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Social service needs assessment: A national review: Final report to Pinellas County Human Services

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Social Service Needs Assessments

A National Review

Final Report To Pinellas County Human Services

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SOUTH FLORIDA

Social Service Needs Assessments
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Executive Summary

Of the more than 40 needs assessments retrieved for this review, 28 were matched to criteria for quality, innovation, and applicability to Pinellas County's areas of interest. The scope of this review focuses on the goals, methods, and findings of these needs assessments. Most of the large assessments (in terms of not only volume but scope of inquiry, geographic dispersion, and comprehensiveness) contained implicit language concerning the "promotion of awareness," while the small-scale assessments explicitly described a more active and ongoing involvement of the findings. While most of the reports presented data summaries within their categories of interest, conclusions and recommendations based on the data are not prevalent. Most either stated or let their readers infer that their assessment was a snapshot view to be used for any purpose. In the absence of summative or instructive direction, indications of next steps or future directions are even less frequent.

Two of the needs assessments specifically addressed homelessness as their sole area of inquiry, while several others incorporated the issue among others or as a subcategory under quality of life, crisis emergency resources, or basic needs. One report found "significant differences between staff perceptions of why people enter shelters and the responses to this question given by homeless people" (Community Shelter Board, 1998). This is not an uncommon phenomenon, as described in the research literature (e.g., Darling et al., 2002).

While the methods, levels, and findings related to the investigation of health care issues are quite dissimilar in the reports, two utilize the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) to make data comparisons to the Healthy People 2000 or 2010 priority measures. This method is concerned with outcome-related findings that yield priorities, while the other assessments concentrate on opinion-based priority ranking.

Most of the reports that focus on mental health/substance abuse issues do so at the point of service delivery, as opposed to broad, structural or systemic investigations.

Only one report stands out because of how it examines and presents its findings: the 2002 Allen County community needs assessment. Key findings, along with trend data and highlighted disparities are presented for depression, suicide, stress, and substance abuse. Each are stratified along income levels, marriage/divorce status, and length of time, which is not found in any of the other assessments.

Due to basic needs being largely synthesized into other categories by most of the assessments (e.g., within safety, general economic need, transportation, or even support), an assessment that stands out in terms of quality or innovation was not found.

Tables are provided within the narrative of this report that contain the details (methods, levels of inquiry, process used, and location) of 16 assessments that are recommended for further review. Additional resources are also provided for needs assessment planning, methodology, implementation, and evaluation.

Introduction

Needs assessments, also called community profiles, needs and resources surveys, or similar designations, seek to inform those that have the ability to implement changes. A host of considerations enter into the design, collection, and analysis phases of these assessments. For example, the scope and level of inquiry are each balanced against the resources available (i.e., funding, time, and capacity).

The scope of an assessment may be broad, where community residents are asked what problems concern them in their community. Common themes then emerge to reveal, for example, that homelessness is the top concern for residents. Alternately, a more specific investigation would involve characteristics or lead-to factors related to the phenomena. For example, the pervasiveness of financial issues (e.g., unemployment, bad credit, low wages), physical issues (e.g., illness, injury, pregnancy), emotional issues (e.g., abuse or neglect in the home), or other issues, such as crime.

The level of inquiry—system, program, or practice—is also a major consideration. At the system (topmost administration) level, wide-scale impact is gained through controlling supply, demand, and funding. The program (specific service line) level involves management leverage, such as eligibility requirements, prevention, education, and coordination with other providers. Key informants are leaders involved at both of these levels. At the practice level where services are performed, experiential data are gained from clients.

There are several methods used for needs assessments. Carter and Beaulieu (1992) describe five common approaches for gathering information on the needs of community residents: 1) key informant approach, 2) public forums, 3) nominal group process technique, 4) Delphi technique, and 5) survey approach. There are advantages and disadvantages to each and resources largely determine the number of methods used. A combination of several techniques will usually provide a reasonable picture. Research has shown that it is important to collect information from general community members as well as providers and community leaders (Williams & Yanoshik, 2001).

Once major considerations such as these have been made and data have been collected and analyzed, they are either presented res ipsa loquitor (i.e., speak for themselves as a launching point for discussion and planning) or recommendations are given based on the findings.

Informed decision-making must then occur through a process involving: (1) agreeing on need priorities, (2) establishing feasibility, taking barriers into consideration, (3) developing action plans, (4) implementing these plans, (5) evaluating fidelity and the realization of these plans, and (6) ensuring that the process is continually revisited and undertaken. This strategic planning process framework (Witkin, 1995), along with tools and examples, are provided in the resources section that follows. It is suggested that all planned actions include a timeline for review and completion, in addition to a specific leader who will assume its responsibility—and accountability (Petersen & Alexander, 2001).

National Review

Social Service needs assessments conducted across the United States were identified for this review through a comprehensive, web-based search and from the Louis de la Parte Florida Mental Health Institute library; over 40 needs assessments were retrieved. Twenty-eight of these assessments were matched to criteria for quality, innovation, and applicability to Pinellas County's areas of interest. The scope of this review focuses on the goals, methods, and findings of these needs assessments.

The assessments represent 18 states and were conducted on both a large (state, region) and small (rural town) scale. All of the assessments included multiple methods of inquiry as summarized in the table below:

Table 1
Methods Used in Twenty-Eight Needs Assessments

Method	Number of Assessments that utilized this method
Mail Survey	16
Review of existing reports and data	14
Face to face interviews	12
Focus groups	12
Telephone survey	9
Community forum/ workshop/ town meeting	6
Web survey	1

Common goals among all of the assessments included simply learning more: learning more about the perceptions of the problems or barriers existing within the geographic regions; learning more about how individuals and families navigate through the social service system; and learning more about how existing or possible future resources can best serve the needs of these people.

In creating a document that captures these elements, community planning groups in the form of agencies, councils, commissions, committees, or a host of other entities comprising a small or large collective whole sought to organize the multiple issues and perspectives concerning their areas of need.

The next logical step—communication of findings—enabled this analysis to be conducted. Most of the large assessments (in terms of not only volume but scope of inquiry, geographic dispersion, and comprehensiveness) contained implicit language concerning the "promotion of awareness," while the small-scale assessments explicitly described a more active and ongoing involvement of the findings.

Nearly all of the assessments, with the exception of four cities, were conducted at the county level. From the twenty-eight assessments, fourteen are considered urban areas (i.e., contain a population per square mile above 200), thirteen are considered rural areas (i.e., contain a population per square mile below 200), and one consists of a rural/urban mix. Wide variability exists within these designations, with rural areas ranging between 2.0 to 164 and urban areas ranging between 214 to 2,990 people per square mile. Commensurate populations within these areas range from a minimum of 630 (Arnold City) to a maximum of 2,399,831 (Miami-Dade County). By comparison, Pinellas County contains a population of 926,146 (2003) with a population per square mile of 3,292.

Because many of the reports failed to detail their methodologies (i.e., the number of focus groups or forums are given without the number attending per group or in total; overlap between multiple methods is not discussed; and data reviewed from secondary sources are presented without enumeration), stratifying research methodology and comparing it to the rural versus urban areas cannot be quantitatively explained.

Overall, however, research methods to collect data within the larger urban areas were far more advanced (i.e., more statistically valid and reliable), which is most likely a testament to both the experience and available resources of these communities. While the need for smaller communities to have such stringency is arguable (meaning that their methods served their purposes), these communities were also less apt to triangulate their qualitative and quantitative data along the multiple perspectives from the system, program, and practice levels—the input of key leaders is much less frequent in rural assessments.

While most of the reports presented data summaries within their categories of interest, conclusions and recommendations based on the data are not prevalent. Most either stated or let their readers infer that their assessment was a snapshot view to be used for any purpose. In the absence of summative or instructive direction, indications of next steps or future directions are even less frequent.

Analyses of the assessments involving the four areas, or domains (i.e., homelessness, health care, mental health / substance abuse, and basic needs), are described below. Specific reviews are presented in the appendix.

Homelessness

Two of the needs assessments specifically addressed homelessness as their sole area of inquiry, while several others incorporated the issue among others or as a subcategory under quality of life, crisis emergency resources, or basic needs.

Homelessness as a concept is considered generally within the reports without delineation of the different types, such as acute, transitional, or chronic.

Each assessment reported a conscious inclusion of clients or former clients. These "experiential" data are vital to understanding the burdens that exist "off paper." One assessment utilized eight parents to collect research that was participatory as opposed to top-down (via consultant or service provider).

Descriptive, situational, and structural data are also important for understanding the context for which homeless conditions exist. The assessments attempt to provide this background by way of U.S. Census and provider-level data.

