

Characteristics, enablers, and barriers to the community health and well-being assessment component of the health promotion practice cycle: a scoping review protocol

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ABSTRACT

Objective: The proposed review will describe the characteristics, enablers, and barriers to the community health and well-being assessment (CHWA) component of the health promotion practice cycle.

Introduction: CHWA guides health promotion action in communities and populations. A “critical” approach to CHWA can be adopted, which addresses the social, political, cultural, economic, commercial, and environmental determinants of health and well-being to enhance health equity for priority communities and populations. Although tools exist to guide such a critical approach, little is known about the extent to which these tools are being used or the barriers and enablers to applying best practice CHWA. Such evidence is needed to inform future health promotion CHWA and research.

Inclusion criteria: This review will consider literature that describes CHWA conducted in health promotion practice, focusing on an organizational, social, or geographical community or population. Literature that focuses on clinical practice or a specific health condition will be excluded.

Methods: Scopus, PubMed, Web of Science, and CINAHL (EBSCOhost) will be searched to identify peer-reviewed articles. Google Scholar and Google, as well as Public Health, Health and Medical, and Nursing and Allied Health (ProQuest) databases will be searched for gray literature. Articles will be screened and data extracted by 2 or more independent reviewers. The data extraction tool will be developed by the reviewers based on the JBI template and a critical health promotion approach to CHWA. Data will be analyzed and presented as frequency tables and narrative summaries of the characteristics, enablers, and barriers to CHWA.

Review registration: Open Science Framework osf.io/jq8th/

Keywords: assets assessment; community assessment; health equity; health priorities; needs assessment

JBI Evid Synth 2024; 22(8):1601–1609.

Introduction

Health promotion practice involves a dynamic cycle of community health and well-being assessment (CHWA), along with planning, implementation, and evaluation.^{1–3} CHWA is a comprehensive and participatory research process to identify the health and well-being assets, needs, and priorities of communities to guide health promotion action and other population health programs.¹ The scope and nature of CHWA is determined by the underpinning

approach, ranging from critical to selective health promotion.¹ The term *critical health promotion* has emerged to reinforce its critical foundations, as described in seminal World Health Organization health promotion charters and declarations.^{4,5} Critical health promotion is defined as “a social justice approach to health promotion that is underpinned by a system of values and related principles that supports the reflective process of explicitly identifying and challenging dominant social structures and discourses that privilege the interests of the powerful, and contribute to health and well-being inequities.”^{1(p.xix)} Critical health promotion draws on social and political processes that prioritize action on the social, political,

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The authors declare no conflicts of interest.

DOI: 10.11124/JBIES-23-00299

cultural, economic, commercial, and environmental determinants of health and well-being.^{1,4-8} Critical health promotion action has a focus on health equity for priority populations.^{1,4-8} This critical approach is distinct from a “selective” health promotion approach, which addresses the individual-level, biomedical, and behavioral determinants of disease, and prioritizes structurally and systemically privileged populations.¹ Although the selective approach is dominant in practice, it is too narrow to influence the complex inter-related determinants of health and well-being. Therefore, it is inadequate to reduce health inequities, which can only be achieved through a critical approach to CHWA.^{1,9,10} Key tenets of critical CHWA are the empowerment of people and communities, and the ethical use of resources.¹

CHWA is included in the International Union for Health Promotion and Education (IUHPE) Core Competencies and Professional Standards² and various health promotion models, including the Needs Assessment and Planning Model,¹¹ PRECEDE/PROCEED,¹² the Program Management Guidelines for Health Promotion,¹³ and the Red Lotus Critical Health Promotion Model.^{1,14,15} Characteristics of critical CHWA include, firstly, establishing the scope and available resources, and then engaging the community in planning the CHWA.¹¹⁻¹⁵ This is followed by the collection of data from primary and secondary sources on socio-ecological indicators of community health and well-being assets, strengths, and needs. These include health and well-being status as well as determinants of health and well-being at the individual and environmental levels.^{2,11-14} Data include felt (reported by community members), expressed (evidenced by action), normative (opinions of professionals based on existing evidence), and comparative (comparisons between communities) assets, strengths, and needs.¹ The data are then analyzed and the findings are used to determine health and well-being priorities, in collaboration with the community.^{2,11-14}

