

Focus On: Six strategic steps for situational assessment



March 2015

Introduction

Planning decisions are often made quickly; sometimes in the absence of a thoughtful analysis of available data. A situational assessment is a systematic process to gather, analyze, synthesize and communicate data to inform planning decisions. Information from a situational assessment can be used to inform the goals, objectives, target audiences and activities of a health promotion strategy. Situational assessments are carried out to:

- Learn more about a population of interest (i.e., who's most affected by a certain health issue)
- Anticipate trends and issues that may affect the implementation of a strategy
- Identify community wants, needs, and assets
- Set priorities
- Inform pending decisions regarding a strategy
- Help write funding proposals

According to the *Core Competencies for Public Health in Canada*, all public health practitioners should be able “...to collect, assess, analyze and apply information...to make evidence-based decisions...and make recommendations for policy and program development.”¹

Six strategic steps for conducting a situational assessment

Situational assessment is the second step in Public Health Ontario's six-step model for planning a health promotion program.² A situational assessment can be a large task so we have simplified the process into six strategic steps. Content provided below has been adapted from the [Online Health Program Planner \(OHPP\)](#)³ and the Introduction to Planning Health Promotion Programs Workbook.⁴

Step 1: Identify key questions to be answered

The first step in a situational assessment is to determine what you need to inform planning decisions. Use the three broad questions and sub-questions below to shape the direction of the situational assessment and develop your research questions.

1. What is the situation?
 - What impact does the current situation have on health outcomes, quality of life and other societal costs, such as noise, air pollution or increased healthcare spending?
 - Which groups of people are at higher risk of health problems and poorer quality of life?
 - Which settings or situations are high risk, or pose a unique opportunity for intervention?
 - How do local stakeholders perceive the situation? What is their capacity to act? What are their interests, mandates, current activities?
 - What are the needs, perceptions and supported directions of key influential community members, and the community-at-large?
2. What influences are making the situation better and worse?
 - What high-risk or negative health behaviours by various groups of people are affecting the situation?
 - Which underlying causes or conditions are driving these behaviours (e.g. individual, community, organizational or system-level causes)? Are there protective factors that can help avoid or alleviate the situation (such as ensuring walkable communities or encouraging strong parent-child relationships)?
 - Which strengths and weaknesses present in your organization may affect your course of action? Which opportunities and threats in your environment may affect your course of action?
3. What possible actions can you take to address the situation?
 - What are other organizations doing, or what have they done in the past, to address this situation? Specifically, what local policies, programs and environmental supports are being developed or implemented within the community? What evaluation data are available for these activities?
 - What is the best available evidence that exists to support various courses of action?

Step 2: Develop a data gathering plan

Questions you develop in the first step will determine data needed. Too much data can become overwhelming; however, you also want a comprehensive plan. Therefore, it is a good idea to develop a data gathering plan to organize sources of data, tasks, and persons responsible. Ensure your data gathering plan includes diverse types of data (e.g. community health status indicators, environmental scans, or best practices); different methods of data collection (e.g. surveys, document review, and literature review); and varied sources of data (e.g. partner organizations, community, and government).

Some sources of information to consider to define the situation include Community Health Status Reports produced by public health units, Rapid Risk Factor Surveillance System (RRFS),⁵ Canadian Community Health Survey (CCHS),⁶ and the Public Health Agency of Canada (PHAC) Infobase.⁷

The National Collaborating Centre for Methods and Tools (NCCMT) has created evidence search pyramids⁸ for major health areas including mental health, injury prevention and environmental health. The search pyramids support the use of more highly-synthesized forms of information, such as guidelines and reviews. Using these more highly-synthesized sources can help save you time.⁹ You can use the pyramids to find literature in your field that has been pre-appraised for methodological quality. It is also important to critically appraise the literature you find, if it has not already been appraised. The Critical Skills Appraisal Program (CASP) has developed eight free and publically-available critical appraisal tools¹⁰ designed for methodological quality assessment of research. Consider using these to evaluate the literature located by your search.