Key informants consisting of service providers and top administrators would ideally reflect the sentiments given by the clients, but this is not always the case. One report found "significant differences between staff perceptions of why people enter shelters and the responses to this question given by homeless people" (Community Shelter Board, 1998). This was the only comparative analysis found within all of the reports.

The difference in findings between the program and practice level is not surprising, as the "views of participants in a social system are the result of their divergent experiences" (Darling et al., 2002).

Future directions incorporating a dimension of time were found to exist in very few of the plans. Some included recommendations or an indication of short- or long-term actions to be taken, while most identified areas of priority for further discussion.

Overall, the 1998 needs assessment of Franklin County, Ohio is the best report to consider. It is not only organized logically and aesthetically, but includes the perspectives of all levels, triangulation of information (i.e., a synthesis of qualitative and quantitative data), and a forward focus.

The table below provides a selected overview of the methods, levels, and processes used to construct the studies involving homelessness.

Table 2
Homelessness Study Characteristics

Methods	Levels	Process	Location
Lit review; admin. data; 4 client focus groups; 219 client surveys; 160 providers; & 31 key leader interviews	System, program, & practice	Consultant utilized	Franklin County, OH (pop. 961,437)
Interviews with 32 families	Program & practice	8 parents ("peer researchers") given guidance	King County, WA (pop. 1,737,034)
Census & admin. data; 54 donor surveys; 66 client surveys; 58 provider surveys; & 527 community phone surveys	System, program, & practice	Internal	Upper Valley, NH (pop. 122,201)

Health Care

Health care incorporates a wide range of specific primary health concerns, from education and prevention to health status (e.g., disease state, injuries), exacerbating or ameliorating factors (e.g., health practices involving risk factors, disease transmission, rehabilitation), or contextual factors such as quality, cost, and access.

The Iron Triad model of healthcare (Sultz and Young, 2001), for example, is one health care model that describes the interdependencies between these contextual factors; changing one invariably affects the other two, which can necessitate trade-offs at the system, program, and practice levels.

Two of the reports utilize the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) as a template for assessing the expansive and somewhat overwhelming areas of health care. Data comparisons are made to the Healthy People 2000 or 2010 priority measures. While this method is concerned with outcome-related findings that yield priorities, other assessments concentrate on opinion-based priority ranking.

Many of the assessments follow a format that is largely open-ended. For example, focus group facilitators or surveys ask questions such as "What healthcare issues are important to the community?" Issues are prioritized from themes yielded from the frequency of responses. An alternate method is where respondents are asked to rank health care problems from a given list.

The methods, levels, and findings, as shown in the table below, are quite dissimilar. This variability is not surprising, since the assessments were funded by multiple organizations with equally multiple objectives.

Table 3
Health Care Study Characteristics

Methods	Levels	Process	Location
Consolidation of planning studies, needs assessments, published reports & 2 large-scale community surveys	System & practice	Internal	San Mateo County, CA (pop. 107,161)
Updated previous needs assessments from data gained from state agencies and the activities of providers	Program	Consultant utilized	Rochester, NH (pop. 28,461)
2,100 community interviews based on the CDC's BRFSS; & 1,000 community surveys	Practice	Consultant utilized	Boone County, MO (pop. 112,379)
58 key leader interviews; & 265 completed community surveys	Program & practice	Internal	Littleton, NH (pop. 114,854)
Census data; provider data; 4,821 adult telephone surveys; & 600 parent/caregiver & senior surveys	System & practice	Research firm utilized	Marin County, CA (pop. 247,289)

Mental Health / Substance Abuse

Mental health is primarily concerned with the consequences of the physical, logical, and emotional aspects of the human ethos; external, behavioral effects result from internal development. Although it is sometimes considered an aspect of health care, substance abuse is delimited within this category for the purposes of this analysis.

Most of the reports focused on the program and practice levels, which is an advantage considering the personal nature of mental health. The reports that investigated youth issues (e.g., substance abuse, delinquency) were keen to poll youth directly, which is not always the case. Many research activities involve parents or others that speak to these issues, resulting in ecologic fallacy (i.e., incorrectly ascribing group characteristics to individuals) (Gordis, 2000).

Most of the reports state that they sought the opinions of key leaders, yet these findings were either not highlighted or became incorporated into the narrative. For example, one report quotes "too many parents want to be the teen's friend and not his or her parent who sets rules," but the respondent is not identified.

Overall, the report that best examines and presents its investigation of mental health issues is the 2002 Allen County community needs assessment. Key findings, along with trend data and highlighted disparities, are presented for depression, suicide, stress, and substance abuse. Each are stratified along income levels, marriage/divorce status, and length of time. The table below provides a selected overview of the methods, levels, and processes used to construct the studies involving mental health and substance abuse issues.

Table 4
Mental Health / Substance Abuse Study Characteristics

Methods	Levels	Process	Location
Group discussion with 43 key leaders; 174 key leader surveys; 67 youth focus groups; a 25% response rate (unknown totals) for a community survey	System, program, & practice	Consultant utilized	Allen County, OH (pop. 108,473)
44 key stakeholder interviews; 7 provider surveys; 17 focus groups with key stakeholders	System, program & practice	Internal	Northern Kentucky, Kentucky (pop. 391,417)
Census and admin. data; 36 surveys returned that were sent to hospitals, providers, local leaders	Program & practice	Internal	Iredell, Surry, & Radkin Counties, NC (pop. 230,227)
10 community workshops with 100 participants; 324 surveys; analysis of measures most distant from Healthy People 2000 objectives; and a document review	Program & practice	Consultant utilized	New York State (pop. 169,661)

Basic Needs

It is important to note that "housing" is included within the context of this review, along with food, rent, and financing. The conscious distinction between homelessness and housing within basic needs is that homelessness describes a state of being, while housing is a structural consideration. Therefore, the reports that address housing can be subsumed by the homeless category where their authors either blend or do not make this distinction.

Most of the reports do not focus on such a base level. Instead, "basic needs," if identified as a term, sometimes includes topics such as safety (e.g., crime, abuse), general economic need (e.g., income, affordable child care), or even transportation. East Valley's report includes items such as utilities, clothing, and even support.

Due to basic needs being largely synthesized into other categories by most of the assessments, a specific recommendation cannot be made at this time. The Carbon County assessment, however, provides an illustrative framework for a nutrition/food category within its recommended community service strategies. Goals include associated objectives, strategies, responsibility for implementation, an expected completion date, and other service categories that may be impacted.

This strategic planning type of organization is helpful for evaluation purposes, although some items allow for broad flexibility. For example, "provide food to low-income people" corresponds to the responsibility of "local churches, private business, Carbon County, and local government," with a completion date of 2003-2008.

Table 5
Basic Needs Study Characteristics

Methods	Levels	Process	Location
4 public meetings with 10 attending per meeting; 244 senior citizen and public health client surveys; & 20+ provider interviews	System, program, & practice	Internal	Carbon County, WY (pop. 15,639)
Proprietary evaluation method involving 237 key informant interviews; & 25 community forms totaling 325 participants	System	Internal	Riverside County, CA (pop. 1,545,387)
8 preliminary focus groups; 6 community discussions; 154 structured interviews with parents and 14 with providers; & mapped resources	Program & practice	Consultant utilized	Providence, RI (pop. 173,618)
48 facilitated group interviews totaling over 500 participants; web-based survey yielding 300 participants; & 15 key informant interviews	Program & practice	Internal	East Valley, AZ (pop. 1,043,983)

Summary

From the discussion above and the in-depth description of sixteen of the assessments in the tables above, a number of observations can be made. The sixteen assessments used between one and four methods of data collection (e.g., mail survey, interviews, existing data) and the average number of methods used was 2.5.

Most of the assessments focused on program and practice levels (n=6) or system, program, and practice levels (n=5). Two sites focused on system and practice issues, while one site each focused solely on system, program, and practice.

Most of the sites (n=8) conducted the assessment internally, a large minority (n=6) hired a consultant to do the needs assessment, one site hired a research firm, and one site hired "peer researchers" and gave them guidance to conduct the assessment.

These characteristics can be compared to the 2004 Pinellas County Social Service Needs Assessment currently underway and described in the table below:

Table 6
2004 Pinellas County Social Service Needs Assessment

Methods	Levels	Process	Location
1500 mail surveys; 4 focus groups; 16 key informant interviews; 4 public forums; Administrative data & existing reports; Web-based survey & comment	System, program, & practice	Research Institute	Pinellas County, FL (pop. 921,482)

Resources

Below is a sample listing of resources providing guidance for framing the parameters, tools for collecting data, and methods for implementation and evaluation.

- *From Needs Assessment to Action: Transforming Needs into Solution Strategies* .James W. Altschuld and Belle Ruth Witkin, 2000. Thousand Oaks, California: Sage Publications, Inc.