There is a range of enablers that facilitate and/or reduce barriers; there are also barriers that prevent, limit, or obstruct CHWA. Various assessment tools have been developed to enable quality health promotion practice, including CHWA. For example, the Quality Criteria for Basic Principles of Health Promotion include 9 principles, with criteria and indicators for action on each principle.¹⁶ The Preffi 2.0 quality assessment tool includes 39 indicators of

effective health promotion programs, including a cluster of indicators on community analysis.¹⁷ The European Quality Instrument for Health Promotion has 95 indicators grouped into 4 domains, one of which includes project development.^{18,19} Most recently, the Quality Assessment Tool for Critical Health Promotion Practice includes 10 critical health promotion values and principles, along with associated reflective questions to support a critical approach across the health promotion cycle, including CHWA.²⁰

Although assessment tools to support CHWA do exist, little is known about the uptake and use of such tools. However, there is some evidence on the barriers to quality CHWA. For example, incongruence between community and government priorities creates challenges when funding and evaluation are determined by government.^{21,22} Also, health service organizations may have limited capacity to meaningfully engage with the community²²; there may be challenges with sourcing epidemiological data specific to the community²¹; or there may be a lack of knowledge or skills.²¹ A further challenge is balancing resourcing for CHWA proportionate to funding for planning, implementing, and evaluating health promotion programs.¹ Additionally, regular changes within the political environment and structure of health services reduce opportunities for collaboration and create uncertainty regarding responsibility for health promotion.²² Barriers to CHWA reduce the quantity and quality of evidence that underpin health promotion planning, implementation, and evaluation, resulting in unmet program objectives, wasted financial investment, and loss of community trust.²³⁻²⁵ To inform future health promotion CHWA and research, further exploration of the characteristics, enablers, and barriers to critical CHWA is required.

A preliminary search of PubMed, the Cochrane Database of Systematic Reviews, and *JBI Evidence Synthesis* was conducted in March 2023. This search revealed no current or in-progress scoping reviews or systematic reviews on the topic. A 2021 scoping review on community health needs and assets assessment described its rationale, characteristics, and uses within a population health context, including clinical and health service planning.²⁶ However, the review was not specific to health promotion, nor did it focus on enablers or barriers. The objective of this scoping review is to describe the characteristics, enablers, and barriers to the CHWA component of

the health promotion practice cycle. Scoping reviews are undertaken to identify key characteristics or factors related to a concept when there is limited empirical literature on a concept and to inform future research.²⁷ As such, a scoping review is an appropriate method to address the study objective. The proposed review will follow the framework provided by JBI.²⁷ The outcome of the review will be to describe the characteristics of, and the enablers and barriers to, a critical approach to CHWA practice, and to inform future health promotion CHWA and research.

Review questions

- i) What are the characteristics of the CHWA component of the health promotion practice cycle?
- ii) What are the enablers of conducting the CHWA component of the health promotion practice cycle?
- iii) What are the barriers to conducting the CHWA component of the health promotion practice cycle?

Inclusion criteria

Participants

To be included in the scoping review, the CHWA must focus on an organizational (eg, school, hospital, or workplace), social (eg, adults aged 65 years or over), or geographical (eg, local council or state region) community or population. Publications will be excluded if they focus on a specific state of health, well-being, or ill health (eg, health and well-being assessment of cancer patients), or if they have a clinical focus (eg, a patient care needs assessment).

