Community Diagnosis

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This chapter provides three activities and one assessment for training community health workers (CHWs) in conducting a community diagnosis. Community diagnosis is the art and the process of identifying community concerns or problems, uncovering their root causes, and developing a clear plan to overcome them.

This chapter corresponds to, and is meant to be used with, Chapter 22, “Community Diagnosis,” in Foundations for Community Health Workers, Second Edition.
Community diagnosis is a time- and resource-intensive process that can be challenging and extremely rewarding for CHWs. Many CHW training programs spend an entire semester (3 to 6 months) working on community mapping alone. These activities are designed to give learners experience in some aspects of community diagnosis. If you wish, we encourage you to spend more time with learners conducting a complete community mapping or community diagnosis process. At City College of San Francisco (CCSF), this has been a popular activity with learners.

This guide is meant to be used when teaching/training Chapter 22 of *Foundations for Community Health Workers, Second Edition*. We have included step-by-step activities for key sections, not the entire chapter. We recommend reading Chapter 22 of *Foundations*, since the textbook provides more material about community diagnosis, as well as a deeper explanation of concepts related to activities in this guide.

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| **ACTIVITY 22.1: INTRODUCTION TO COMMUNITY DIAGNOSIS (70–80 MINUTES)** | ▶ Define community diagnosis.  
▶ Explain how community diagnosis is community driven and strength based.  
▶ Identify root causes for health conditions. |
| This activity is designed as an opportunity for learners to discuss and understand the core concepts behind community diagnosis and to apply those concepts to a particular community.  
Small and large group discussion  
#include:  
- Learner Handout 22.1 A: Community Diagnosis Worksheet  
- For the Trainer 22.1 A: Community Diagnosis Worksheet Answer Key | |
| **ACTIVITY 22.2: CREATING SURVEYS (90 MINUTES)** | ▶ Identify different types of survey questions.  
▶ Develop questions that answer a specific issue. |
| This activity provides an opportunity for learners to discuss the role of surveys in gathering data to inform a community diagnosis. Learners create and answer short surveys during this session.  
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#include:  
- Learner Handout 22.2 A: Health Concerns for Survey Questions | |
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Community Diagnosis

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| **ACTIVITY 22.3: OVERVIEW OF COMMUNITY MAPPING (90–110 MINUTES)** | - Identify steps for conducting community mapping.  
  - Understand potential health hazards and assets in a community. |
| This activity provides learners with the opportunity to analyze and discuss the structure and purpose of community mapping and to conduct a brief part of a mapping project.  
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  *Includes:*  
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<td>This assessment engages learner teams in conducting a modified community mapping activity. Learners conduct a community walkthrough and create a map and a chart; then each team presents to the large group. This is a peer-assessed assignment.</td>
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Activity 22.1

Introduction to Community Diagnosis

This activity is designed as an opportunity for learners to discuss and understand the core concepts behind community diagnosis. Learners in small groups will apply those concepts to a particular community using a worksheet.

Introduction

Frame this activity as an opportunity for learners to discuss the core concepts behind community diagnosis and to apply those concepts to a particular community. Start by asking learners to define community diagnosis, based on their reading of Chapter 22 and their own experiences.

- What is community diagnosis?
- What is the purpose or goal of community diagnosis?
- What are some examples of community diagnoses?
- What are some examples of policy changes that occurred because of the community taking action?

You may wish to use the following definition from Foundations:

Community diagnosis is the art and the process of identifying community concerns or problems, uncovering their root causes, and developing a clear plan to overcome them.

If learners haven’t already mentioned it, you may wish to share the example of smoke-free policies. Many started as local, grassroots efforts. For example, in San Francisco, CA, in the 1990s, a local youth agency diagnosed and compared tobacco advertising targeting different neighborhoods. Results of that community diagnosis influenced local and statewide efforts to restrict tobacco advertising.

Materials

- Copies of “Learner Handout 22.1 A: Community Diagnosis Worksheet”
- “For the Trainer 22.1 A: Community Diagnosis Worksheet Answer Key”

Trainer Preparation

- Review Chapter 22.
- You may wish to research and be prepared to discuss some community diagnoses that have occurred in your community.

Learner Preparation

- Ask learners to read Chapter 22.

Learning Outcomes

After this activity, learners will be able to:

- Define community diagnosis.
- Explain how community diagnosis is community driven and strength based.
- Identify root causes for health conditions.
Introduction to Community Diagnosis  (continued)

Facilitate discussion around the reasons for conducting a community diagnosis, asking questions such as these:

- When would you conduct a community diagnosis?
  
  Community diagnosis serves many purposes and may be conducted at different times in the lifecycle of a community program, project, or movement. Some groups may want to improve the general health of the community and conduct research to decide what issue to tackle first. Some groups have already identified the issue and conduct research to guide what actions they will take. Many groups do both.

- Have you ever been a part of community diagnosis?

- Can you think of any times that the problems in your community were misdiagnosed, or the solutions proposed were a poor fit? What happened?

- Why is a good diagnosis important to do before taking action?
  
  There are many reasons why it’s important to conduct a community diagnosis before taking action. Community members may know what their concerns are but need data to support their actions and advocate for change. Other times, a community diagnosis may uncover issues or strengths that stakeholders were not aware of.

- What do you think some of the health benefits might be for residents who participate in a community diagnosis and advocacy project?

2 Individual Reflection and Large Group Discussion

Explain that community diagnosis is strength based. Just as a CHW working with a client supports the client to identify their own strengths and resources, community diagnosis should do the same on a larger scale. In some ways, community diagnosis resembles the client-centered process of developing a care management plan, addressed in Chapter 10, “Care Management.”

Ask learners to take out a paper and pen (or you can distribute them if you need to) and reflect and write for a few minutes on the following question:

- What are some of the many strengths and resources in the community or communities you belong to? Identify at least five resources that promote the health of your community.

At 5 minutes, ask learners to stop writing and ask for volunteers to read some of the resources and strengths they listed. You may wish to write these on the board or on flip-chart paper. Facilitate discussion by asking questions such as these:

- Did anyone have a hard time thinking of five resources?
  
  If they were not mentioned, you may wish to share strengths such as culture, wisdom, skills, and history, especially histories of resistance and past accomplishments. Resources could include the ability and desire to work together, a vision for the future,
commitment to justice and peace, formal and informal leaders, faith communities, parks, other infrastructure, and local agencies.

