



Ontario Centre of Excellence
for Child and Youth
Mental Health

Centre d'excellence de l'Ontario
en santé mentale des
enfants et des adolescents

**Bringing People and Knowledge Together to Strengthen Care.
Rassembler les gens et les connaissances pour renforcer les soins.**

Evidence In-Sight: Conducting a community needs assessment

Date:

July 1, 2013

The following Evidence In-Sight report involved a non-systematic search and summary of the research and grey literature. These findings are intended to inform the requesting organization, in a timely fashion, rather than providing an exhaustive search or systematic review. This report reflects the literature and evidence available at the time of writing. As new evidence emerges, knowledge on evidence-informed practices can evolve. It may be useful to re-examine and update the evidence over time and/or as new findings emerge.

Evidence In-Sight primarily presents research findings, along with consultations with experts where feasible and constructive. Since scientific research represents only one type of evidence, we encourage you to combine these findings with the expertise of practitioners and the experiences of children, youth and families to develop the best evidence-informed practices for your setting.

While this report may describe best practices or models of evidence-informed programs, Evidence In-Sight does not include direct recommendations or endorsement of a particular practice or program.

This report was researched and written to address the question:

- *According to the literature, what are best practices (e.g. components, methods, targeting strategies, questions asked, planning) for conducting community assessments in a social service context?*

We prepared the report given the contextual information provided in our first communications (see Overview of inquiry). We are available at any time to discuss potential next steps.

We appreciate your responding to a brief satisfaction survey that the Centre will e-mail to you within two weeks. We would also like to schedule a brief phone call to assess your satisfaction with the information provided in the report. Please let us know when you would be available to schedule a 15-minute phone conversation.

Thank you for contacting Evidence In-Sight. Please do not hesitate to follow up or contact us at evidenceinsight@cheo.on.ca or by phone at 613-737-2297.

1. Overview of inquiry

The *Moving on Mental Health* action plan is intended to transform the mental health system for children and youth over three years such that parents will know where to go for help and how to get services quickly, funding will reflect each community's current and future needs, and all Ontarians will know how well the system is working. This plan will transition the experience of families seeking help by creating and supporting care pathways, defining core services, establishing community lead agencies, creating a new funding model, and building a legislative and regulatory framework.

This request came from the evaluation and research team at the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre). The Centre is supporting the Ministry of Children and Youth Services with system transition preparation, including providing leadership on how to conduct community needs assessments to determine service needs at the local level. This report was generated to provide information on fundamental questions related to community assessments and to move forward on creating tools and resources that will help support lead agencies and their communities identify core service gaps.

To gain a better understanding of community assessments, this Evidence In-Sight report was researched and written to address the question: *According to the literature, what are the best practices for conducting a community assessment in a social service context? More specifically,*

- *What are the main components of a community assessment?*
- *What are the methodologies used in conducting a community assessment?*
- *What are the targeting strategies used in a community assessment?*
- *What are the types of questions used in a community assessment?*
- *How are community assessments used in planning?*

2. Summary of findings

- The main components of a community assessment can be structured around assessment, dissemination and implementation phases.
- There is no single agreed upon way to conduct a community assessment, but there are proposed best practices to consider including the use of empirical evidence from research to identify community needs and potential solutions, use of multiple groups when collecting data (i.e., collecting from the target population, service providers, decision-makers), an action-oriented approach, and inclusion of knowledgeable and central community members as a collaborative research team. Common methodologies are discussed.
- Multiple targeting strategies should be used in a community assessment. Personal approaches more effectively generate interest and participation.
- Questions used in a community assessment depend on the purpose and the community context, so a one-size-fits-all assessment may miss important details in particular communities.
- Planning is integral to the assessment process as it allows organizations to prepare for implementation. The three planning models discussed include: (1) a population-based program assessment, planning and evaluation model, (2) the community health action model, and (3) the results based accountability (RBA) model.

3. Answer search strategy

- Search Tools: University of Ottawa Library (PsychINFO, AMED- Allied and Complementary Medicine, Ovid MEDLINE®, Ovid MEDLINE® In-process & Other Non-Indexed Citations, PubMed, Scholars Portal, Cochrane Library, SCOPUS), Google Scholar, EBSCO Host
- Search Terms: community assessment, community-level assessment, needs assessment, mental health, social services, asset mapping

4. Findings

4.1 Components of a community assessment

Based on Finifter and colleague’s (2005) model for conducting community assessments, there are three components to a community assessment:

- Assessment of the community.
- Dissemination of community assessment results.
- Implementation of solutions to improve services in the community.