Concept

The concepts of interest for this scoping review are the characteristics of CHWA, as well as the enablers and barriers to conducting CHWA. The review will consider evidence on the characteristics of CHWA practice, including, but not limited to, establishing the scope of and resources available for CHWA; the level or extent of engaging the community in planning the CHWA; types and sources of data collected on community assets and needs from primary and secondary sources; data analysis methods; and strategies to determine health and well-being priorities.^{2,11–15}

In this review, enablers will be defined as any factor that facilitates the conduct of CHWA and/or

reduces barriers; for example, assessment tools that support quality CHWA.^{16–20} Barriers will be defined as any factor that prevents, limits, or obstructs the conduct of CHWA; for example, difficulty sourcing epidemiological data specific to the community.²¹

Context

This review will focus on literature that describes the conduct of CHWA in a health promotion practice context. To be included in the scoping review, a publication must report on a CHWA that has been conducted in health promotion practice and produced findings that will inform health promotion programs. Health promotion practice occurs in a range of settings, such as government health and non-health services, community-based organizations, and not-for-profit agencies, by practitioners who are in dedicated health promotion roles or partial health promotion roles.¹ The context includes the full range of practice settings where CHWA in health promotion occurs.

Types of sources

The review will include gray literature and peer-reviewed descriptive and analytical studies of both a quantitative and qualitative nature, such as case studies, case-series, cross-sectional, longitudinal, retrospective, and experimental and quasi-experimental studies that include data on CHWA. Reviews of original studies or literature reviews, conference proceedings, or opinion pieces will be excluded.

Methods

The proposed review will be conducted in accordance with the JBI methodology for scoping reviews²⁷ and reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).²⁸

Search strategy

The search strategy will aim to locate published studies and gray literature. An initial search of Scopus was undertaken to identify articles on the topic. In consultation with a research librarian, text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop a full search strategy for all included databases (Appendix I). The search strategy, including all identified keywords and index terms, will be adapted for each included database and/or information

source. The reference lists of included sources of evidence will be screened for additional studies.

The databases to be searched will include Scopus, PubMed, Web of Science, and CINAHL (EBSCOhost) for peer-reviewed literature, and Google Scholar and Google, as well as Public Health, Health and Medical, and Nursing and Allied Health (ProQuest) for gray literature. Results from Google Scholar and Google will be limited to the first 20 pages.

Publications in languages other than English will be included in the search but not considered in the scoping review as the resources for translation services are not available. Potentially relevant non-English publications will be identified through an English abstract and will be included in a citation list for consideration by audiences who have translation services or proficiency in languages other than English.

Source of evidence selection

Following the search, all identified citations will be collated and uploaded into EndNote v.20 (Clarivate Analytics, PA, USA) and duplicates removed. Following a pilot test, titles and abstracts will be screened by 2 or more independent reviewers using the inclusion criteria. Potentially relevant sources will be retrieved in full, and their citation details imported into Covidence (Veritas Health Innovation, Melbourne, Australia). The full text of selected citations will be assessed by 2 or more independent reviewers using the inclusion criteria. Reasons for exclusion of sources of evidence at full text that do not meet the inclusion criteria will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion, or with an additional reviewer/s. The results of the search and the study inclusion process will be reported in full in the final scoping review and presented in a PRISMA flow diagram.²⁹

Data extraction

Data will be extracted from included sources by 2 or more independent reviewers using a data extraction tool developed by the reviewers (Appendix II). Extracted data will include details about the participants, concept, context, study methods, and findings. The data extraction tool has been adapted from the guidelines provided by the JBI methodology for scoping reviews.²⁷ The IUHPE Core Competencies and Professional Standards,² and the Red Lotus Critical

Health Promotion Model^{1,14,15} have been used to inform the “Characteristics of CHWA” and the “Data collected in CHWA” items to align with a critical approach to CHWA in sections 2 and 3 of the data extraction tool. The data extraction tool will be pilot-tested across the different study designs, modified, and revised as necessary during data extraction. Any modifications will be detailed in the scoping review. Disagreements between the reviewers will be resolved through discussion or with an additional reviewer. Authors of publications will be contacted once to request missing or additional data, where required.

Data analysis and presentation

Extracted data will be analyzed using descriptive statistics and basic qualitative content analysis for each research question using NVivo (QSR International, United Kingdom). For review question 1, a deductive approach to qualitative content analysis will be used, including extraction of the data for relevant items specified in the data extraction tool (sections 2 and 3), extraction of data as direct quotes from included articles, and review by the research team to ensure accurate and consistent mapping to the data extraction tool.³⁰ For review questions 2 and 3, an inductive approach will be used, including open coding to establish possible categories, development and review of a coding framework by the research team, extraction and organization of data relevant to the coding framework, and final review of the coding framework to ensure it reflects new understandings from the evidence and answers the review questions.³⁰ Frequency tables and narrative summaries will be used to present data for, and answer, each research question.