In terms of specific sources of highly-synthesized evidence as described in the search pyramids, see the National Guidelines Clearinghouse¹¹ and Turning Research Into Practice database for guidelines (summary-level evidence),¹² and Health Evidence for reviews (syntheses).¹³ Health Evidence offers a registry of systematic review-level evidence that is pre-appraised and offers quality scores of strong, moderate, or weak for every review included in its registry. For examples of programs and interventions, visit the Canadian Best Practices Portal, which may indicate some programs that offer outcome or evaluation data.¹⁴

Step 3: Gather the data

Now that you have identified the research questions and developed a data gathering plan, the next step is to collect data. It is important to note that there are two types of data collection - primary and secondary data collection.

Primary data is data that you and your situational assessment team collect yourselves; for example, via surveys, key informant interviews or focus groups. When collecting primary data it is important to ensure that people collecting the data have the right skills to do so properly. Ensure that your primary data collectors are trained, since this increases their confidence and ability to collect data consistently and correctly. Also ensure that data collection is standardized and done ethically, including documenting informed consent.

Secondary data is collected by someone else; for example, by the provincial or federal government, a researcher, or a partner organization. A literature search is also an example of secondary data collection. If you are carrying out a literature search, document your search strategies, including search terms, and your inclusion and exclusion criteria. As another example of secondary data, Analytic Services at Public Health Ontario developed an interactive database, called Snapshots,¹⁵ using core indicators developed by the Association of Public Health Epidemiologists in Ontario

(APHEO). These online dashboards provide information on indicators from a variety of data sources for Ontario and specific public health unit regions.

Step 4: Organize, synthesize and summarize the data

The amount of data generated during a situational assessment can be overwhelming. One of the easiest ways to organize information is to arrange the data according to your original key questions (step 1). For example, if your question was ‘What groups of people are at higher risk of health and quality of life problems’, organize findings that answer this question together. Using the Ecological Model¹⁶ to organize findings could help identify connections of the policy and environmental contexts with the social and individual contexts, allowing you to determine areas you want to address.

Two widely-used models in the private sector that may help you understand your findings are SWOT or Force Field Analyses. A SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis or a Force Field Analysis can help to determine facilitators and barriers to improving the situation. The Introduction to Planning Health Promotion Programs Workbook⁴ provides more information about how to conduct a SWOT or Force Field Analysis.

If possible, summarize findings in a paragraph or five to six bullet points. This will offer others a quick understanding of results and can be useful in any communication products that you develop.

Step 5: Communicate the information

A lot of time and effort has gone into your situational assessment. Make sure the results are not lost in a report! Colleagues, partner organizations and decision makers are all interested in your findings. Therefore, it is important to communicate key findings to each of your stakeholders in a manner that is understandable to each distinct audience.

Consider which information each of your different stakeholders needs to know, and how you can best convey it to them. One strategy is to develop a communication plan which includes your key audience, communication objectives, channels, and communication products. You can sometimes use the same communication products for different audiences – as long as their communication style and your communication objectives for each audience are aligned.

Step 6: Consider how to proceed with planning

It is now time to utilize your findings and decide on your next steps. Consider:

- How do you perceive your ability to affect the situation with the available time, financial resources and mandate?
- What are the gaps in data quality or quantity, relative to stakeholder expectations?
- How might that restrict your ability to make evidence-informed decisions about goals, audiences, objectives, strategies, activities and resources?
- What are your next steps in the planning process? Will you proceed now, or must you revisit research questions, project scope or resources?

Conclusion

A situational assessment, although time consuming, is an important part of planning an evidence-informed program. The steps, highlighted above, simplify the process into easily manageable, strategic tasks. To help make this process easier, five downloadable worksheets are available from the [Online Health Program Planner \(OHPP\)](#).³ If at this time it is not possible to complete an entire situational assessment, you can think about how to include components of a situational assessment in your next operational planning cycle. An environmental scan of partners, key informant interviews, or a focus group with clients can each provide valuable information to aid in decision making.

If you're looking to start a situational assessment, but would like to have further support or guidance, please contact the Health Promotion Coordinator at 647 260-7471, or at hpcb@oahpp.ca.