This resource describes the phases of a needs assessment, data collection methods, setting priorities, and creating strategies and action plans for implementation. Case studies are also given to show how these elements interact.

- *Planning and Conducting Needs Assessments: A Practical Guide.* Belle Ruth Witkin and James W. Altschuld, 2000. Thousand Oaks, California: Sage Publications, Inc.

This resource contains an in-depth discussion of the techniques used to collect data for a needs assessment. Specific tools and methods are given, along with their rationale.

- *Turning Knowledge into Practice: a Manual for Behavioral Health Administrators and Practitioners About Understanding and Implementing Evidence-Based Practices.* Fall 2003. Retrieved June 18, 2004, from: http://www.openminds. com/indres/ebpmanual.htm

This report explains how evidence-based practices can be sought and implemented, as opposed to unproven theories and beliefs often prevalent in behavioral health programs. Considerations, specific examples, and selection criteria are discussed, in addition to sustaining and improving evidence-based efforts.

- *Needs Assessment in Public Health: A Practical Guide for Students and Professionals.* Donna J. Petersen and Greg R. Alexander, 2001. New York, New York: Kluwer Academic/Plenum Publishers.

This resource outlines the stages of the needs assessment process, discusses sources of data, provides guidance for the communication of findings, the selection and use of indicators, and next-step efforts such as advocacy and coalition building.

- *Designing and Managing Programs: An Effectiveness-Based Approach. 2nd ed.* Peter M. Kettner, Robert M. Moroney, and Lawrence L. Martin, 1999. Thousand Oaks, California: Sage Publications, Inc.

This resource focuses on considerations for the planning process, goals and objectives for social service programs, and cost and value calculations for interventions.

In addition to these handbook-based resources, guidance for needs assessment planning, methodology, implementation, and evaluation are available through the Internet. A sample listing is provided below:

- *Guide to Conducting a Community Needs Assessment.* Utah State University Extension. America's Promise. Retrieved June 21, 2004 from: http://www.americaspromise.org/Files/GetInvolved/NeedsAssessmentGuide.pdf

- *Community Needs Assessment Survey Guide.* Utah State University Extension. Retrieved June 21, 2004 from: http://extension.usu.edu/files/survey/survey.htm

- *Coping With Growth: Community Needs Assessment Techniques.* Utah State University Extension. Retrieved June 21, 2004 from: http://www.extension.usu.edu/wrdc/resources/coping/wrep44.htm

- Tailoring a Program to Your Community Through Needs Assessment. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Retrieved June 21, 2004 from: http://aspe.hhs.gov/hsp/get-organized99/ch12.pdf

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Appendix A
Summary Descriptions of Needs Assessments

Health and Human Services Needs Assessment
Boone County, Missouri; population of 112,379
June, 1999

The Boone County Health and Human Services Department, with funding from several agencies (including the local Chamber of Commerce, United Way, et al.) undertook this needs assessment to:

Goals. (1) Increase awareness of public perceptions and behaviors regarding health and human services, (2) document findings used to reformulate and prioritize issues, and (3) inform the development of health and human services programs and plans. Additionally, participating organizations are said to be able to reorganize, prioritize, and make action plans based on the findings. The structure of the report (i.e., issues, associated indicators, and data collection design) was presented, reviewed, and approved at public meetings. External consultants were utilized for the project's research methodology.

Research Methods. Research methods included existing U.S. Census and provider data, in addition to two stratified random telephone surveys. The first survey involved 2,100 interviews based on the Centers for Disease Control and Prevention's Behavioral Risk Factors Surveillance System (BRFSS). Respondents were asked about their health status, health-related practices, and access to health care. Those with children were asked about health care access for their children, child care, and school attendance.

The second survey is a version based on a 1994 needs assessment, and involved 1,000 participants asked to rate a list of 40 problems. For each item, they were asked to rate the seriousness of the problem within their neighborhood and their city/town.

Findings. Data summaries are provided for each category. The report states that "no single set of all-encompassing issues or priorities for Boone County is envisioned." Recommendations, conclusions, or specific indications of next steps or future directions are not provided.

Analysis. This needs assessment is very large and addresses a wide range of issues. Its focus is on the practice (service provision) level.

Boone County Health and Human Services Department Community Steering Committee (1999). *Health and Human Services Needs Assessment: Final Narrative Report and Summary Tables.* Boone County, MO: 276. Retrieved May 14, 2004 from: ftp://www.oseda.missouri.edu/pub/Booneco/final1.pdf

Community Needs Assessment Survey
Arnold, Nebraska; population of 630
April, 2002

This needs assessment was produced by a research firm and funded by the small community of Arnold, NE. A committee of community citizens worked on the questions from a template for inclusion on a questionnaire. The report includes seven areas of interest: (1) community (e.g., involvement) (2) education, (3) a community center, (4) business and economic development, (5) day care, (6) housing, and (7) demographics.

Goals. No goals are explicitly stated.

Research Methods. Within city limits were 287 occupied households, with rural area vacancy rates not established. A total of 237 (a response rate of nearly 83%) surveys were returned. In the rural areas, 136 surveys were delivered and 67 were returned (a 49% response rate).

Findings. Data summaries are provided for each of the seven areas of interest. Bulleted strengths and challenges are provided in a conclusion section. Recommendations and specific indications of next steps or future directions are not provided.

Analysis. Of interest in this report are the questions centered on barriers, interests, and intentions regarding low-income housing and its alternatives. A conclusion section highlights the main strengths and challenges for the community.

Center for Rural Research & Development (2002). *Community Needs Assessment Survey.* Arnold, NE: 22. Retrieved May 10, 2004 from: http://www.unk.edu/acad/crrd/pdf_files/arnoldcnas.pdf

Comprehensive Needs Assessment of Children and their Families
Charlottesville/Albermarle Virginia; population of 45,049
July, 2003

The Charlottesville/Albermarle Commission on Children and Families, a jointly appointed 22-member planning body consisting of 12 work groups, created a Needs Assessment Work Group to conduct a comprehensive study of the needs of local children and families, with a focus on developing recommendations for local policies and investments. External consultants were utilized for the project's design, research methodology, and compilation.

Goals. Goals for the project included: (1) to understand how families function and how they obtain resources to raise healthy children and manage obstacles, (2) to examine the utilization of and access to resources based on specific criteria such as eligibility, accessibility, information available, family capacity, prior experience, race, income level, and level of public trust, (3) to develop a baseline understanding of children's and families' needs and resources to be regularly reviewed, and (4) to establish priority areas of need and to create a specific plan to address them.

Research Methods. Research methods were conducted in two phases: (I) a comprehensive survey and (II) focus groups to clarify and expand the survey findings. Phase I consisted of a telephone survey with a representative sample of 847 households (3,253 individuals) that had children under 18. The focus groups in Phase II alternately consisted of over 70 parents, youth, educators, and medical professionals, and focused on access to information and services, youth involvement in productive activities, and barriers to meeting needs.

Findings. Local and national research (e.g., U.S. Departments of Education and Justice reports, the Youth Risk Behavior Survey) were incorporated into the primary research findings. Within each topical area, the rationale and intentions of the Needs Assessment Work Group, followed by the findings and an analysis of its implications, are given.

The assessment's conclusion states that results will be shared with the community, policy recommendations will be created for the Charlottesville/ Albermarle Commission on Children and Families, and the Commission will then produce a plan to address "priority needs with projected results that can be measured when the needs assessment process is repeated. . ."

Analysis. While this needs assessment is focused primarily on the practice (service provision) level, inclusion of the rationale, intentions, and implications of the data inform the program (management) level. Although the Commission on Children and Families planning body is made up of representatives at the system (administrative) level that sought to create the report, an analysis of the member's roles in making changes based on its findings is not provided.

Charlottesville/Albermarle (2003). *Comprehensive Needs Assessment of Charlottesville/ Albermarle Children and their Families.* Charlottesville, VA: 37. Retrieved May 7, 2004 from: http://www.ccfinfo.org/NewPages/pr_needsassess_2003.html

Assessment of Community Needs and Resources
Colusa County, California; population of 18,804
June, 2000

The Colusa County Children and Families Commission is the product of the California legislative "Children and Families First" initiative, Proposition 10. Funded by a cigarette and tobacco tax, the Commission was tasked with "evaluating the current and projected needs of young children and their families, and developing a strategic plan. . ." A consulting company was hired to create the report.

Goal. The goal for the project was to provide information needed by the Commission to create a strategic plan.