- Were you surprised by any of the resources mentioned by your peers? Did it make you rethink your community's list of strengths?
- What's the difference between focusing on strengths and focusing on needs? Why do we emphasize the strengths but still work to address the needs of a community?

Focusing on needs can provide a false view of what’s happening in a community because it only highlights the negative. Although all communities have problems, they also have strengths.

- How does this compare to the work that CHWs do with clients one-on-one?

CHWs working at the community level should use the same skills and principles they use when working with individual clients. This includes using a strength-based perspective, practicing active listening, asking open-ended questions, and incorporating cultural humility, among others.

### 3 Large Group Discussion: Root Causes

Explain to learners that they will be brainstorming about root causes, or the underlying causes, of community issues and concerns. The root cause of a health issue lies in how political, economic, health, and educational systems are structured to perpetuate inequalities and power imbalances that result in health disparities between populations. For example, the lack of a national living wage creates a gap between rich and poor such that working class people can’t acquire the goods and services necessary to live a healthy life.

Using one or more of the examples provided during the discussion in Step 1, ask learners to brainstorm some of the possible root causes for those issues. Learners sometimes have initial difficulty identifying root causes and may stay on the surface at first, identifying more immediate causes such as individual behaviors that lead to health problems or conditions. If this happens, keep asking them to dig deeper by asking questions such as: “What may be a root cause of this factor?” or “What else contributes to this problem?” Eventually, for most health issues, the discussion should identify several political or policy decisions or dynamics that structure economic and social conditions in a way that contributes to the problem.

### 4 Large Group Discussion: Community Driven

Community diagnosis is community driven. Ask learners what that means to them. A community diagnosis should involve community members in all phases of research and planning (the design, implementation, analysis, and dissemination or sharing of results),
Introduction to Community Diagnosis (continued)

and support them in making all key decisions along the way. Facilitate further discussion by asking questions such as these:

● What parts of the community are sometimes left out of efforts like this? How would you reach out to invite them to participate?

The people who may be left out of a community diagnosis depend upon the community in question but may include, for example, youth, seniors, and any minority or subgroups within the broader community, such as people with disabilities, or people who speak a different language or share a different cultural identity, religion, or political affiliation.

● Why might community members be distrustful?

Many communities have experienced people coming in from the outside to conduct research that does not lead to any meaningful benefit or positive change. In some cases, such as in Tuskegee, research has had a negative effect on communities.

● Why might research not be beneficial?

If research does not involve the community in all aspects of the process, it is likely to result in a simplistic or superficial understanding of a problem or concern. This can lead to solutions that blame the victim or place responsibility for fixing the problem on the very people who have already been most harmed.

● What opportunities are there to change that? What is your role as a CHW?

5 Small Group Activity

Divide learners into small groups of three or four, and explain that they will be reading a brief scenario and answering questions based on the discussions you have just conducted about strengths and resources, root causes, and community involvement. Distribute the worksheet included at the end of this activity and ask for a volunteer to read the scenario out loud. Explain that you are not looking for actual research-based answers to these questions, but hypotheses or educated guesses as to what they may be.

Ask each group to assign a member to record notes, and give groups 10 minutes to answer the questions in the case study. Circulate among groups, observing their conversations and responding to questions or concerns, as necessary.

6 Large Group Report Back

Ask each group to report back and share some of their ideas, one question at a time. Allow learners to add in other suggestions if they wish. If one group or learner lists an idea that others do not agree with (such as a root cause), ask that group to explain their answer and allow time for debate. The large group may decide to remove or add suggestions as they discuss the scenario further.
You may wish to facilitate further discussion by asking questions such as these:

- Would it have been easier to answer these questions if you had more information about the community? What types of information would you need?
  
  This is an opportunity to guide learners in thinking about what kinds of data they would like to collect when doing a community diagnosis.

- What might your role be as a CHW involved in a community diagnosis?
  
  As a CHW, your role in a community diagnosis is to support and facilitate diverse leadership from the community. Among other roles, you may assist in facilitating meetings and support the community in deciding which types of research tools to use and how to develop and implement them.

**Reinforcement**

This is an opportunity to reinforce the concepts covered in this activity, Chapter 22, and other resources. Possible key messages to address include the following:

- Community diagnosis begins with an issue of concern to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health inequalities.

- Unfortunately, research has not historically been done with the best interest of the community in mind. However, researchers are changing the way they conduct studies to be more responsive to the community needs.

- Community diagnosis values knowledge generated from the life experiences of the community.

- Community diagnosis actively involves the language and cultural values of community members in both the design and implementation.

- The positive elements evident in all communities should always be highlighted in a community diagnosis.
Learner Handout 22.1 A: Community Diagnosis Worksheet

Activity 22.1

Please read the following scenario and brainstorm ideas for the following three questions. For this activity, you have not yet conducted any research to understand the true answers to these questions but are forming hypotheses (educated guesses) as to why this may be true.

SCENARIO:

You work for a coalition of nonprofit agencies in a community with a large and diverse Native American population. Native communities are concerned about the high rates of low birth weight and infant mortality that their families experience. You've been asked to work with Native American communities to conduct a community diagnosis. Together, you will gather information to guide the development of an action plan to advocate for policies that will reduce low birth weight and infant mortality rates.

Discussion Questions:

1. What are some of the potential strengths and resources in this community?
2. What are some of the potential root causes of the high rate of infant mortality in Native American communities?
3. How would you go about ensuring that this community diagnosis is community driven?
Please read the following scenario and brainstorm ideas for the following three questions. For this activity, you have not yet conducted any research to understand the true answers to these questions but are forming hypotheses as to why this may be true.

**SCENARIO:**

You work for a coalition of nonprofit agencies in a community with a large and diverse Native American population. Native communities are concerned about the high rates of low birth weight and infant mortality that their families experience. You've been asked to work with Native American communities to conduct a community diagnosis. Together, you will gather information to guide the development of an action plan to advocate for policies that will reduce low birth weight and infant mortality rates.

**Discussion Questions:**

1. What are some of the potential strengths and resources in this community?

   Some strengths could be that the community is concerned and wants to take action, and the Native American culture, wisdom, skills, and history.