Acknowledgments

Shell Clarke and Courtney Moran, liaison librarians at the University of the Sunshine Coast, for assistance with developing the search strategy.

Author contributions

This protocol was conceptualized, written, and edited by all authors. TG is the project lead.

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Appendix I: Search strategy

Scopus

Search conducted: December 4, 2023

Search	Query	Records retrieved
1	TITLE-ABS-KEY ("needs assessment" OR "community health and wellbeing assessment" OR "community health and well-being assessment" OR "community health assessment" OR "population health assessment" OR "regional health assessment" OR "community assessment" OR "health needs and assets assessment" OR "community profil*" OR "community consultation" OR "community analysis" OR "social and environmental audit" OR "rapid appraisal" OR "situational analysis" OR "needs based approach" OR "needs-based approach" OR "asset based community assessment" OR "asset-based community assessment")	60,259
2	TITLE-ABS-KEY ("health promotion")	157,870
1 and 2	(TITLE-ABS-KEY ("needs assessment" OR "community health and wellbeing assessment" OR "community health and well-being assessment" OR "community health assessment" OR "population health assessment" OR "regional health assessment" OR "community assessment" OR "health needs and assets assessment" OR "community profil*" OR "community consultation" OR "community analysis" OR "social and environmental audit" OR "rapid appraisal" OR "situational analysis" OR "needs based approach" OR "needs-based approach" OR "asset based community assessment" OR "asset-based community assessment")) AND (TITLE-ABS-KEY ("health promotion"))	2433
Limit to	Article, review, editorial, conference paper (exclude note, letter, short survey, book chapter, book, erratum)	2319

Appendix II: Draft data extraction tool

SECTION 1: Evidence source details	
Author(s)	
Date	
Title	
Publication	
Type of literature	
Country	
Commissioning body	
Context (type of organization conducting the CHWA)	
Professional qualification(s) of staff member(s) who conducted CHWA (list if available)	
SECTION 2: Characteristics of CHWA	
2.1 Community engagement	
Engagement processes used	
Stakeholders engaged	
Component(s) of CHWA where stakeholders were engaged	
2.2 Establishing the scope of, and resources available for CHWA	
Scope of the CHWA	
Resourcing available to conduct CHWA	
Health promotion framework or model used	
Explicit identification of values and principles underpinning CHWA process	
Ethical approval	
Ethical considerations (eg, cultural, beneficence, non-maleficence, autonomy)	
2.3 Collecting primary and secondary data from primary and secondary sources	
Primary data sources	
Secondary data sources	
2.4 Analyzing the data	
Primary data analysis methods	
Secondary data analysis methods	
Data synthesis and triangulation methods	
2.5 Determining priorities	
Process used to identify priorities	

Equity considerations	
2.6 Additional characteristics	
SECTION 3: Data collected in CHWA	
3.1 Felt, expressed, normative, comparative assets, strengths, and needs	
Felt needs	
Expressed needs	
Normative needs	
Comparative needs	
Felt assets	
Expressed assets	
Normative assets	
Comparative assets	
Felt strengths	
Expressed strengths	
Normative strengths	
Comparative strengths	
3.2 Health and well-being status	
Physical health and well-being status	
Mental health and well-being status	
Social health and well-being status	
Cultural health and well-being status	
Spiritual health and well-being status	
3.3 Individual health and well-being determinants	
Biological factors	
Socio-economic factors	
Cognitive factors	
Affective factors	
Behavioral factors	
3.4 Environmental determinants	
Social environment determinants	
Cultural environment determinants	
Economic environment determinants	
Political environment determinants	
Built environment determinants	
Natural environment determinants	

Commercial determinants	
3.5 Additional data	
SECTION 4: Enablers of and barriers to CHWA	
Enablers of CHWA	
Barriers to CHWA	
Learnings or recommendations relevant to the review questions	

CHWA, community health and well-being assessment.