Research Methods. Data were collected in three phases: (I) a document review of other local reports, studies, surveys, community forums, and other information-gathering activities (U.S. Census data are blended into these); (II) five community forums ("town meetings," where 53 people attended) to obtain the opinions of the community regarding primary needs of young children and families with young children and the extent that those needs are being met; and (III) two surveys.

One survey was to parents regarding the needs of young children and families, knowledge of services, barriers to accessing services, and desired changes to services. 59 of these surveys were returned from an unknown amount sent. The second survey targeted service providers regarding available resources, primary needs of families and young children within topical areas (health care, child care, early childhood development, parenting, and other), and strengths of the existing system. 261 of these surveys were sent and 42 were received, yielding a 16% response rate.

Findings. Data summaries are provided for each category. The report states that "no attempt has been made to prioritize the various issues." Thus, recommendations and conclusions are not provided. The creation of a strategic plan, however, is indicated.

Analysis. The report relies heavily on data collected from other reports, which may have been a result of conscious planning or a result of the low response rates. Gaps, informed from "all of the information gathered about community needs and available resources" are separated into the practice level (availability or functioning of individual services) and the system level.

Colusa County Children and Families Commission (2000). *Assessment of Community Needs and Resources.* Colusa County, CA: 53. Retrieved May 14, 2004 from: http://www.ccfc.ca.gov/colusa/files/Colusa%20Needs%20and%20Assets%20Assessment.pdf

Community Needs Assessment
Allen County, Ohio; population of 108,473
December, 2002

The Community Needs Assessment Steering Committee, consisting of public and private sector community leaders and well-funded by Ohio State University, United Way, and others compiled a needs assessment specifically interested in homelessness. External consultants were utilized for the project's design, research methodology, and compilation.

Goals. Goals for the project included: (1) identifying the community issues (e.g., drug abuse, crime, unemployment), mental health issues (e.g., stress and anxiety, substance abuse), and physical health issues (e.g., smoking, disease, health insurance) and (2) measuring the progress made on these issues from previous assessments.

Research Methods. Research methods included a key leader survey, youth focus group discussions, and a countywide community mail survey. Key community leaders participated through a paper survey and in nominal group discussions concerning health, service, and community issues. Of 120 key leaders who were invited, 43 attended an event to discuss these issues. Additionally, 174 surveys from an unknown total were returned via agency and community meeting disseminations.

67 youth met in six focus groups to discuss health, social, and community needs and services specifically involving their age category. The groups were located at after-school programs, community centers, and local high schools.

A random sample of households received a mail questionnaire asking about county health, social, and service needs, along with specific personal and familial health information and risk factors. The response rate was 25% from an unknown return rate and total. Local agency and census data were utilized for purposes of comparison.

Findings. Within the executive summary the report states that solutions to problems or issues are not identified, and that the report provides only a "picture." However, in addition to key findings highlighting determined problem areas, trends are used to illustrate change over time.

Data summaries of these key findings and trends, along with disparities, goals, and graphics are provided within the categories. Recommendations, conclusions, or specific indications of next steps or future directions are not provided.

Analysis. This needs assessment is comprehensive, evidenced by the conscious inclusion of the system (administrative), program (management), and practice (service provision) levels. The quantitative and qualitative data are presented in a logical and easy-to-read format.

Community Needs Assessment Steering Committee (2002). *The Allen County Community Needs Assessment.* Allen County, OH: 107. Retrieved May 7, 2004 from: http://www. unitedwaylima.org/ACCNA02.pdf

Comprehensive Community Needs Assessment
Franklin County, Ohio; population of 961,437
January, 1998

The Community Shelter Board (CSB), consisting of community leaders and funded by Franklin County, Ohio, hospitals, and charitable foundations, compiled a needs assessment specifically interested in homelessness. External consultants were utilized for the project's design, research methodology, and compilation.

Goals. Goals for the project included: (1) enhancing the continuum of care for men, women, and families, (2) designing programs to meet the self-defined needs of target populations, and (3) enhancing collaboration among service providers.

Research Methods. Research methods included a review of current literature on homelessness, an analysis of the CSB's historical database of local shelter users, and original data collection. Four instruments were used to collect data: (1) surveys of 219 shelter customers, created from emergent themes and issues from four focus groups with shelter residents, (2) surveys of shelter provider staff (116 returned/215 mailed, yielding a 54% return rate), (3) surveys of non-shelter service provider agencies (44 returned/78 mailed, yielding a 56% return rate), and (4) one-on-one interviews with 31 key community leaders.

Shelter customer survey responses are blended into the community context, profile of homelessness, and sub-population needs sections. Survey questions focused on their state-of-being and intentions, along with situational issues and reasons for their homelessness.

Both shelter and non-shelter staff was asked to rate the importance and adequacy of various services provided by emergency shelters in the community, and were asked to select the top five reasons why such assistance is sought. Interestingly, there were significant differences between homeless people and staff concerning why assistance is sought.

Community leaders were asked questions about their perception of the extent of homelessness and the adequacy of the community response to it, the CSB's roles, and public awareness of homelessness. Both short- and long-term needs were built into the assessment of the community response.

Findings. Data summaries are provided for each section. A "Strategies and Actions" section begins with basic principles and continues with specific actions to 'strengthen the continuum of care." A strategic action plan is then presented with a vision, mission, primary goals, organizational methods, list of collaborators, and seven goals.

Analysis. This needs assessment is comprehensive, evidenced by the conscious inclusion of the system (administrative), program (management), and practice (service provision) levels. Additionally, strengths, areas for improvement, future issues, and recommendations are provided as part of the report's analysis.

Community Shelter Board (1998). *Comprehensive Community Needs Assessment: A Community Approach to Understanding and Meeting the Needs of Persons who are Homeless.* Franklin County, OH: 75. Retrieved May 4, 2004 from: http://www.csb.org/Publications/NeedsAssessment.PDF

Crossroads Behavioral Healthcare: Needs Assessment
Iredell, Surry, and Yadkin Counties, North Carolina; population of 230,227
August, 2002

The Area Board and Leadership team of Crossroads Behavioral Healthcare (CBH; a major area service provider, where 11,683 people received services during FY 2000-2001) conducted this needs assessment as an update to strategic planning activities in 1998 and 2000.

Goals. Goals for the project included: (1) to enhance consumer and family participation in the planning and execution of the needs assessment, (2) to identify needs across all age and disability groups that are common across the CBH catchment area and unique within each community, (3) to educate the community, (4) to gain information about service needs, gaps, and priorities, and (5) to ensure the CBH business plan reflects and supports documented community needs and priorities.

Research Methods. 46 surveys were sent to hospitals, public organizations, providers, and local leaders that asked: (1) What are the key unmet service needs? and (2) What service or system improvements could we offer to better meet unmet needs? 36 of these surveys were returned. U.S. Census and administrative data are used to present descriptive statistics, such as prevalence in the counties.

Findings. Data summaries are provided for each section. Recommendations or specific indications of next steps or future directions are not provided, while a conclusion speaks to an overall sense of the regional consumption of resources.

Analysis. While a survey was undertaken, statistical data make up of the bulk of the report. The introduction to the needs assessment provides a laundry list of the extensive participatory involvement in the community (e.g., participated in a forum of school principles, participation in forums, etc.), although findings are not organized within the report. The impression is that the needs assessment is instead an annual report.

Crossroads Behavioral Healthcare (2002). *Needs Assessment.* Iredell, Surry, and Yadkin Counties, NC: 29. Retrieved May 14, 2004 from: http://www. crossroadsbhc.org/NeedsAssessment_August%202002.pdf

Cumberland County Partnership for Children:
Community Needs Assessment
Cumberland County, North Carolina; population of 274,566
March, 1999

The Cumberland County Partnership for Children is a non-profit involved in a state initiative called Start Smart, a "public-private partnership established to improve education, health care, and other crucial services for children less than six years of age." A research firm was utilized for the project's design, research methodology, and compilation.

Goals. Goals for the project included determining how best to target programs and to identify possible gaps in services (e.g., social services, child care subsidies, education and training programs).

Research Methods. Research methods included face-to-face interviews with 500 families and focus group discussions with 198 participants. The geographic areas of interest included Cumberland County, the City of Fayetteville and Ft. Bragg and Pope military bases. As a result, many parents interviewed were either employed by the military or had connections with the military through family members. Separate focus groups were held for childcare providers, public school teachers, pediatricians, and parents. The criterion for inclusion for parents was that they have at least one child less than six years of age living in the home.

Findings. Data summaries and conclusions are provided for each category, and an overall summary of findings is presented within the assessment's executive summary. Recommendations are given as part of its analysis, yet specific indications of next steps or future directions are not provided.

Analysis. This needs assessment describes the program (management), and practice (service provision) levels, as evidenced by the conscious inclusion of parents and local professionals.