   Some resources could include formal and informal leaders from within the Native American community, support from the community for a community diagnosis, and local agencies and programs that work closely with Native Americans.

2. What are some of the potential root causes of the high rate of infant mortality in Native American communities?

   Some root causes could be institutionalized racism; unequal access to basic needs—housing, education, employment, food; hazardous working conditions; living in poverty; living in neighborhoods with high crime rates and lack of safety; stress from all the above conditions.

3. How would you go about ensuring that this community diagnosis is community driven?

   Potential answers could include reaching out to Native American communities and inviting them to participate; explaining the potential benefits of participating in research; involving local stakeholders in deciding what questions to ask; hiring community members to work on the study; honoring any different languages that are spoken and getting translators if needed; giving preliminary results to the community to help analyze, and so on.
Creating Surveys

This activity provides opportunities for learners to discuss the role of surveys in gathering data to inform a community diagnosis. Learners will work in small groups to develop a five-question survey designed to gather information about a specific health topic. Each learner will also answer a survey developed by a different small group. Learners will brainstorm possible ways to analyze their results and the effect they may have on a community diagnosis action plan.

Introduction

Frame this activity as an opportunity for learners to better understand surveys and to create and test their own survey questions in small groups. Engage learners in discussion by asking questions such as these:

- Have you ever been asked to answer a survey or fill out a questionnaire? What was your experience?
  
  You may wish to remind learners of some common times that surveys arise, such as when you get assistance on websites and phone help lines that ask for you to rate the experience, after workshops or presentations that ask you to rate the quality of the presenter, and so on.

- Have you ever conducted community research (or other type of research) interviews? What was your experience?

- How can a survey help to gather key information for a community diagnosis?
  
  For example, survey data can help to identify the key priorities, concerns, and resources of the community in the early stages of developing a community diagnosis. What health or social issues does the community most want to address or change? What resources does the community have that can be leveraged to create change? The information gathered can help to guide the next steps of refining the community diagnosis, including the need to gather additional information.

Activity 22.2

90 MINUTES

MATERIALS NEEDED

- Copies of "Learner Handout 22.2 A: Health Concerns for Survey Questions" (included at the end of this activity)

TRAINER PREPARATION

- Review the section on surveys in Chapter 22.

LEARNER PREPARATION

- Ask learners to read the section on surveys in Chapter 22 before coming to the training session.

LEARNING OUTCOMES

After this activity, learners will be able to:

- Identify different types of survey questions.
- Develop questions that answer a specific issue.
Creating Surveys (continued)

- When would you use a survey to gather information (as opposed to a different methodology, such as a focus group or interview)?
  Surveys can be used when you want to get a representative sample of communities’ responses in an organized way. You may reach a larger number of people with surveys. Surveys can be used when people may not have time for an interview, such as at community events or on the street.

- What might be some of the roles of CHWs in conducting surveys?
  CHWs can help ensure community input into the design, implementation, and analysis of surveys.

2 Large Group Discussion: Survey Questions

Explain to learners that there are several ways to create an effective survey.

- Start with the community to determine the focus for the survey. What type of information does the community want to gather? How may that information help them to better understand their priority issue or concern?

- Be as specific as possible so you will be able to understand the results of your survey.

- Don’t collect data you won’t use. This may be perceived as wasting the community’s valuable time and may undermine trust.

- Always pilot test surveys (administer them to a small test group first) with members of the community to make sure the language and wording is clear.

Ask for a volunteer to explain the difference between an open-ended question and a closed-ended question.

- Open-ended questions allow respondents to say whatever they think. For example, “Do you have recommendations for how we could improve this service?” or “What do you like about living in this neighborhood?”

- Close-ended questions limit respondents to a set of responses to choose from. Examples are yes or no questions or multiple choice questions.

Next, ask for a volunteer to explain what a Likert scale is.

- Likert scales ask people to compare or rate items, such as, “On a scale of 1 to 10, rate the effectiveness of this workshop.”

Ask learners for other examples of scales. You may wish to draw some scales on the board or flip-chart paper, such as a line with numbers from 1 to 10, or Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree.
Creating Surveys (continued)

Remind learners that questions should be kept simple. Write the following questions on the board or paper, one at a time, and ask for learners to simplify them.

- How well did this training prepare you for your work, on a scale of 1 to 10?

  1  2  3  4  5  6  7  8  9  10

  Ways to simplify might be to reduce the numbers to a scale of 1 to 5, or to use words above the numbers or instead of the numbers, such as not at all, somewhat, a lot. You may wish to ask learners the following:

  - If using a scale from 1 to 10, how would you interpret the difference between an 8 and a 10 response?

Write the next question and ask learners how they might simplify it.

- What is your age? ___ under 18, ___ 18–25, ___ 26–30, ___ 31–35, ___ 36–40, ___ 41–50, ___ over 50

  Ways to simplify this question might be to simply ask for the respondent’s age and leave a blank or to group ages by tens (20–30, 31–40, and so on). You may wish to ask learners the following:

  - Do you think there might be a difference in how an 18 year old responds compared to a 29 year old? When might it be important to consider age groups?

  - How might someone aged 51 react to the “over 50” age category? How about someone aged 60, or 75?

Note that this question is an opportunity to reflect on the fact that how questions are posed and how possible answers are structured can influence how people answer a survey and the quality of information gathered as a result.

3 Small Group Activity: Writing a Survey

Assign learners to work in small groups of four or five people. Explain that each group will be given a health issue and will be asked to develop a five-question survey designed to gather key information about the health issue. After that, they will swap surveys with another group, who will answer the questions and return the survey to the original group.

Distribute the handout with the health issues (included at the end of this activity). You may choose to give each group the same health issue or different issues. Ask each group to select a recorder to write the final questions. Allow learners a few minutes to read through the handout by themselves and to ask any questions they might have.

You may wish to give the following instructions to learners:

- You only have room to ask five questions in your survey, so please carefully consider what type of information you most need to gather in order to better understand the health concern.
Creating Surveys (continued)

- Keep in mind that the information you gather will be used to help you in facilitating a community diagnosis and, ultimately, to support the community in developing a plan to take action to address the health issue or concern.

- Try to avoid simple demographic questions such as age, race, or gender.

Give the groups 10 minutes to write their five questions; circulate among groups to listen for themes for discussion and to provide any guidance, if needed.

