**A Community Health Needs Assessment for Children Being Raised by Single Parents in St. Johns County**

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**The Purpose of a Community Health Needs Assessment**

# To understand the purpose of a community health needs assessment, one must first understand the three elements within this assessment: community, health, and needs. A community refers to any group sharing something in common (University of Kansas). Health, however, does not have a straightforward definition. Many definitions provide a dynamic approach to health, stating that health is not merely the absence of disease, but rather encompasses all components of an individual. Cottrell, Girvan, Seabert, Spear, and McKenzie (2018, p. 2) describe health as “a dynamic state or condition that is multidimensional (physical, emotional, spiritual, social, intellectual), a resource for living and results from a person’s interactions with and adaptation to the environment.” Gilmore (2012) defines a need as the difference between the present situation and a more desirable one. Another way of describing a need is the gap between what is and what should be (University of Kansas).

# A community health needs assessment is defined as a planned process that identifies the reported needs of a group for health education planning purposes, as well as, monitoring changes and trends. A needs assessment allows educational and promotional activities to be guided by a realistic database of information. They typically promote audience involvement and ensure that the audience is accurately characterized. (Gilmore, 2012, p.9)

The purpose of a community health needs assessment is to be able to understand the factors that impact the well-being and health of individuals and groups. As a health educator, this is the first listed responsibility within the Seven Responsibilities for a health educator. Responsibility I is ‘Assess needs, resources, and capacity for health education/promotion. A needs assessment is the process that helps a program planner determine what health issue may exist within a group of people, the assets available to address the health problem and the overall capacity for the community to address this problem (Cottrell, Girvan, Seabert, Spear, & McKenzie, 2018).

**Community Description**

The community being assessed is elementary aged children within St. Johns County Florida aged 5-11 years old that live in a household with a single parent.

The population of St. Johns County is approximately 243,812 people. The St. Johns County area is considered within the middle class, with the median household income being $73,640 (U.S. Census Bureau, 2017). 94.4% of people 25 and older have graduated high school, and 43% of people 25 and older hold a bachelors degree (U.S. Census Bureau, 2018). Most people have health insurance, with 9.6% of people under 65 not having health insurance (U.S. Census Bureau, 2018). 8.3% of people in St. Johns County are considered to be in poverty (U.S. Census Bureau, 2018).

According to Coleen Jones (2017) St. Johns has been ranked number three out of Florida’s 67 counties in a wellness study conducted by the Florida Kids Count organization. Jones (2017) also states 21% of children are living in a single parent household in St. Johns County, which is below the state average of 35.7%. However, even though only 8.3% of families are said to be under the federal poverty line, Jones (2017) speaks with CEO of the United Way of St. Johns County, Melissa Nelson, who feels more can still be done. Nelson states that their 2017 ALICE (Asset Limited, Income Constrained, Employed) report showed that 17% of households do not necessarily fall into the poverty category, but struggle to make ends meet (Jones, 2017).

One study conducted by Scharte and Bolte (2013) suggest that children raised by a single mother have increased health risk due to socioeconomic circumstances, rather than environmental circumstances. The results of a study conducted by Sohail and Shamama-tus-Sabah (2016) shows that children from single-parent homes tend to exhibit a higher level of behavioral problems than children living in a household with two parents. Children raised by a single parent home are also more likely to have a psychiatric condition, low academic achievement, increased levels of anxiety, depression, and low self-esteem (Sohail & Shamama-tus-Sabah, 2016).

I chose this community because I believe all children deserve an equal chance to succeed and be healthy, no matter their circumstance. Discovering the challenges that face children being raised by a single parent can help us better understand the effects that these challenges have on their health. Health educators can then design programs that address the health-related issues that these children experience, giving them the opportunity to live healthy, productive lives.

**The Community Health Needs Assessment's Goals**

The first goal is to determine the health issues facing elementary aged children in St. Johns County, FL that are being raised by a single parent. What factors affect a child’s health in this situation? How does it affect their growth and quality of life? Does it affect their ability to learn? By conducting this needs assessment, determinants of health will be identified and the issues that arise from these determinants. The second goal will be to determine the assets and resources available (or lacking) to address these issues. Being able to use the resources that are already available effectively will help improve the quality of life for these children. After all, a resource can be described as anything that can be used to improve the quality of life (University of Kansas). Therefore, the main concern is with the children themselves. Given the opportunity, they will grow to be the most important community asset, as they will go one to continue to learn how to improve their own quality of life and the lives of others. The third goal is to determine how these issues are currently being addressed by policymakers. Being able to break this issue down can serve as a guide to advocacy efforts (University of Kansas). The fourth goal is to provide information towards the creation of a new program or supplement and improve an already existing one. The assessment will allow strategies to be formed to plan health education, which is the next responsibility for the health educator.