Cumberland County Partnership for Children (1999). *Cumberland County Partnership for Children: Community Needs Assessment.* Cumberland County, NC: Multiple sections located on web site. Retrieved May 10, 2004 from: http://www.ccpfc.org/CNA/FinalReport/new_final_Can.pdf and http://www.ccpfc.org/CNA/FocusGroup/focus_group_report.asp

Building Blocks for the Future
East Valley, AZ; population of 1,043,983
2003

The East Valley communities of Chandler, Gilbert, Mesa, Scottsdale, and Tempe collaborated to produce this needs assessment. Each wanted to "develop a cost-effective assessment that provided a base of understanding about human services in their area." Consultants were utilized for research design and synthesis.

Goals. Goals for the project included: (1) to facilitate community dialogue and a deliberation process to assess/address human and social needs within the context of declining federal, state, and local resources, and (2) to provide information for community leaders to improve and stabilize human services while addressing growing populations and emerging needs.

Research Methods. Research methods included 48 structured facilitated focus groups (over 500 total participants), where each community identified and involved individuals, groups, and organizations to participate. Each community made public appeals for involvement through several articles in the local newspapers. Seven core questions were asked of each community: (1) Who is in the greatest social and economic need? (2) What are their needs? (3) Where are the people in need located within our community? (4) What were we doing well? What types of help are they getting? (5) What is missing? What do we need to do better? (6) What are the priorities that should be addressed? and (7) What one thing would you change about the current human services delivery system in your community if you could? For the overall East Valley region, U.S. Census data were used to display demographic data.

Two of the communities conducted a web-based survey that yielded 300 participants. Additionally, Mesa conducted 15 key informant interviews with community leaders.

Findings. Narrative data summaries are provided for each region. Recommendations, conclusions, or specific indications of next steps or future directions are not provided.

Analysis. While this needs assessment was not conducted to gain statistical validity or reliability, the findings raised issues that the communities could use to conduct further analyses.

East Valley Communities (2003). *Building Blocks for the Future: East Valley Needs Assessment.* East Valley, AZ: 64. Retrieved May 10, 2004 from: http://www. chandleraz.gov/PDF_Upload/east-valley-needs-assesment-final.pdf

Needs Assessment of Residents
Lee County, Florida; population of 492,210
2003

The Lee County government employed consultants to ascertain the needs and utilization of County services within specific neighborhoods.

Goal. The Goal for the project was to gain more detailed information to better serve the citizens of the county.

Research Methods. Research methods included (1) U.S. Census data of population characteristics, (2) 376 personal interviews in seven Lee County neighborhoods, (3) a telephone survey of 400 households within the county, and (4) seven focus groups.

The report states that the personal interviews were conducted door-to-door by a team of trained interviewers. The purpose of this approach is explained as being "effective in low-income neighborhoods in which the respondents may be difficult to contact by telephone." The telephone survey sample was alternately conducted via random-digit dialing.

Findings. Findings for the telephone and door-to-door interviews are tabulated and presented according to the categories of interest: (1) general satisfaction with services from lee County, (2) jobs in Lee County, (3) housing in Lee County, (4) neighborhood improvement, (5) Lee County transportation services, (6) health care, (7) child care services, (8) services for senior citizens, (9) social services, and (10) most important needs for lee county residents. Themes from the focus groups are presented in five sections: (1) neighborhood background, (2) youth, drugs, and crime, (3) family and community capacity for problem solving, and (4) general community needs. A conclusion section for the focus group report synthesized these findings.

Recommendations or specific indications of next steps or future directions are not provided.

Analysis. This needs assessment focused solely on the practice level, gaining information from community residents via several methods. This experiential data is presented alongside the U.S. Census data and comparisons of responses from previous questionnaires are provided. Analyses of program level service utilization or system level findings are not provided.

Florida Survey Research Center (2003). *Needs Assessment of Residents: Lee County Neighborhoods.* Retrieved via email June 14, 2004.

Community Needs Assessment
Frederick County, Maryland; population of 150,208
September, 1999

This needs assessment was produced by the Frederick County Office for Children and Families local management board.

Goals. The goals for the project included: (1) to identify issues of concern regarding children and families and (2) to document strengths within the community.

Research Methods. Research methodology included three phases: Phase I involved a telephone survey conducted by the United Way (not included in the report); Phase II involved 12 broad questions to 51 key informant interviews (professionals, consumers, community members and elected officials identified by the subcommittee); and Phase III involved 10 broad questions to focus group participants.

Findings. Data summaries are provided for each question. A conclusion section provides a summary overview without recommendations. The report states that the information gathered will be used to develop and implement a five-year plan.

Analysis. Qualitative in nature, this needs assessment sought to capture emergent theme data from both the general and professional communities.

Frederick County Office for Children and Families (1999). *Community Needs Assessment.* Frederick County, MD: 28. Retrieved May 10, 2004 from: http://www.co.frederick. md.us/OCF/pdf_files/needsas.pdf

Community Needs Assessment
Rochester, New Hampshire; population of 28,461
2003

The Community Needs Assessment Working Group, a task force consisting of non-profit health care providers and consumer advocate groups serving the Greater Rochester area (with the assistance of a consultant), compiled a community assessment of: access to health care services, awareness of services, dental health, and alcohol/drugs/tobacco.

Goals. Goals for the project included: (1) to update the community needs assessments completed by Frisbie Memorial Hospital in 1995 and 2000, (2) to document health care needs of the residents of the Frisbie Hospital Service area, and (3) to determine how all participating agencies will prioritize their resources.

Research Methods. Findings from "recent external reports" from a variety of agencies (e.g., State Department of Education) and various activities of the task force (e.g., two focus groups of 12 individuals, administration of 15 surveys) were used to update the information from previous needs assessments.

Findings. Data summaries are provided for each section. A Conclusions and Recommendations section compares previous efforts to realized gains. General recommendations concerning the assessment's topical areas are provided without specific actions or a time consideration.

Analysis. This needs assessment included a quantitative and qualitative update with a column-to-column run-down of objectives alongside activities performed (e.g., Collaborative Objective: to expand services to include medically-supervised detoxification services for uninsured clients; Outcome: Provided social detoxification services on 91 occasions in nine months). Broad, general recommendations are provided that may have lent to internal discussion.

Frisbie Memorial Hospital (2003). Rochester Healthcare Service Area Community Needs Assessment 2003. Rochester, NH: 57. Retrieved May 7, 2004 from: http://www. frisbiehospital.com/assets/pdf/Community_Needs_Assessment_2003.pdf

Community Assessment
San Mateo County, California; population of 707,161
2001

The Healthy Community Collaborative of San Mateo County, consisting of "a group of San Mateo County organizations interested in the community's health," compiled a community assessment of indicators related to quality of life (e.g., housing, child care, education, and employment) and physical health (e.g., disease rates, injuries, substance abuse, and mental health).

Goals. Goals for the project included: (1) producing an assessment to be used for strategic planning of community programs and as a guideline for policy and advocacy efforts, and (2) to promote collaborative efforts in the community and develop collaborative projects based on the data, community input, and group consensus.

Research Methods. Research methods were conducted in two phases: (I) collecting existing data and then (II) collecting primary data. Phase I involved consolidating numerous, recent planning studies, needs assessments and published reports developed by various organizations for San Mateo County. Key findings, vital statistics, and unpublished, raw data from county, state, and national agencies were compiled.

Phase II involved two telephone surveys of quality of life and behavioral risks, each conducted with a random sample of adults within the county. The quality of life survey (1,411 respondents) involved housing, social capital, child care, transportation, education, et al., while the behavioral risk survey (1,453 respondents and based on the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System) involved smoking, physical inactivity, high blood pressure, overweight prevalence, cancer screenings, access to medical care, et al.

Data comparisons are made to benchmark data from neighboring Santa Clara County (a "peer" comparison), state-level data, Year 2010 objectives (i.e., Healthy People 2010), and California Department of Health Services directives.

A focused survey instrument was additionally administered to 400 random adults within the County on February 2002 to analyze changes that may have occurred in the selected survey indicators after September 11 (e.g., perceptions of the economy, mental health, relationships and support, et al.).

Findings. Data summaries are provided for each category. While the document is "designed to serve as a tool for guiding policy and planning efforts, and the information provided. . .should be used to formulate strategies to improve [the County's] quality of life," recommendations, conclusions, or specific indications of next steps or future directions are not provided.

Analysis. This needs assessment includes system (administrative) and practice (service provision) level analyses, but does not contain a program (management) level inquiry. Figures, tables, and footnote references provide a highly organized format, and key findings are used to highlight areas of importance.