After 10 minutes, call time and ask groups to hand their questions to another group; then ask each individual learner to take out a piece of paper (or distribute paper) so that they can write down their answers to the survey questions. Each group should now have a set of questions they did not create. Give each group member 3 to 5 minutes to answer the questions on their own.

Call time again and have the groups hand their answers back to the original group that gave them the questions. Give groups 5 minutes to read the answers to their questions.

4 Large Group Debrief

Bring the large group back together and allow learners to share comments about the exercise. Facilitate discussion by asking questions such as these:

- What did you find easy about writing the survey questions? What did you find difficult?
- Were there any responses that surprised you? Why?
- Would you rewrite any of your questions based on the responses?
- Do you think surveys are a good way to gather information about a community?

5 Large Group Discussion: Analyzing Your Data

Explain to learners that after survey data is compiled, the next step is to analyze it and to see what it tells us. For example, is there strong agreement among the community about certain topics? Does the data show a lack of agreement about certain topics? If learners have not already discussed this, you may wish to facilitate discussion by asking questions such as these:

- How consistent were the answers that you received to your survey questions? Was there strong agreement, or very little agreement?
  
  Acknowledge that this is a very small sample of surveys (note how many learners were in each group), which normally would not be enough to draw conclusions, but for this activity, we are using this as an example.

- Do the responses give you any insight into what possible steps to take in an action plan for the community?
  
  Sometimes learners may want to jump right into taking action, based on responses. Encourage them to think more deeply about the issues and to consider root causes, as
Creating Surveys (continued)

discussed in Activity 22.1. For example, if they discover that stores are selling cigarettes to minors, learners may suggest greater policing and giving fines to store owners. But is this the best course of action? Ask learners if the community might really want more policing in their neighborhood, or if they want police to monitor cigarette sales instead of other health risks. Ask them to consider the store owners and what effect heavy fines might have on them.

⦁ Why is it important to engage community members in the analysis of data?

⦁ Is there ever a time when you might consider some responses over others?

We encourage you to consider strong minority opinions or concerns, because these are issues that the community should know about as they develop their action plan.

6 Reinforcement

This is an opportunity to reinforce the key concepts about surveys learned from this activity, Foundations, or other sources. You may wish to highlight some issues such as the following:

⦁ Surveys can aid in finding out what the community thinks about health issues.

⦁ They can be conducted with specific groups of people such as youth, parents, teachers, people who attend a clinic, and community leaders. Some surveys might ask questions of two different groups to compare them, such as youth and parents.

⦁ Surveys can be completed in apartment buildings, on the street, at community events, and in waiting rooms.

⦁ Survey results can be easier to count and analyze than interviews or focus groups but may not provide you with stories you are looking for. Surveys can complement information from interviews and focus groups.

⦁ Surveys should be informed by community needs and involve the community in the implementation and analysis.
Activity 22.2

Learner Handout 22.2 A: Health Concerns for Survey Questions

SETTING #1

You are a CHW working at an agency that provides services in an urban housing project. A parent group has become alarmed at the number of young people who are smoking cigarettes, and they want to do something to reverse that trend.

What five questions would you ask of the young people in the community?

1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________
5. ______________________________________________________________________

SETTING #2

You are working with a student committee at a community college. Many of the students are working full time while going to school and juggling priorities such as work, family life, and education. The committee believes that many students are under a great deal of stress, which affects their health, and wants to know if there is anything that can be done to address this issue.

What five questions would you ask of the students in the community?

1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________
5. ______________________________________________________________________
Learner Handout 22.2 A: Health Concerns for Survey Questions (continued)

SETTING #3

The community you are working with is experiencing high rates of chronic health conditions including diabetes and high blood pressure. You want to find out more from the community about their level of concern about chronic disease, as well as their understanding about the factors that contribute to or cause high rates of chronic disease.

What five questions would you ask of the community?

1. ____________________________________________________________________________

2. ____________________________________________________________________________

3. ____________________________________________________________________________

4. ____________________________________________________________________________

5. ____________________________________________________________________________

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SETTING #4

The community you are working with is experiencing high rates of depression, and the agency you work for hopes to design new programs for prevention and for linking residents to culturally relevant treatment. Your task is to develop a survey to gather information from the community about depression. What is the community’s level of concern about this health issue? How do they understand the primary causes or contributing factors? What types of treatment or programs might they be interested in?

What five questions would you ask of the community?

1. ____________________________________________________________________________

2. ____________________________________________________________________________

3. ____________________________________________________________________________

4. ____________________________________________________________________________

5. ____________________________________________________________________________
Overview of Community Mapping

This activity provides learners with the opportunity to analyze and discuss the structure and purpose of community mapping and to conduct a brief part of a mapping project. Community mapping is a complex and time- and resource-intensive activity that requires genuine relationships with the community involved. Many trainers who have incorporated a community mapping into their CHW training have taken three to six months to conduct a full mapping activity.

**1 Introduction and History**

Frame this activity as an opportunity for learners to familiarize themselves with the process of community mapping. Reinforce that this is an overview of a project that is complex and time and resource intensive, and that this will only provide a taste of community mapping.

Explain that community mapping produces a compelling visual image of what is happening in a community—the risks and negative influences, as well as the strengths and key health resources. Ask learners about their experience with community mapping by asking questions such as these:

- Have you ever participated in a community walk-through as part of a community diagnosis or to get to know a community where you were working? What did you learn from that experience?
- Have you ever been approached to provide information about your community (answered a street or phone survey, mailed in a survey, completed an online survey, or participated in a focus group)?
- Have you ever looked online to find a map of strengths or health issues in your community (maps that show where crimes occurred, where traffic is heaviest, or where housing is for sale or rent)?
- Have you used Google maps (or another mapping app) to find stores or restaurants near you? What else have you used it for?
Overview of Community Mapping (continued)

Community mapping can be broad (an entire city or neighborhood) or narrow (one block or one store) and can show many different health issues such as the following:

- Negative impacts on a community, such as sources of environmental pollution, dangerous crosswalks or intersections, poor quality housing, the lack of green spaces, or the presence of liquor stores
- Distribution of illness and death in a community, such as homicides, infant mortality, asthma, or other conditions
- Strengths and health resources in a community, such as quality housing, parks, schools, faith-based institutions, community leaders, public transportation, health centers, social services agencies, and grocery stores

Ask learners to provide other examples of issues that can be shown visually on a map.

