

as participating in clinical organizations and church life and reading the newspaper give the nurse "observations" of the community's life. Informant interviews and participant observation are good ways to generate information about community beliefs, norms, values, power and influence structures, and problem-solving processes. Such data can seldom be reported in numbers, so they are not often collected. Even worse, conclusions that are based on intuition and are unchecked are sometimes used to replace this type of data. Conclusions from direct data collection methods should be confirmed by those people providing the information.

Informant interviews with social workers and religious leaders can provide data that describe a community that has well-defined clusters of persons with similar problems, such as persons of low income, persons with concerns about adolescent pregnancy, and persons with worries about the health of babies. These data could be difficult to acquire without personal interviews.

Windshield surveys are the motorized equivalent of simple observation. They involve the collection of data that will

help define the community, the trends, stability, and changes that will affect the health of the community (Stanhope and Knollmueller, 2000).

**BRIEFLY NOTED** If you do a windshield survey as part of your community assessment, go two times—once during the day when people are at work and children are at school and a second time the evening after work is done and school is dismissed.

While driving a car or riding public transportation, the nurse can observe many dimensions of a community's life and environment through the windshield, such as the following:

- Common characteristics of people on the street
- Neighborhood gathering places
- The rhythm of community life
- Housing quality
- Geographic boundaries

Windshield surveys can be used by themselves for short and simple assessments. An example of a windshield survey is found in Table 12-3.

**TABLE 12-3 WINDSHIELD SURVEY GUIDELINES**

Each community has its own characteristics. These characteristics, along with demographic data, provide valuable information in understanding the population that lives within the community and the health status, strengths and limitations, risks, and vulnerabilities unique to the "population of interest." Once you have defined a "community of interest" to assess, a *windshield survey* is the equivalent of a community head-to-toe assessment. The best way to conduct a windshield survey is to have a designated driver and at least one other passenger to scan the outline and take notes. Having one pair of eyes on the road, you can benefit from having several other individuals noticing the unique characteristics of the community and a shared experience provides additional insight. As you analyze your findings, it may be necessary to make a second tour to fill in any blanks. Many of us take these characteristics for granted, but they provide a rich context for understanding communities and populations and have significant impact on the health status of the community in general. You will report your findings in practicum conference and use relevant findings in your Community Problem Analysis paper, so collect your findings and analysis in a useful format.

ELEMENTS	DESCRIPTION
Boundaries	What defines the boundary? Roads, water, railroads? Does the area have a name? A nickname?
Housing and zoning	What is the age of the houses? What kind of materials in the construction? Describe the housing, including space between houses, general appearance and condition, and presence of central heating, air conditioning, and modern plumbing.
Open space	Describe the amount, condition, use of open space. Is the space used? Safe? Attractive?
Commons	Where do people in the neighborhood congregate? Who congregates there and at what hours during the day?
Transportation	How do people get from one place to another? Is public transportation available? If so, what kind and how effective? How timely? Personal autos? Bikes, etc.?
Social service centers	Do you see evidence of recreation centers, parks, social services, offices of doctors and dentists, pharmacies?
Stores	Where do residents shop? How do they get to the shops? Do they have groceries or sources of fresh produce? Is this a "food desert"?
Street people and animals	Who do you see on the streets during the day? Besides the people, do you see animals? Are they loose or contained?
Condition of the area	Is the area well kept or is there evidence of trash or abandoned cars or houses? What kind of information is provided on the signs in the area?
Race and ethnicity	What is the race of the people you see? What do you see about indices of ethnicity? Places of worship, food stores, restaurants? Are signs in English or other languages? (If the latter, which ones?)
Religion	What indications do you see about the types of religion residents practice?
Health indicators	Do you see evidence of clinics, hospitals, mental illness, substance abuse?
Politics	What indicators do you see about politics? Posters, headquarters?
Media	Do you see indicators of what people read? If they watch television? Listen to the radio?
Business and industry	What type of business climate exists? Manufacturers? Light or heavy industry? Large employers? Small business owners? Retail? Hospitality industry? Military installation? Do people have to seek employment elsewhere?

Adapted from Mizrahi TM: School of Social Work, Virginia Commonwealth University, Richmond, VA, September 1992; Stanhope MS, Knollmueller RN: *Public and community health nurse's consultant: a health promotion guide*, St. Louis, 1997, Mosby.