Healthy Community Collaborative of San Mateo County (2002). 2001 Community Needs Assessment: *Health and Quality of Life in San Mateo County.* San Mateo County, CA: 337. Retrieved May 7, 2004 from: http://www.plsinfo.org/healthysmc/pdf/CommNeedsAssess2001final.pdf

2001 Community Needs Assessment
Marin County, California; population of 247,289
December 2001

The Healthy Marin Partnership, consisting of community leaders from the public and private sectors and well-funded by Marin County, California, local hospitals, and charitable foundations, compiled a needs assessment specifically interested in a comprehensive view of the quality of life in Marin County. A research company was utilized to collect and evaluate data. The assessment of quality of life is composed of nearly 100 indicators within six main areas: the economy, education, health, public safety, and the social and natural environments.

Goals. Goals for the project included: (1) to raise public awareness of human needs, changing trends, emerging issues, and community problems, (2) to provide information on an ongoing basis to those planning and funding human services, (3) to provide information for individual institutions and agencies to guide decision-making about program creation, management, and redesign, (4) to establish community goals, and (5) to develop and support collaborative action plans to achieve the community goals.

Research Methods. Research methods included gathering primary (public opinion) and secondary (agency) data. Primary data collection included an adult telephone survey of 4,821 respondents, a parent (or primary caregiver) follow-up survey of 600 respondents gleaned from households in the original survey found to have children, and a senior follow-up survey consisting also composed of 600 respondents. Secondary data were gathered from local agencies and the U.S. Census.

Findings. Data summaries are provided for each category. Recommendations, conclusions, or specific indications of next steps or future directions are not provided.

Analysis. This needs assessment is very comprehensive. The level of inquiry is at both the system (administrative) and practice (service provision) levels. A program (management) level analysis is not included in this report.

Interestingly, through the assessment process researchers found that areas of best practice included: the use of technical advisory committees for research areas, the use of quality of life indicators, and the inclusion of community opinion data.

Healthy Marin Partnership (2001). *Marin County 2001 Community Needs Assessment.* Marin County, CA: 216. Retrieved May 7, 2004 from: http://www.healthymarin. org/MCCA/mcca.pdf

Homeless Child Care Needs Assessment
King County, Washington; population of 1,737,034
February, 2000

The King County Child Care Program, under the aegis of the Human Services Department, recruited a group of eight parents ("peer researchers") for the purpose of conducting a participatory-action research project. It should be noted that significant guidance was provided to the "peer researcher" group.

Goals. Goals for the project included: (1) understanding the child care needs and experiences of homeless families and families in transition to permanent housing within King County, and (2) to make recommendations for action to ensure all families can provide their children with quality child care.

Research Methods. The research group interviewed 32 families by circulating flyers and contacting homeless-specific organizations and personal contacts. The interviews focused on five main questions: (1) During the times of homelessness, who did the parent use for child care? (2) Which specific services did the parent use to find or pay for child care? (3) Describe the parent's experiences with specific child care services/providers (4) How did the parent define 'ideal child care' for their family? and (5) What recommendations would the parent make to improve child care services for families who are homeless?

Findings. Narrative data summaries are provided for each topical area. A Findings Synopsis provides a model of where bottlenecks occur, along with recommendations. These recommendations are then expanded in a Solution Suggestions section later in the report. Conclusions are incorporated within the assessment's narrative, yet specific indications of next steps or future directions are not provided.

Analysis. This needs assessment provides an alternative method of gaining qualitative information at the experiential level. Quantitative data were blended into the context or background section of the report, which was gained from program sources.

Homeless Child Care Needs Assessment Task Force (2000). *Homeless Child Care Needs Assessment.* King County, WA: 27. Retrieved May 14, 2004 from: http://www.metrokc.gov/dchs/csd/ChildCare/HomelessChildCare.pdf

Needs and Asset Assessment
Delaware County, Pennsylvania; population of 550,864
June, 2000

This needs assessment is a joint project, commissioned by the United Way of Delaware County, Division of Family and Children's Services, and several foundations. An external consultant was utilized for the project's research methodology.

Goals. While the project's goals are not explicitly stated, it is stated within the introduction that the report "should help [all involved to] get a better idea of the needs, assets, and challenges faced by members of the Delaware County Community."

Research Methods. Research methods included existing census and provider data, in addition to key informant, community household, and service provider surveys. 155 Community leaders, government officials, volunteers, agency executives, and service recipients were included in the key informant survey. A random sample of Delaware County households yielded 263 completed telephone surveys concerning problems in the household and neighborhood. Of 136 surveys sent to service providers, 65 were returned. Questions were asked about the types of services provided, their number of clients, hours of service, and waiting lists. Additionally, six focus groups were conducted with service providers, community members, and volunteers on barriers to services, community assets, and how to use assets to overcome barriers.

Comparisons to a 1992 survey were made, along with service map grids and percentages along stratified responses.

Findings. Data are tabulated and presented for each section. Recommendations, conclusions, or specific indications of next steps or future directions are not provided. While there are tables that compare barriers with their associated assets and solutions, there is no narrative description explaining the listed items.

Analysis. The lack of page numbers and a detailed table of contents make for a difficult read of this document. The degree of change (measured in percent) is shown in tables (e.g., language barriers identified as a barrier is indicated by 18% in 1992, 22% in 1997, and 26% in 2000), and many, if not most, elements have risen. Such changes across the strata beg for analyses of what had been done to address the issues and barriers. This next level or lead-to analysis is not found within the context of the report.

LifeStream Services, Inc. (2000). *Community Needs and Asset Assessment.* Delaware County, PA: [Unknown page numbers]. Retrieved May 14, 2004 from: http://www.delawarehealth.org/

Needs Assessment for the Children's Trust
Miami-Dade County, Florida; population of 2,399,831
July, 2003

Citizens of Miami-Dade County established the Children's Trust, which has the authority to (1) fund improvements to children's health, safety, and development, (2) promote parental and community responsibility for children, and (3) levy an annual tax. Trust members hired consultants to conduct a needs assessment specifically focused on children in the county.

Goals. Goals for the project were to: (1) Prioritize geographic areas with demographic characteristics supporting the expansion of Head Start and Early Head Start facilities and programs, (2) collect research to gather recommendations for prioritizing future actions (3) construct a trend analysis of selected indicators of child well-being, (4) and prepare a funding report.

Research Methods. Research methods included (1) analyzing data from administrative data files, such as current sites (site name, address, provided services, capacity, et al.), U.S. Census data of population characteristics, and asset-related information, (2) three focus groups including parents and other primary caregivers addressing early care and education, parenting skill building, youth development and adolescent risk prevention, and maternal, infant, and child health, (3) key informant interviews with 60 community leaders, practitioners, and leaders, and (4) a telephone survey of 1,574 parents and other primary caregivers centered on 3 main questions: (I) the most critical needs of children, (II) services or resources needed for parents and other care givers, and (III) ways in which the community could better support children and families. The trend analysis was constructed from state and county level data.

Findings. The final report was sectioned into five main areas: cross-cutting systems support, early child development, health, family support, and youth development. Each section details issues and possible strategies that had already been under consideration by the Trust (i.e., the status quo of previous efforts), in addition to summary recommendations.

Analysis. This needs assessment is comprehensive, including perspectives from the system, program, and practice levels. The most innovative practice within the report is the presentation of the status of efforts previously considered. The summary recommendations are also specific and create direction.

Miami-Dade County Children's Trust (2003). *Needs Assessment for the Children's Trust of Miami-Dade County: Summary of Findings and Recommendations.* Retrieved June 27, 2004 from: http://www.thechildrenstrust.org/2003Needs.asp

Tri-County Community Health Assessment
Clinton, Essex, and Franklin Counties, New York; population of 169,661
1998

The New York State Community Health Partnership undertook a wide-ranging study of service integration, access, and indicators related to primary care, prevention and treatment of disease, injury prevention, healthy births, mental health, and substance abuse. The Tri-County Community Health Assessment is a sub-study within the major report. External consultants were utilized for the project's design, research methodology, and compilation.

Goals. Goals for the project included: (1) identifying what mattered to local residents about their health, (2) to highlight their concerns about health issues and problems in their communities, (3) to provide a regional overview of the current status of various health issues identified as statewide priorities by the New York State Department of Health, and (4) to create a working document for developing partnerships and strategies to address the priority community health issues.

Research Methods. Research methods included four sets of information: (1) ten community health priority workshops with 100 participants to identify top health priorities, (2) a survey to identify top health priorities (324 respondents), (3) the tri-county health measures most distant from the Healthy People 2000 objectives (44 objectives were compared), and (4) a review of the 1996 United Way Clinton County needs assessment survey of 514 households.