Tell the story of a classic early example of a map that was used to guide public health work, as described in Chapter 22. In 1854, there was an outbreak of cholera in London, England. Dr. John Snow drew a map to plot all the cholera deaths, and discovered that a large number of deaths had occurred near the Broad Street Water Pump. This map helped Dr. Snow convince policymakers to turn off the pump. As a result, cholera cases and deaths decreased dramatically. The map also lead to a new understanding of how cholera was transmitted from person to person, which resulted in new strategies for prevention. You may wish to show a picture of the map included in Chapter 22.

2 Individual Reflection on Strengths

Ask learners to take out a piece of paper, to think about their own personal strengths and resources, and to write them down on the paper. Encourage learners to write whatever comes to mind, without providing any specific guidance. After 2 to 3 minutes, ask learners to pause and facilitate discussion with questions such as these:

- Do the items on your list include possessions or material goods such as an apartment, house, car, or bank account?
- Are the items on your list personal strengths, such as communication skills, a talent for drawing, a great smile, or speaking several languages?
- Did you list other people, such as family, partners, or good friends?

Allow learners another 2 to 3 minutes to add any other resources they may have thought of during the discussion. Explain that this is a beginning to learners creating their own personal maps. Ask them to trade their list with another learner, preferably someone they do not know. Give learners a quick minute to read the list; then facilitate discussion by asking the following:

- Just by quickly looking at this person’s personal asset map, what have you learned about them?
- What kinds of things does this map not tell you about them?
Overview of Community Mapping (continued)

- Do you “know” this person now?
- What other things would you want to add so that you would know this person better?
- How is this different (or not) than creating a map of a community?

3 Large Group Discussion: Steps of Community Mapping

Explain to learners that you are going to walk through the steps involved in conducting a community mapping activity to understand the depth and scope of this type of project. Write the following steps on flip-chart paper or on the board:

1. Define the community and health issue.
2. Decide what information to gather and how to document it.
3. Conduct a walkthrough of the community or a designated area.
4. Write up/draw findings.
5. Present findings to community and other key stakeholders.

Let learners know that for this activity, they will be using the community that immediately surrounds the training/class (the campus or the neighborhood outside the training site). Begin by asking learners how they would go about selecting and defining a health issue. This is not about deciding on a specific topic, but about the process of deciding.

- How would you go about defining a priority health issue?
  This could include conducting research (looking up rates of diseases, accidents, deaths, and so on), reading reports, attending community meetings, interviewing residents, using learners’ own experience and knowledge, and so on.

- How would you ensure that it is community driven?
  This could include making sure to get input from community members about their level of concern/interest in specific health issues, and going back to residents to ensure that you’ve chosen an acceptable issue.

Next, guide learners through the second step, deciding what to look for and how to document it. Write the following guiding questions on the board or paper:

- What and where are the community assets and resources that contribute to preventing or treating ________________ [your health issue]?
- What and where are the factors that contribute to risks for ________________ [your health issue]?

Ask learners to brainstorm ideas about what possible health resources could be (or factors that help to prevent, manage, or treat the health concern). You may wish to ask for a volunteer to write ideas on the board or paper as they are suggested.

- What types of resources could help to prevent or treat the specific health topic selected by the community?
Overview of Community Mapping (continued)

There are many potential answers to this, including food security (getting regular and sufficient nutrition), safe housing, and specific programs and services, including accessible health care, and so on.

- If learners haven’t already mentioned these, ask “What about things that aren’t always visible?”
  This could include people, such as community leaders or elders; environmental issues, such as air quality and noise; cultural strengths, such as shared values and history; and so on.

- What types of factors may increase risks for the health issue or topic selected by the community?
  These answers may be similar to the strengths and resources, depending on their condition, for example, institutions that are dilapidated or boarded up, or lack of resources like grocery stores, public transportation, and so on. Other potential answers could be advertising that promotes health risks (smoking, drinking, fast food); liquor stores and bars; safety hazards such as broken glass, garbage, or discarded drug equipment; street traffic; air pollution; neighborhood crime; and so on.

Thank the volunteer who recorded these ideas on the board, and ask the group to consider how they would collect the information written. Potential tools include the following:

- **Maps.** Learners can mark on the map where certain issues occur (such as the John Snow map of the Broad Street Water Pump, from Chapter 22).

- **Checklists.** Learners can create a checklist and mark what they see.

- **Counts.** Learners can count the amount of times they see things, such as liquor stores or discarded syringes.

- **Photography.** Learners can take pictures of neighborhoods and specific locations.

- **Written notes.** Simply writing observations in a notebook is also a way to document what is seen in a community walkthrough.

- **Interviews.** To get at resources that are not visible, learners can conduct interviews with residents. These could be informal interviews on the street while doing the walkthrough, or more formal interviews with community leaders.

Remind learners that they should prepare any materials before conducting the walkthrough, such a map, checklist, counting sheet, or interview questions.

Finally, ask learners the following question:

- What CHW skills and qualities will you bring to conducting a community mapping?
  These can include cultural humility; OARS; or Big Eyes, Big Ears, small mouth. It may also include skills learned in Chapter 11, “Home Visiting,” and Chapter 19, “Health Outreach,” such as safety and respect.
Overview of Community Mapping (continued)

4 Small Group Walkthrough Activity

Explain to learners that they will be practicing one portion of a community walkthrough in order to get a sense of the experience. Divide learners into three or six small groups (depending on the size of the training group). Explain that they will be going out of the classroom/training room to document health risks and resources. Assign groups the following tasks. If there are three small groups, then each group will have its own task; if there are six groups, two will be assigned the same task.

2. Document health resources.
3. Conduct a brief interview or two about key health concerns.

Distribute the corresponding learner handouts (included at the end of this activity) to each of the group members. Give teams 5 to 10 minutes to read through the instructions, assign roles, and ask any clarifying questions.

Remind learners that there are no right or wrong results; this is simply an exercise to get a real-time sense of community mapping. Explain that teams should take 30 minutes to walk outside the room. They may decide to go outdoors or to stay in the building, depending on what they see. The group should discuss and try to agree about whether something is a health risk or resource, but if they disagree, they should include all suggestions.