References

1. Public Health Agency of Canada. Core competencies for public health in Canada. Release 1.0. Ottawa, ON: Her Majesty the Queen in Right of Canada, represented by the Minister of Health; 2008. Available from: <http://www.phac-aspc.gc.ca/php-ppsp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). At a glance: The six steps for planning a health promotion program. Toronto, ON: Queen's Printer for Ontario; 2015.
3. Online health program planner [Internet]. Toronto, ON: Ontario Agency for Health Protection and Promotion; c2014; [cited 2014 Dec 2]. Available from: <http://www.publichealthontario.ca/en/ServicesAndTools/ohpp/Pages/default.aspx>
4. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Introduction to planning health promotion programs workbook. 4th ed. Toronto, ON: Queen's Printer for Ontario; 2015 [forthcoming].
5. Rapid Risk Factor Surveillance System (RRFS) [Internet]. Oakville, ON: Halton Region Health Department; 2015; [cited 2015 Jan 27]. Available from: <http://www.rfss.ca/>
6. Canadian Community Health Survey (CCHS). [Internet]. Ottawa, ON: Health Canada; 2015; [cited 2015 Jan 27]. Available from: <http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/index-eng.php>
7. Chronic disease infobase [Internet]. Ottawa, ON: Public Health Agency of Canada; 2015; [cited 2015 Jan 27]. Available from: <http://infobase.phac-aspc.gc.ca/>
8. Search pyramids. [Internet]. Hamilton, ON: National Collaborating Centre for Methods and Tools; 2015; [cited 2015 Jan 27]. Available from: <http://www.nccmt.ca/registry/view/eng/181.html>
9. Robeson P, Dobbins M, DeCorby K, Tirilis D. Facilitating access to pre-processed research evidence in public health. BMC Public Health. 2010;10(95)
10. Critical Appraisal Skills Programme (CASP) [Internet]. Middle Way, Oxford: CASP UK; 2014; [cited 2015 Jan 27]. Available from: <http://www.casp-uk.net/#!casp-tools-checklists/c18f8>
11. National Guideline Clearinghouse: fact sheet [Internet]. Rockville, MD: Agency for Healthcare Research and Quality; 2012; [cited 2015 Mar 17]. Available from: <http://www.ahrq.gov/research/findings/factsheets/errors-safety/ngc/national-guideline-clearinghouse.html>
12. Turning research into practice (TRIP) database [Internet]. UK: TRIP Database; [cited 17 Mar 2014]. Available from: <http://www.tripdatabase.com/>
13. Healthevidence.org [Internet]. Hamilton: McMaster University; 2013; [cited July 24, 2012]. Available from: www.healthevidence.org

14. Public Health Agency of Canada. Canadian best practices portal [Internet].; 2014 [updated 2014 May 06]; [cited 2015 Jan 27]. Available from: <http://cbpp-pcpe.phac-aspc.gc.ca/>
15. Snapshots [Internet]. Toronto, ON: Ontario Agency for Health Protection and Promotion; 2015; [cited 2015 Jan 27]. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/default.aspx>
16. Sallis JF, Owen N, Fisher EB. Ecological models of health behavior. In: Glanz K, Rimer BK, Viswanath K., editor. Health behavior and health education: theory, research and practice. 4th ed. San Francisco, CA: Jossey-Bass; 2008. p. 465-85.

Contributors

Allison Meserve and Kim Bergeron, Health Promotion Consultants, Health Promotion Capacity Building Services at Public Health Ontario

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Meserve A, Bergeron, K. Focus on: Six strategic steps for situational assessment. Toronto, ON: Queen's Printer for Ontario; 2015

Acknowledgement

Thank you to Laura Bellissimo and Kara DeCorby for reviewing an earlier draft of this document.

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence.

PHO assumes no responsibility for the results of the use of this document by anyone.

This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to Public Health Ontario. No changes and/or modifications may be made to this document without explicit written permission from Public Health Ontario.

Health Promotion Capacity Building at Public Health Ontario

Health Promotion Capacity Building works with Ontario's public health system, community health care intermediaries and partner ministries. Available in both official languages, our services and resources support the development of public health core competencies. Visit us at:

www.publichealthontario.ca/hpcb

Public Health Ontario

Public Health Ontario is a Crown corporation dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

Public Health Ontario provides expert scientific and technical support to government, local public health units and health care providers relating to the following:

- communicable and infectious diseases
- infection prevention and control
- environmental and occupational health
- emergency preparedness
- health promotion, chronic disease and injury prevention
- public health laboratory services

Public Health Ontario's work also includes surveillance, epidemiology, research, professional development and knowledge services. For more information about PHO, visit

www.publichealthontario.ca.

Public Health Ontario acknowledges the financial support of the Ontario Government.