Findings. Data summaries are provided for each category. Next steps are provided for the sate, community, and regional levels. Recommendations are incorporated within these next steps.

Analysis. A notable statement made within the report is that the intent of the study was not to prescribe treatment to "fix" the area's problems, but rather to "stimulate interest among individuals, organizations, schools, businesses, the media. . .to develop collaborative partnerships as a strategy to address the priority health issues." Interestingly, the report gives a number of "next steps" for the state, region, and community. The focus of the report is on utilizing the information to create or enhance partnerships.

New York State Community Health Partnership (1999). *Tri-County Community Health Assessment: Clinton, Essex, and Franklin Counties.* In Partners in Community Health: Working Together for a Healthy New York. New York, NY: 65-73.

Community Needs Assessment
Littleton Healthcare Service Area, New Hampshire; population of 114,854
September, 2001

Ammonoosuc Community Health Services and two other institutions collaborated on a community needs assessment. The North Country Health Consortium (an organization with members and funding from both public and private agencies) prepared the report.

Goals. Goals for the project included: (1) gathering information regarding the current health care resources, and (2) to obtain suggestions for improving the services to better meet actual needs.

Research Methods. Research methods included key informant interviews and a community survey. 58 key leaders participated in four group interviews that included the following questions: (1) How would you rate the quality of health care services in the Littleton area? (2) What thoughts or issues came to mind when you gave your rating? (3) How would you rate the accessibility of health care services in the Littleton area? (4) What thoughts or issues came to mind when you gave this rating? (5) What, if any, health-related programs or services in this community have been important to you and your family? (6) How important are these health care issues to our community: oral health, smoking, and obesity? (7) Can you name another healthcare issue that is important to our community? and (8) What programs, services or strategies would you suggest for addressing our most pressing health or healthcare issues?

The community survey was distributed to organizations such as healthcare agencies, town offices, libraries, a senior center, commodity food distribution sites, and WIC clinics for placement. A press release was concurrently printed in the local weekly newspaper. 265 surveys were returned.

Findings. Data summaries are provided for each question, which included recommendations from the respondents. Conclusions and specific indications of next steps or future directions are not provided.

Analysis. Addressing the eight questions listed above, key areas are highlighted and responses are qualitatively described.

North Country Health Consortium (2001). *Littleton Healthcare Service Area Community Needs Assessment.* Littleton, NH: 25. Retrieved May 16, 2004 from: http://www. nchin.org/pdf/CNA_Littleton.pdf

Community Needs Assessment
Northern Kentucky, Kentucky; population of 369,033
September, 2000

The Northern Kentucky Mental Health/Mental Retardation (MHMR) Regional Board compiled a needs assessment specifically interested in mental health, mental retardation, and substance abuse services within the Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, and Pendleton counties.

Goal. The goal for the project was to provide guidance for the Board's strategic planning process.

Research Methods. The report was conducted in two phases. Phase I involved personal interviews with 44 key stakeholders, identified by both Regional Board members and "the key stakeholders themselves." Additionally, supervisory staff members at a community care center were included, and seven written qualitative surveys were gained.

Respondents were asked about the positive and negative influences on the mental health needs in their communities, priority issues, current needs, service effectiveness, availability, and the ideal service environment. The overall process is described as being exploratory.

Findings. Data summaries are provided for each section. A Conclusions and Recommendations section details specific actions to be taken for each category.

Analysis. This needs assessment sought to gain qualitative information regarding the program (management), and practice (service provision) levels. Based on the community priorities, recommendations are provided.

Northern Kentucky MHMR Regional Board (2000). *Community Needs Assessment: Report and Analysis of Interviews and Focus Groups.* Northern Kentucky, OH: 23. Retrieved May 10, 2004 from: http://www.northkey.org/northkey/live/execsumm/ FocusGroupsKeyInformant-FullReport.pdf

Community Needs Assessment of Risk and Protective Factors
Mustang, Oklahoma; population of 13,156
2001

This needs assessment was produced by the Oklahoma Criminal Justice Resource Center and the Oklahoma Statistical Analysis Center for a grant requirement (funded by the Office of Juvenile Justice Delinquency and Prevention Community Prevention Grants program).

Goal. The goal for the project included providing an overview of risk and protective factors.

Research Methods. The report involved a 125 participant school survey, school district and police department data, and a 987 participant community survey. Interestingly, the community survey was distributed through a utility bill.

The school survey questions mainly centered on structural issues, such as the availability of alcohol, drugs, and firearms, community instability (i.e., mobility and safety), and economic deprivation. The community survey, alternately, focused on state-of-being, reasoning, and intentions, such as current concerns and problems, possible reasons for juvenile delinquency, and willingness to help juveniles.

Findings. Data are provided for each category. Recommendations, conclusions, or specific indications of next steps or future directions are not provided.

Analysis. This needs assessment, although somewhat limited in terms of scope, illustrates methods for capturing data from both the general community and in-school populations.

Oklahoma Criminal Justice Resource Center (2001). *Community Needs Assessment of Risk and Protective Factors in Mustang, Oklahoma, 2001.* Oklahoma City, OK: 36. Retrieved May 10, 2004 from: http://www.ocjrc.net/crr/mustang1.pdf

Community Needs Assessment
Sarasota County, Florida; population of 492,210
June, 2004

The Sarasota County Community Action Agency is responsible for the creation of the Sarasota County Community Action Plan (CAP). One of the major priority goals of this plan is to "prevent homelessness among low income working poor families" by providing temporary financial assistance to keep them in their own homes. The Community Needs Assessment is a section of the CAP.

Goals. While goals are not stated within the report, the framework is described as presenting a "socio-demographic profile of Sarasota County, [reported] results of other community needs assessments, and [illustration] of how this data supports the. . .Community Services Block Grant funding."

Research Methods. Research methods included four steps: (1) the presentation of demographic data, (2) a compilation of data from other surveys within the region of interest, (3) a review of existing community needs assessments, and (4) plans and grant funding initiatives conducted by major organizations, such as the Sarasota County Government and local United Ways.

Findings. Demographic and Frequency tables, in addition to highlighted findings from existing data sources. A "client needs survey" conducted by the Salvation Army Corps for the City of Sarasota is included in an attachment.

The report states that the Community Action Agency Board Planning Team had already met to set priorities from the findings of the report. Citing the success of the Salvation Army's program, it was decided that homeless prevention continue being the area of priority for the Community action Plan.

Analysis. This needs assessment is a meta-analysis of prior research. The introduction states that the Community Action Agency Board seeks to continue the homelessness prevention program, which is then followed by the findings of the report and a conclusion stating that homelessness prevention was decided to continue being the area of priority. It is not clear, then, that the findings of the report are independent of the desired goal to continue the program.

Sarasota County Community Action Agency (2004). *Community Needs Assessment.* In The Sarasota County Community Action Plan. Email attachment retrieved June 11, 2004.

Needs and Resource Assessment Survey
Latah County, Idaho; population of 34,935
September, 2001

The Latah County Board of Commissioners employed the Social Science Research Unit (SSRU) of the University of Idaho to compile a needs assessment specifically interested in the needs and desires of residents in eight rural communities within the county.

Goal. The goal for the project included having the information aid the county in their efforts to achieve changes in the communities.

Research Methods. Research methods were conducted in two phases: (I) a preliminary questionnaire and (II) a more comprehensive questionnaire constructed from the preliminary findings and suggestions by a Scenic Eight Communities Committee (presumably formed by the Board of Commissioners). The preliminary questionnaire asked (1) What community activities residents participated in, (2) How their communities had changed in the last ten years, (3) What they liked or did not like about their community, (4) What they would like to see changed, and (5) Demographic questions. AmeriCorps members were trained and utilized to conduct person-to-person interviews for both phases.

Phase II involved 10 demographic and 23 economic, social, and educational questions. 330 individuals responded to the comprehensive survey, representing a 51% overall response rate.

Findings. Data summaries are provided for each category. Recommendations, conclusions, or specific indications of next steps or future directions are not provided.

Analysis. The focus of this needs assessment is on the findings of the practice (service provision) level. While an analysis of the findings is limited to descriptive statistics, evaluation of the detailed description of the methodology may be informative for rural area data collection.

Social Science Research Unit (2001). *Needs and Resource Assessment Survey.* Latah County, ID: 46. Retrieved May 7, 2004 from: http://www.latah.id.us/Dept/Special/RuralNeedsSurveySummary.pdf

Community Needs Assessment
Carbon County, Wyoming; population of 15,639
December, 2000

The Carbon County Action Committee Tripartite Board is the contracting entity for Community Service Block Grant (CSBG) funding. As part of the grant requirements, a community needs assessment must be undertaken.