Give groups 30 minutes to conduct their walkthrough. Remind them that their goal is to do their best to note health risks, health resources, or key health issues on this brief walkthrough. Provide learners with a specific time when they need to return to the training room/classroom. For example, you might say the following:

*Okay, this is your chance to conduct a small part of a community walkthrough during this training. Your task is to step outside of our training room (classroom), walk through the surrounding area, and do your best to document what might affect the health of this community. Do your best, stay together, and please be back in the training room in 30 minutes at 7:30 pm. Good luck!*

5 Large Group Debrief

Gather learners in the training room and begin by asking learners about their experience with this brief activity. Start with some general questions, such as the following:

- What was fun about this activity?
- What was difficult about it?

Next, ask the learners to report back on the following by teams: risks, resources, and key health concerns. Allow learners to ask questions of groups if they want clarification, but try to limit debate, as this brief walkthrough was for the experience, not for deciding.
Overview of Community Mapping (continued)

health issues. Learners may wish to pass around their cameras to other groups if they have taken photos. Facilitate discussion by asking questions such as these:

- Did you observe or learn anything that surprised you?
- Did your knowledge or understanding of this community change after doing this activity?

6 Large Group Discussion

Go back to the list you posted in Step 3 and let learners know that you will be discussing #4, Write up/draw findings; and #5, Present findings to community and other key stakeholders. Although these are complex tasks, explain that you will be doing a quick overview. Start by asking learners the following questions:

- How would you go about compiling the information you gathered during walkthrough?
  This could include meeting as a group to count items, compile checklists, and draw maps. It could also include identifying and discussing the key issues, themes, and outstanding questions that emerged from the data you gathered.

- How might you include the community in this key part of the community diagnosis process (writing up findings and presenting them to the community at large)?
  If you were doing a real community diagnosis, you could involve members of the community in reviewing the information/data gathered, in analyzing it, and in determining how best to present it to the community at large. If your group has questions about some of the findings, such as interview answers, you can go back to the individual and confirm that that is what they meant. You can also show preliminary results to key stakeholders to see if they feel they are accurate or may be missing important issues.

- What methods and media might you use for showing your findings?
  This might include using charts of the data collected, maps, photographs, quotes from interviews, and so on. They can be presented with PowerPoint slides, as a written report, as an infographic, with posters, and with oral presentations.

- What type of presentation do you think would be most effective for the broader community?

- How would you present your findings to the community and other stakeholders?
  This could include conducting town hall meetings in the community, sending reports to key stakeholders, presenting to local agencies and health departments, writing letters to policymakers, and so on.

- What groups might be interested in hearing your results?
Overview of Community Mapping (continued)

7 Reinforcement

This is an opportunity to reinforce the key concepts about using data from this training activity, Foundations, or other sources. You may wish to highlight some issues such as the following:

- Mapping is increasingly used by local, national, and international health agencies to identify populations with the highest health risks and to better understand the factors that contribute to those risks.

- A community walkthrough is not only a useful technique to use when doing a community diagnosis or assessment, it is also very helpful when getting to know a neighborhood—for example, when CHWs are hired to work in a new neighborhood, or if many of a CHW’s clients hang out in a certain neighborhood. By focusing on strengths as well as problems—resources as well as hazards—in a neighborhood, a CHW can gather a more complete picture of the neighborhood, the residents, and the possibilities for action to improve community health.

- Keep in mind that the most effective community diagnosis involves key members of the community throughout the process. Ultimately, it is the community that must analyze and make meaning from the information gathered, and it is the community that must use it to guide their decisions about creating change.

- Once your walkthrough is finished, your job isn’t done yet. You have to analyze what you’ve seen and decide how to use it.

- Walkthroughs are an important tool because they can
  - Give an objective view of the community
  - Be adapted to community-based participatory research, inviting community participation
  - Allow CHWs to see assets that community members take for granted or don’t see
  - Be the easiest and quickest way to get an overview of the entire community
  - Allow clear comparisons among different parts of a community
  - Be very useful in understanding specific aspects of a community
  - Give a “feel” for the community

Source

Step 2 was adapted from the following source:
GROUP 1: DOCUMENT HEALTH RISKS

Your team will be documenting what you notice in the neighborhood that could be considered a health risk to the community, based on your discussions during the training. Assign roles to each team member who will be using the following methods:

Maps ________________________________

Counts ________________________________

Photography ________________________________

Written notes ________________________________

Other ( ) ________________________________

Do your best, stay together, and please be back in the training room in 30 minutes.
Good luck!

GROUP 2: DOCUMENT HEALTH RESOURCES

Your team will be documenting what you notice in the neighborhood that could be considered a health resource to the community, based on your discussions during the training. Assign roles to each team member who will be using the following methods:

Maps ________________________________

Counts ________________________________

Photography ________________________________

Written notes ________________________________

Other ( ) ________________________________

Do your best, stay together, and please be back in the training room in 30 minutes.
Good luck!
Overview of Community Mapping (continued)

GROUP 3: CONDUCT A BRIEF INTERVIEW OR TWO ABOUT KEY HEALTH CONCERNS

Your team will be conducting a brief interview or two with residents of the community. Please use your own words and voice for these questions.

Begin by introducing yourself. It would be helpful to have some identification, such as a student ID. For example, you might say something like this:

“We are training to be community health workers and would like to ask you a question or two for our class on conducting community diagnosis.

In your own words: ____________________________________________________________

Ask a question or two. You may wish to ask a warm up question before the main question.

“How long have you lived in this neighborhood?”

In your own words: ____________________________________________________________

“What do you think are the most important health issues in your community?”

In your own words: ____________________________________________________________

Decide on roles for your team.

Interviewer ________________________________________________________________

Note taker ________________________________________________________________

Photographer/recorder ________________________________________________________

IMPORTANT: If you decide to take photographs or videos of the people you interview, you must ask permission ahead of time. Let them know that this will be used only for an in-class assignment and will not be published anywhere.

Do your best, stay together, and please be back in the training room in 30 minutes. Good luck!
We have included an assessment that covers important skills for this chapter. There is not an assessment for every activity or for every learning outcome in this chapter. We encourage you to adapt this or add any other assessments from your own resources.