**Methods of Data Collection**

In the health needs assessment to determine the needs of elementary aged children with single parents, a first step will be used to survey the parents. With a single-step survey, you can determine what types of challenges single parents faced raising a child on their own. The survey may be distributed via the internet. With many having access to the internet in St. Johns County, FL, this would be a great way to have high dispersion. However, not all have internet access in their homes, meaning they would have to travel to check an email. Therefore, a combination of mailed surveys and internet surveys may result in a higher return and completion rate. The main strengths represented in an internet survey is that they are cost effective and the results are instant. Even though internet access is readily available to most St. Johns County residents, not all residents may not have it in their homes. The might represent a sample bias, targeting only those who have internet access and personal email addresses (Gilmore, 2012). Mail surveys are also cost-effective. However, they do take more time to get the results back (Gilmore, 2012). There must be a timeline to receive the surveys back so data analysis can begin. Both types of surveys, however, have the disadvantage of limited types of questions that can be asked.

A second method for quantitative data collection will be interviews with children. This will require parental permission. Parents may decide they would like to accompany their child to the interview or they may feel better if they are in a group with other children. In this part of the data collection process, it will be vital to communicate the importance of determining the child’s perspective. The data will be used as data from a survey. An interview format will be necessary rather than a survey, as children may not understand the questions or may have questions. Therefore, the strength with this method is that it will allow for the discovery of more information and allow for clarity when asking questions. Questions will be asked in a way that provides short and to the point answers (Yes/No or a set of responses to choose from, etc.). It may also be an opportunity to gather qualitative data as well. However, the main goal will be to collect quantitative data. The major disadvantage is that the process is more costly, as interviewers need to be trained and familiar with the subject matter, and in this case experienced in questioning children (Gilmore, 2012).

A focus group for single-parents would be a great way to gain their perspective and insights on challenges they face as well as positive elements they can discuss. It can also provide an opportunity for parents to discuss challenges they have they have observed that their children face. It will also allow for an opportunity to gauge types of resources they would be interested in using, resources they currently use, and resources they believe to be lacking. Focus groups are often low-cost convenient ways to collect qualitative data (Gilmore, 2012). However, they only represent a small sample, causing results to be difficult to generalize (Gilmore, 2012). The results of a focus group also heavily depend on moderators skill (Gilmore, 2012). To combat some of these challenges, it will be ideal to conduct more than one focus group.

A second qualitative data collection method will be interviews with key informants, such as teachers, family counselors, and others with first-hand experience with children being raised by single parents. These informants will have a different perspective than parents and children involved. They will see the effects of the child being raised by a single-parent and be able to analyze differences from children raised by two parents. An advantage of conducting interviews with key informants is that there will be a third perspective that will allow the discovery of more information and provide a complete picture to analyze (Gilmore, 2012).

These methods were chosen because they work well together. Each method has the opportunity to identify trends and patterns, as well gain personal insights from single-parents, their children, and professionals to create a complete picture of data that can be analyzed and summarized to provide information towards steps for a health educator.

**Resources**

St. Johns County is home to one hospital, Flagler Hospital. This hospital has the potential of being a tremendous resource to the community, and it is in many areas. However, having one hospital means that this hospital needs to act as a community hub. It needs to provide resources to all parts of the county. It is decently central to the county, however, on the farther edges of the county it is as far as 30 miles away, which poses an issue to those that may have trouble with transportation. Flagler Hospital would be a great place to collect data from compared to other sources because a health educator would be able to assess programs already offered, measure attendance and effectiveness. Based on the effectiveness, it can be seen where improvements need to be made in programs or where program and resources need to be added.

Another resource lacking is the availability of single parent support groups. Support groups could be great places to recruit for a focus group or interviews of single parents. Support groups provide opportunities to talk openly, improve coping skills, and gain a sense of empowerment and support (Mayo Clinic Staff). It also gives parents opportunities to learn about the health of their children and additional resources they can seek out.

School support resources can also be a place to collect data about the effects of single parenthood on a child’s health. There are programs that offer support to children within the school, such as the Big Brother Big Sisters Program. However, this program does not reach all schools within St. Johns County. However, the St. Johns County School District does help in connecting parents to outside resources for them and their children.

Transitional housing is another resource lacking in St. Johns County. There are programs such as the Betty Griffin House and the Alpha Omega Miracle Home, that help single mothers transition, especially those that have been victims of violent situations. However, there is a lack of programs for all single parents that may find themselves in a situation where they need a little extra help.

I chose these resources because many provide support for single parents. However, they may either be lacking within their program and need to expand their programs, or there may need to be the creation of a new program altogether that encompasses all four of these aspects. These resources often will attract concerned parents trying their best to care for their children. Therefore, they may be interested in participating in surveys, interviews, and focus groups, sharing their experiences and providing valuable insights on program resources and where they elective resources could be improved.