Goals. Goals for the needs assessment included: (1) to evaluate the adequacy of existing community services, (2) determine unmet community service needs, and (3) develop a short-term strategy that can help improve the scope and delivery of community services in Carbon County.

Research Methods. Four meetings were advertised via public notices in a daily newspaper, flyers mailed to residents and 75 service providers, and flyers posted in public places (e.g., post offices, senior centers, public libraries). Approximately 10 people attended per meeting.

A two-page survey was mailed to 740 senior citizens and public health clients, while another 860 were made available to service providers for distribution to clients/visitors in their offices and at various public locations such as libraries and town halls. Nearly 244 of the 1,600 survey forms distributed were completed and returned, yielding a return rate of 15 %.

More than 20 service provider interviews were also conducted either in person or via telephone. General questions were asked, such as "Are there needs identified by the people you serve that are not being met by your agency?" and "If you are turning people away, for what reason?"

The Tripartite Board, consultants, and participants of the public meetings determined the ranked importance of seven community service categories: (1) employment and training, (2) education, (3) housing, (4) better use of resources, (5) emergency assistance, (6) nutrition/food, and (7) program linkages. The consulting firm then developed 3- to 5-year community service strategies.

Findings. Narrative data summaries are provided for each category. A Recommended Community Service Strategies section contains goals for these categories, each containing associated objectives, strategies, responsibility for implementation, an expected completion date, and other service categories that may be impacted.

Analysis. This needs assessment sought to gain information from all levels: system (administrative), program (management), and practice (service provision). While the ranking process is said to have been more laterally developed, it is interesting that the developed strategies were created by the consulting firm and not in the same fashion.

Tripartite Board of the Carbon County Community Action Committee (2002). *Community Needs Assessment.* Carbon County, WY: 112. Retrieved May 14, 2004 from: http://carboncounty.wy.gov/ccactioncommittee/needsassessment.pdf

Community Profile: Health and Human Service Needs in Riverside County
Riverside County, California; population of 1,545,387
2002

The United Way of the Inland Valleys, local hospitals, et al. sponsored a needs assessment process encompassing Riverside County. A Community Partnership Committee was formed with members from government, profit and not-profit sectors, and education. The project received major funding from several institutions, including Kaiser Permanente.

Goals. Goals for the project included: (1) the development of a profile of community needs and problem areas, (2) an assessment of the capacity and utilization of existing service delivery systems, (3) use of the information to establish priorities for funding, program, and services, and (4) feedback to the community.

Research Methods. The research methodology involved COMPASS 2.0, a proprietary system used by the United Way that "is designed to improve community life through the development of a community action plan, which identified the important issues facing the community as a whole." Additionally, the program "identifies both the assets and needs of the community in the planning process by utilizing three informant-gathering techniques: key informant interviews, community asset surveys, and community forums." The data were then combined with demographic and health information on a per region basis.

237 key informants were each given 12 open-ended questions, such as "Are there system-issues, such as lack of communication among groups, or policies that limited the effectiveness of certain resources?" The resulting qualitative is then coded for strength and weakness themes.

The community asset surveys originally derived from the COMPASS 2.0 system asked respondents to rank issues within their community (e.g., healthcare, economic, environmental, education, housing, transportation) in terms of impact, along with community resources. These surveys were given to key informants as well as those that participated in community forums (described below) via email submission and web return.

25 community forums were held throughout the county, totaling 325 participants. Starting from very broad questions such as "What do you believe are the major healthcare system strengths in your area?" participants then prioritized the issues by voting.

Findings. Data summaries are provided for each regional area. Recommendations, conclusions, or specific indications of next steps or future directions are not provided.

Analysis. While this needs assessment is very broad and addresses the system (administrative) level, it is very top-down in this sense. Broad issues, although organized and prioritized well, are not well-connected with the experiences of those managing (program level) or receiving the services (practice level).

United Way of the Inland Valleys (2002). *Community Profile: health and Human Service needs in Riverside County.* Riverside County, CA: 111. Retrieved May 7, 2004 from: http://www.uwiv.org/_help/help_downloads/CommProfile.pdf

Needs Assessment Compilation
Kern County, California; population of 661,645
2000

The United Way of Kern County issued a request for proposals (RFP) for a consultant to prepare a needs assessment meta-analysis.

Goal. The goal of the project was to synthesize recent needs assessments by various agencies throughout the county.

Research Methods. A letter was mailed to 33 key informants and/or agencies determined to either have access to or knowledge of such assessments.

Findings. Findings were organized into tables and ranked according to the number affected. Categorical information included: the persons affected (e.g., adults, children, seniors), the major area of impact (e.g., poverty, child care subsidies), the prevalence, the number affected, and the source reference. Broad recommendations are provided from the meta-analysis. Specific indications of next steps or future directions are not provided.

Analysis. This compilation provides an interesting way to synthesize the efforts of multiple agencies with unique funding sources and missions. The validity and reliability of the findings are dependent on the individual agencies, and a table allowing for an analysis of methodologies is not included. Additionally, such a table could include the focus of the inquiries (e.g., if most gained their research via key leaders, service providers, or the community).

United Way of Kern County (2000). *Needs Assessment Compilation.* Kern County, CA: 46. Retrieved May 14, 2004 from: http://www.uwkern.org/Downloads/needs-assessment-compilation.pdf

Upper Valley Community Needs Assessment
Upper Valley, New Hampshire; population of 122,201
2003

The Upper Valley United Way, in determining how and where community funds would be distributed, created this "neutral overview" of the strengths and weaknesses within the community. Issues of need consist of health care (e.g., drug abuse, health education), strengthening the family/increasing self-sufficiency (e.g., day care, life skills training), basic needs/crisis emergency resources (e.g., homeless shelter units, public transportation), and domestic & sexual violence.

Goals. Specific goals of the study were not listed; the report reads, ". . .this report will find as broad a use as possible within the Upper Valley community's human service and philanthropic organizations, by [monetary] donors, and by users of services."

Research Methods. In addition to existing U.S. Census and administrative data, service provider, client, monetary donor, and community household surveys were conducted. The donor survey was sent to 300 random United Way donors and 54 were completed, yielding a 20% response rate. An identical survey was given to clients by way of several service providers and community dinners. 66 were returned from an unknown total. 145 surveys were mailed to service providers, of which 58 were completed (a 40% response rate). Finally, a 527 participant community phone survey was undertaken.

Findings. Data summaries are provided for each category, giving a "neutral overview." The following broad recommendations are provided: (1) the need to be more pro-active in identifying causes and working collaboratively to embrace the increasingly complex, interrelated issues, (2) greater efforts to break the cycles of poverty, neglect, lack of education, and family issues, (3) increased collaborations and partnerships to leverage resources and expertise, and (4) more intervention, education, and prevention programs from early childhood onward. Conclusions or specific indications of next steps or future directions are not provided.

Analysis. This needs assessment was well funded by several of the service providers that were asked to complete surveys. The focus of the report is on needs ranking.

Upper Valley United Way (2003). *Upper Valley Community Needs Assessment.* Upper Valley, New Hampshire: 46. Retrieved May 14, 2004 from: http://www.uwuv.org/community_needs_assessment.html

Community Needs Assessment
Providence, Rhode Island population of 173,618
June, 2000

The Mayor's Early Childhood Task Force employed a consultant to ascertain the needs of Providence families in order to ensure their children are "healthy, happy, and ready for success by the age of six."

Goals. Goals for the project included: (1) evaluating the resources and services already provided to the community, and (2) assessing whether they meet the needs of Providence families.

Research Methods. Research methods included four steps: (1) 8 preliminary focus groups and 6 community discussions, (2) 154 structured interviews with parents of young children, (3) 14 structured interviews with service providers, and (4) 15 maps of resources in the areas of primary need by neighborhood.

Interestingly, interviewers for the structured parent surveys were sought from organizations with members who were peers of the parents. This was consciously planned to gain candid responses. Translations into Spanish, Hmong, Khmer, Vietnamese, French, and Creole were performed as needed.

Findings. Very broad, general questions were asked regarding services, which led to themes that emerged such as healthcare, education, and neighborhood safety. Data are provided for each category, with a summative results section. Recommendations, conclusions, or specific indications of next steps or future directions are not provided.

Analysis. This needs assessment is interesting in that its approach gained practice (service provision) level or "experiential" information from broad, system- and program-level questions. The topical organization, then, is overturned, making for a rich depth of information requiring conscious regard to formatting its presentation. However, the organization of this report could have been enhanced.

Warrior Women Consulting (2000). *Community Needs Assessment.* Providence, RI: 88. Retrieved May 7, 2004 from: http://www.providenceplan.org/html/projects/llp/ECTF_NeedsAssmt.pdf

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