**ASSESSMENT 22.1: Community Mapping**

- This assessment engages learner teams in conducting a modified community mapping activity. It draws from Activities 22.2 and 22.3. Learners conduct a community walkthrough and create a map and a chart (included), then each team presents to the large group. This is a peer-assessed assignment.
Assessment 22.1  Community Mapping

This assessment engages learners in conducting a modified community mapping activity, one part of community diagnosis. Community diagnosis is a time and resource-intensive process that can be challenging and extremely rewarding for CHWs. Many CHW training programs spend an entire semester (3 to 6 months) working on community mapping alone. This assessment is a structured, condensed version of a community mapping activity, designed to give learners experience in some aspects of community diagnosis. If you wish, we encourage you to spend more time with learners conducting a complete community mapping or community diagnosis process. At CCSF, this has been a popular activity with learners.

This assessment draws from Activities 22.2 and 22.3. You may use the same teams from Activity 22.3 or create new teams. For this condensed activity, the health issue will be healthy eating and active living (HEAL). You may wish to review Chapter 17, “Promoting Healthy Eating and Active Living (HEAL),” and ask learners to do the same.

In this assessment, teams will choose a two-block neighborhood, research HEAL issues in that neighborhood, conduct a community walkthrough, interview two key stakeholders, write up their findings, and present to the large group. This is a peer-assessed assignment. We have also included a grading or assessment rubric for you to use, if you wish.

We recommend allowing learners to meet in teams during a training session to prepare for this assessment and to clarify any questions they may have. During this time, you may wish to review HEAL resources and risks, as well as CHW skills for working as a team, such as conflict resolution, OARS, and cultural humility. We also encourage you to schedule a time for teams to check in with you, at least two weeks before the assessment is due, to discuss any team issues such as communication problems, decision-making, and team members’ participation.
Community Mapping (continued)

LEARNER HANDOUT: COMMUNITY MAPPING ASSESSMENT

Map, Chart, and Presentation due on ________________________________

This assignment is worth 100 points.

Health resources and risks do not take place in a vacuum. The community where they take place is a critical player in the success of education efforts. Community mapping provides a way to document those things in the environment that impact—both positively and negatively—the health of individuals and communities. Mapping is a tool to graphically show those things that impact health including healthy eating and active living.

This is a modified version of a community mapping activity. As CHWs, you may participate in a community diagnosis, which is a time- and resource-intensive process that can be challenging and extremely rewarding. This assignment is a structured, condensed version of a community mapping activity, designed to provide experience in some aspects of community diagnosis.

This is a team/group assignment.

Team Guidelines:

- Three to four students per team.
- Teams will have time to meet together during class/training sessions.
- All team members must participate in the fieldwork segment of this assignment. That is, each team member must assess the chosen neighborhood. This can be done as a group or separately.
- Team members can decide how to divide up other work. This is up to each team to decide. Choose a strategy that will work for your team!
- Teams must notify the trainer as soon as problems arise with communication, decision-making, or a member not keeping their agreements about doing work. We can fix problems with more notice, but the closer it gets to the deadline, the more difficult it is to address any challenges.

For this assessment, you will be addressing the issue of healthy living and active living (HEAL) in your chosen community. You may wish to review Chapter 17, which covers this topic.

Before you begin, your team must choose a geographical area or neighborhood to focus on. This area can be your neighborhood, a neighborhood that your members spend time in, or a neighborhood that is mutually convenient for you. It should be a neighborhood that demonstrates the health disparities that we have begun to study in class (a community with particularly high rates of illness/health conditions). Please create your map of a two-block area, although you may also want to note important community resources just outside and

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Community Mapping (continued)

nearby your two-­‐block area. Remember, the neighborhood should be one for which HEAL is a priority issue.

For this assessment, your team will

1. Choose a neighborhood and identify two key stakeholders.
2. Conduct a community walkthrough.
3. Interview two key stakeholders.
4. Analyze your findings as a team.
5. Create a map and fill in the chart (along with other media you may wish to use) with your findings.
6. Present to the large group.
7. Conduct peer assessments of your team members.

Create Map

The first part of the assignment is for your team to create a map of a community in which you will focus your data collection. Your map is worth 25/100 points.

Once you have chosen your two-­‐block neighborhood, conduct research to 1) identify any issues that you believe has an impact on individual and community health, and 2) identify two key stakeholders to interview. Based on your research, write up a brief interview guide with 3 to 5 questions about HEAL issues in the community.

Examples of key stakeholders are school officials, faith leaders, staff of service organizations, business leaders, and activists. Remember that these should be stakeholders who are concerned about and who are addressing HEAL issues. You may refer to the training activities and Chapter 22 for more guidance.

Conduct your community walkthrough and interviews. Each member of the team must participate in the walkthrough. Decide ahead of time on roles for each member, such as note taker, interviewer, counter, photographer, mapper, and so on. You may conduct the walkthrough and interviews as a group or individually.

Before the walkthrough, consider what types of places you may wish to identify. It can be helpful to create a checklist and to take notes as you go along. You may also wish to take photographs.

Examples of places to identify might include the following:

- Availability of affordable and healthy foods (such as fresh vegetables and fruit)
- Number of liquor stores
- Prominence of messages that promote HEAL
Community Mapping (continued)

- Prominence of messages that promote risks, such as fast food, tobacco, or alcohol advertising
- Parks and playgrounds
- Churches
- Community centers
- Community organizations that provide services that support people's health
- Sports fields
- Schools
- Community gardens
- Bars
- Gathering places
- Clinics or medical centers
- Sidewalks and crosswalks
- Levels of violence

This list could go on. Please feel free to add any other places or things that you notice in your mapping that impact HEAL.

Make a map based on data you collect while walking through the neighborhood and record those things that you believe have an impact on individual and community health, especially HEAL. This part of the assignment may be hand done.

Complete Chart

The second part of the assignment is for your team to complete the community mapping chart. The chart is worth 25/100 points.

1. **HEAL Resources:** Identify three resources that can be considered strengths or resiliency factors. Explain why you believe they are resources. How does each promote healthy eating and active living? Who in the community does each address? How does each address HEAL (what part of HEAL does it address, how does it promote health, how does it reduce risk factors, and so on)?

2. **HEAL Risk Factors:** What contributes to negative health consequences? What do you see that are barriers to healthy eating and active living and where are they taking place? What other relevant risk factors do you see?