**Data Collection and Analysis**

The data set I chose is the County Health Rankings and Road Maps. This data set provides information about the health of a county within a state. The county analyzed is St. Johns County, FL. Upon examining this data set, the first thing that stands out is that St. Johns County is ranked number one out of 67 counties for health outcomes in the state of Florida (Health Rankings and Road Maps). The statistics about social and economic factors were most relevant to this health needs assessment. The most useful statistic was the percentage of children in single-parent households. The percentage in St. Johns County is 21% (Health Rankings and Road Maps). Within this data set, there is the option to compare other counties. St. Johns County neighbors Putnam County, Flagler County, and Duval County. Putnam County is ranked 66 out of the 67 counties in Florida with 50% of children living in a single-parent household (Health Rankings and Road Maps). Duval County is ranked 42 out of 67 with 43% of children living in a single-parent household (Health Rankings and Road Maps). Flagler County is ranked at 14 out of 67 with 35% of children living in a single-parent household (Health Rankings and Road Maps). Therefore, in comparison to neighboring counties, the numbers are not as high. However, this does not eliminate the potential health effects that this can have on this 21% of children identified.

My methods of data collection included surveys, focus groups, and interviews. Focus groups and interviews served to give qualitative results, while surveys are more geared towards obtaining quantitative results. I believe that my data collection methods would remain the same. However, I believe to gain more information and data to identify trends; there will need to be a more thorough use of surveys. The main purpose of a face to face survey is to ensure children understand questions, thus given more relevant answers. It also allows parents to accompany their children. Getting the community of single parents to participate and allow their children to participate will be a challenge. However, planning for obstacles and creative solutions can be spelled out in a plan for increasing community involvement to ensure data collection needs are met as a part of the community health needs assessment.

**Mobilizing Community Members and Disseminating Information**

To mobilize the community, a plan for increased participation will need to be put into place. The plan will identify the purpose of our need for community member participation and action steps of how we will get them to participate. The first step will be to determine why we need community member participation (University of Kansas). We need community members to participate by completing surveys, participating in interviews and participating in focus groups so we can collect data and analyze issues and health needs of children that are being raised by a single parent. Next, we will need to determine how many people we will need to participate in the surveys, interviews and focus groups (University of Kansas). The number of members needed for focus groups will be at least six people for one focus group, as focus group range from six to twelve people. The group should be homogeneous and people should not know each other so the conversation can be open and honest (Gilmore, 2012). In this needs assessment, it would be ideal to conduct more than one focus group. Therefore, ideally, the number of people needed to recruit would be between 12 and 24, depending on the size of the groups. For interviews, the numbers may range depending on those interested. Ideally, we would have many people that want to participate to ensure we small margin of error. The same will go for survey responses. However, when implementing a time frame, it may not reach the numbers we would have liked to have.

The next determination will be of what type of community members are needed (University of Kansas). As this health needs assessment is focusing on the health of children raised by single parents, the community members needed will be single parents and their children. After you know how many people you need and the type of people you need, you now need someone who will find them. A group of people who have had experience recruiting and have great people skills will recruit participants. Recruiters will then need to know when and where to look for participants. A good place to start may be schools and daycares; after-school programs may also be a good place to start. Wherever parents leave their children, it is likely that many of them are being raised by a single parent, approximately 1 in 5 children in St. Johns County. Timing should also be considered, as many single parents are also working parents. A good time to recruit may be on the weekends or when parents have a day off. Last, the approach needs to be decided, as a way to be consistent and provide a clear and concise message to potential participants (University of Kansas). Creating a message about the importance, purpose, and goals of the health needs assessment will relay a sense of urgency and a sense of obligation for parents to determine the obstacles their children face and their particular needs.

To communicate the results of the needs assessment, a dissemination strategy will need to be put into place. Per UNICEF, an effective and successful dissemination strategy is one that gets the right information to the right people in the right format. When creating a dissemination strategy, one must consider desired outcomes, audience, the message and purpose, the medium or format of the information, timing, resources needed and potential problems or obstacles that may occur (UNICEF). The desired outcome for this dissemination strategy is to relay the information of the needs assessment and identify trends found regarding health needs of children being raised by a single parent and proposed actions to meet those needs. The goal will be to provoke action and community involvement on this issue. The audience will be all those who were involved, the single parent community, and stakeholder, such as the school district.

The message will be one that is clear about the findings and the proposed actions and interventions the health educator has identified. The medium and format used will vary. I believe the best format and medium for key stakeholder will be a formal summary written and presented in a formal setting. Those involved will receive the information as the investigation is ongoing perhaps in the form of handouts and electronic communication. The community of single parents will receive the information via social media and internet advertisements directing them to a complete summary of findings with highlighted trends in the county health department website. The ideal timing to present the information is after it has been solidified and a summary can be written organized and proofed. After the formal presentation to stakeholders, the summary can be released to the rest of the community.

Resources needed will include staff to aid with the writing, revision, and finalizing of the summary from the analysis of the written data. A communications team will also be needed to manage campaigns that are designed to make the community aware of the newly available information and where they can find it. Potential problems may occur with being able to produce a complete summary within a timely manner due to the bulk of data collected. Other problems to consider is the range of audience. One way to combat this is to ensure that major points are highlighted within the abstract, capturing attention and making the important findings easy to read. The end goal will be that people are able to access information, digest the information, and be moved to action, thus addressing the health needs that face children being raised by single parents in St. Johns County.

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Flagler Hospital: <https://www.flaglerhospital.org/>