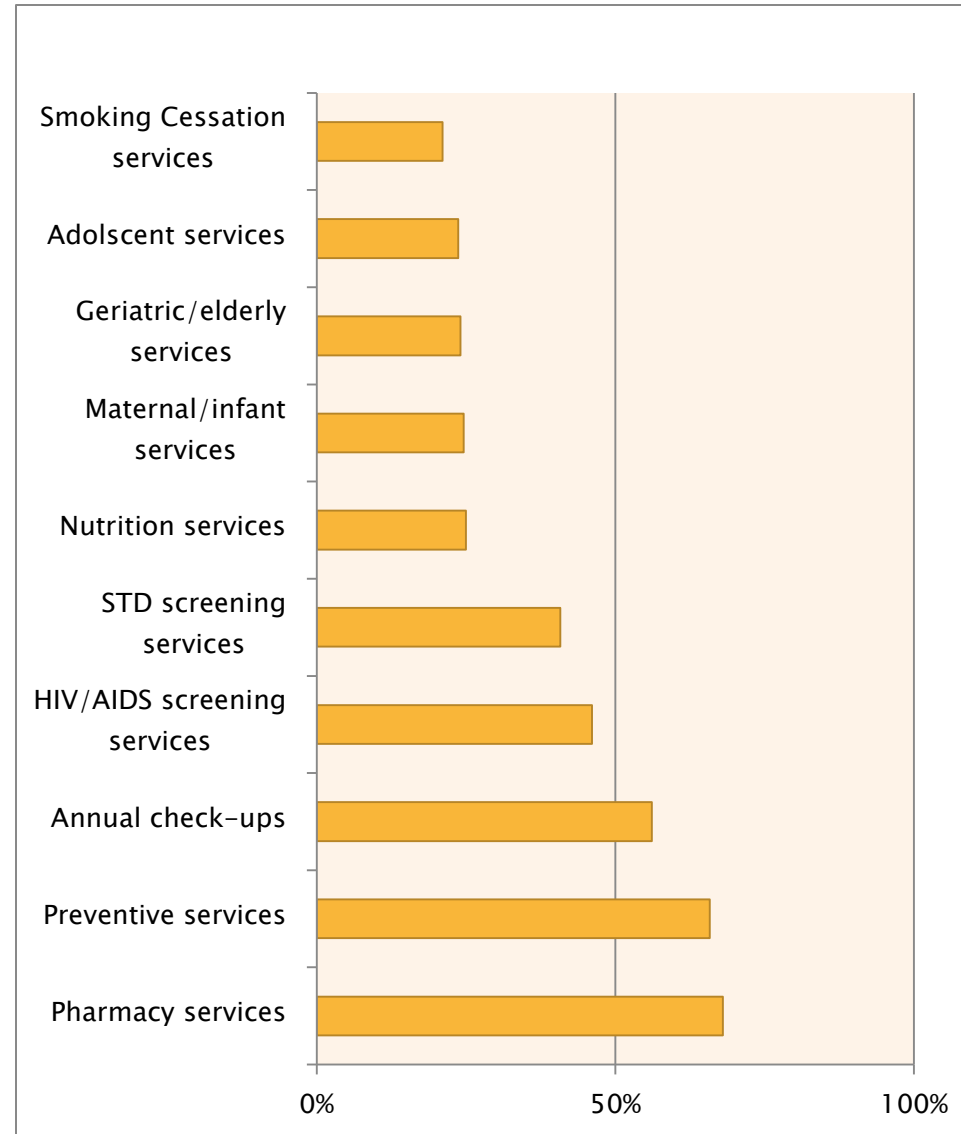
- ▶ Medicaid enrollment
- ▶ Disease Support Groups
- ▶ Nutrition & cooking classes
- ▶ WIC



Satisfaction w/ Health Services

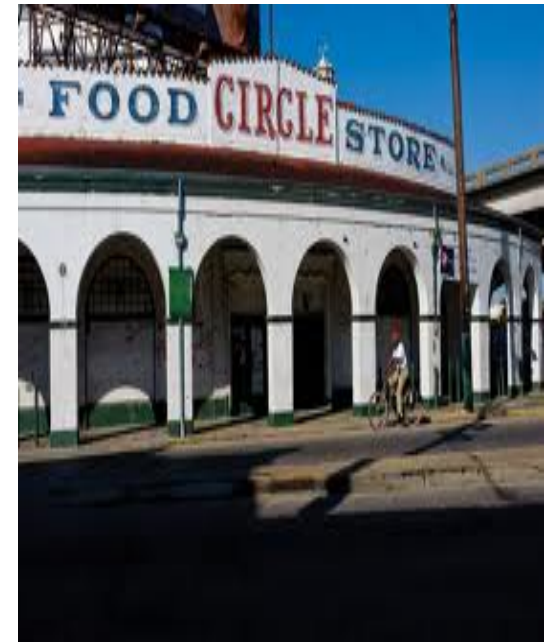
84% survey respondents say their healthcare needs are being met 'somewhat well' or 'very well'.

4 out of 5 survey respondents feel doctors are judgmental & don't understand them.



Neighborhood Suggestions

- ▶ Re-furbish a blighted building!
- ▶ Make it accessible to public transportation
- ▶ Make it reflective of the local flavor & culture!
- ▶ Rebranding:
 - Tie in with geography / historical aspects of community



Neighborhood Suggestions

- ▶ Create partnerships for services:
 - *Hospitals* for specialty care and dental services
 - *Holistic providers*, such as ‘The Healing Center’
 - *Schools* for adolescents (STD/HIV+ family planning)
- ▶ Models for Care/Sustainability:
 - “One Stop Shopping/mall atmosphere” – Primary Care, Mental Health, housing assistance, job/GED training, WIC, etc.
 - Departmentalize – different entry points for different services
 - Offer alternative medicine / holistic approaches
 - Create a restaurant operated by volunteers and a community garden
 - Consider a ‘campus’ style setting for hard-to-reach populations that could benefit from wellness offerings

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Community Engagement
Assistance

Evaluation Assistance

Resources on Appreciative Inquiry:

- ▶ Appreciativeinquiry.case.edu
- ▶ Eval.org
- ▶ <http://www.kstoolkit.org/Appreciative+Inquiry>
- ▶ Egan, T. D., A. E. Feyerherm. "A Blueprint for Change: Appreciative Inquiry." *Graziadio Business Report, Pepperdine University*, vol. 8, (2005).