Please use both observational and research data (What do you see? What do you find in your research? Good research sites will include local health departments and the Centers for Disease Control and Prevention [CDC]).
Community Mapping (continued)

3. Interviews: List the two stakeholders you interviewed and key points from the interview. What has been their experience with HEAL? What do they think are HEAL resources and risks in the community? What are promising interventions? What do they think needs to be done to address HEAL in the community?

4. Action Steps: Your team should meet as a group to discuss the data you collected and analyze it to see what action steps could be taken. What recommendations does your team have for this neighborhood or community? Please be very specific (for example, “We recommend education.” is not adequate. You could say instead, “We recommend education of middle school children, using tested curriculum such as xx, which has been shown in studies to promote HEAL.”)

Present to Class

The third part of the assignment is to present your findings to your classmates. Your presentation is worth 25/100 points.

The presentations will be held on ______________. Your team will also turn in the map and chart at this time.

Please come to the training session ready to present. We recommend that you meet and rehearse your presentation several times before doing it before your fellow CHW trainees. Each team will have approximately 20 minutes to present their findings, make their recommendations, and answer questions from the other learners. All members of the team are expected to participate in and speak up during the presentation.

Your team should present the data you collected in a visually appealing way. You should also highlight the action steps/recommendations. This might include creating charts, maps, photographs, quotes from interviews, and so on, using the data you collected. They can be presented with PowerPoint slides, as a written report, as an infographic, with posters, and with oral presentations. Use your imagination!

Evaluate Team

The fourth part of the assignment is to evaluate the participation of your group members in accomplishing the work to get the entire community assessment finished and turned in on time. These team evaluations are worth 25/100 points.

Please fill out an individual evaluation sheet for each group member. These evaluation forms will be due one week after presentations, on ______________.

Scoring Recap

Map = 25 points; Chart=25 points; Presentation=25 points; Peer evaluation = 25 points; TOTAL = 100 points.
COMMUNITY MAPPING ASSESSMENT, TEAM MEMBER PEER EVALUATIONS

Please fill out one form for each of your team members—including one for yourself. At the bottom of each form, please give a specific example of how this person contributed to the team’s efforts. This form is anonymous and will only be read by the trainer or instructor, so you should feel free to be completely honest in your assessment.

**First and last name of team member you are evaluating:** ____________________________

Please circle your rating of this team member for each of the following questions.

**SCORING: 0 is the LOWEST and 5 is the HIGHEST**

1. Did this member participate actively in team meetings (contributing ideas, suggestions, and plans)?
   
   0 1 2 3 4 5

2. Did this member communicate clearly within your group (communication was regular, reliable, and on point; exhibited good listening skills; asked clarifying questions)?
   
   0 1 2 3 4 5

3. Did this member come to meetings prepared with any assigned work?
   
   0 1 2 3 4 5

4. Did this member contribute their assigned and fair share of the group's finished assignment?
   
   0 1 2 3 4 5

5. Did this member demonstrate respect for you, your efforts, and your opinions?
   
   0 1 2 3 4 5

6. Did this group member act in such a way as to support all group members?
   
   0 1 2 3 4 5

**TOTAL SCORE** (add up the numbers you circled) ____________________
## Community Mapping (continued)

<table>
<thead>
<tr>
<th>Community: Names of Team Members:</th>
<th>Community Mapping Assessment, Healthy Eating and Active Living</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMMUNITY MAPPING ASSESSMENT, HEALTHY EATING AND ACTIVE LIVING</td>
</tr>
<tr>
<td></td>
<td>RESOURCE</td>
</tr>
<tr>
<td></td>
<td>EXPLANATION</td>
</tr>
<tr>
<td></td>
<td>1. List three resources that promote healthy eating and active living in your community, and explain how they accomplish this.</td>
</tr>
</tbody>
</table>
Community Mapping (continued)

**COMMUNITY MAPPING ASSESSMENT, GRADING OR ASSESSING GUIDELINES**

In addition to the peer assessment, you may wish to use this rubric to assign learner grades. There are four different performance categories, and possible scores range from 0 to 25 points each. At CCSF, a passing grade is generally 70 percent of possible points. Acceptable performance may vary from trainer to trainer. We are including our version of a grading rubric, but feel free to adjust this to fit your unique situation.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERIA</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Map</strong></td>
<td>Map is incomplete. No resources or risk factors are identified. Items are not relevant to HEAL. No evidence of community input or knowledge of neighborhood. Map is confusing or hard to follow.</td>
<td>____/25</td>
</tr>
<tr>
<td></td>
<td>Map includes resources and risk factors, but some sections may be incomplete or less detailed. Some items are relevant to HEAL. Some evidence of community input and knowledge of neighborhood. Map is easy to read.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Map includes resources and risks in a cohesive and thoughtful way. All items are relevant to HEAL. Map shows familiarity with the neighborhood and evidence of community input. Map is easy to read and engaging.</td>
<td></td>
</tr>
<tr>
<td><strong>Community Mapping Chart</strong></td>
<td>Data presented are unclear or incomplete. Data are not relevant to HEAL. Little discussion of what the results mean. One or more components are missing.</td>
<td>____/25</td>
</tr>
<tr>
<td></td>
<td>Data are presented and understandable. Some data is relevant to HEAL. Some analysis of the data and what it means. At least one clear recommendation for action.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data are complete and presented. All data is relevant to HEAL. Insightful analysis or discussion of data. Recommendation for action is compelling and relevant to HEAL.</td>
<td></td>
</tr>
<tr>
<td><strong>Presentation</strong></td>
<td>No presentation or presentation is disorganized or confusing.</td>
<td>____/25</td>
</tr>
<tr>
<td></td>
<td>Well-organized and clear presentation of results and action plan.</td>
<td></td>
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<tr>
<td></td>
<td>Presentation is compelling and uses data to support the action plan.</td>
<td></td>
</tr>
<tr>
<td><strong>Peer Assessment</strong></td>
<td></td>
<td>____/25</td>
</tr>
<tr>
<td><strong>Total points</strong></td>
<td></td>
<td>____/100</td>
</tr>
</tbody>
</table>

Grading guidelines are as follows: Passing = 70 points or above. Letter grades are as follows: A = 90–100 points; B = 80–89 points; C = 70–79 points; D = 60–69 points; F = below 60 points.