For the assessment component, there is no single agreed upon way to conduct a community assessment (Butterfoss, 2007). However, there are three distinct phases comprised of these critical steps (Butterfoss, 2007):

Phase	Critical steps
Pre-assessment	<ul style="list-style-type: none"> • Determine assessment purpose and scope. • Define assessment goals and objectives.
Assessment	<ul style="list-style-type: none"> • Select the approach and methods for collecting data. • Design and pilot-testing the instruments and procedures. • Prepare a timeline and budget. • Collect the data. • Analyze the data to identify and prioritize health issues.
Post-assessment	<ul style="list-style-type: none"> • Prepare and disseminate a report of the findings. • Evaluate the assessment’s merit and worth.

A community assessment usually involves gathering the following information (Work Group for Community Health and Development, 2013; Butterfoss, 2007; Gandelman, DeSantis & Reitmeijer, 2006):

- Collecting information for a community description.
- Collecting information on and analysis of community problems and weaknesses.
- Identifying and assessing community needs.
- Identifying community assets and resources (group or individual level).
- Collecting information on specific areas of interest.

4.2 Methodology

Based on the literature, methodology should be based on the nature and extent of information needed to assess the current situation, size and characteristics of the priority population, the relationship with priority populations, and the

level of resources available for securing data (Butterfoss, 2007; Work Group for Community Health and Development, 2013). There are also a few things that need to be taken into consideration when deciding on methodology:

- Use assets-oriented assessment methods instead of the standard “problem-focused” or “needs-based” approaches (Sharpe et al., 2000).
- Use participatory approaches that are representative to develop community ownership and establish plans that are sustainable (Butterfoss, 2007; Work Group for Community Health and Development, 2013).
- Sample from a broad range of people that is reflective of the purpose. This should involve (Work Group for Community Health and Development, 2013):
 - those experiencing needs that should be addressed
 - health and human service providers
 - government officials
 - influential people
 - people whose jobs or lives could be affected by the eventual actions taken as a result of the assessment
 - community activists
 - businesses (especially those that employ people from populations of concern)
- Use both qualitative and quantitative methodology (Work Group for Community Health and Development, 2013; Hanson et al., 2007)
- Use primary and secondary data collection (Work Group for Community Health and Development, 2013; Hanson et al., 2007)
- Use a combination of techniques and sources (Butterfoss, 2007; Work Group for Community Health and Development, 2013).

Finifter and colleagues (2005) suggest that the following are best practices for conducting community needs assessments:

- Use empirical evidence from research to identify community needs and potential solutions.
- Collect data from multiple groups.
- Take an action-oriented approach where a needs assessment is followed by dissemination of findings and implementation of recommended solutions.
- Include knowledgeable and central members from the community as part of a collaborative research team.

Common methods used include:

- Using existing data (Work Group for Community Health and Development, 2013)
- Survey (Butterfoss, 2007)
- Interview (individual or key informant and groups; structured or semi-structured; Work Group for Community Health and Development, 2013; Butterfoss, 2007; Sharpe et al., 2000)
- Public or community forum (Work Group for Community Health and Development; Butterfoss, 2007)
- Observation (e.g., windshield/walking tours, photovoice, critical incident reporting, direct or participant; Work Group for Community Health and Development, 2013; Butterfoss, 2007; Sharpe et al., 2000)
- Document or content analysis (Butterfoss, 2007)
- Case study (Butterfoss, 2007)
- Group assessment (structured brainstorming, nominal group or Delphi processes; Butterfoss, 2007)

- Expert or peer review (Butterfoss, 2007)
- Hypothetical scenarios (Butterfoss, 2007)
- Geographical, asset or concept mapping (Butterfoss, 2007; Work Group for Community Health and Development, 2013; Sharpe et al., 2000)
- Neighbourhood and community profiles (Butterfoss, 2007)
- Pile sorting (Butterfoss, 2007)
- Free-listing (Butterfoss, 2007)
- Social network diagramming (Butterfoss, 2007)
- Simulation, modeling (Butterfoss, 2007)
- Debriefing sessions (Butterfoss, 2007)
- Diaries or journals (Butterfoss, 2007)
- Logs, activity forms, registries (Butterfoss, 2007)
- Inventories (Sharpe et al., 2000)
- Visioning (Sharpe et al., 2000)
- Creative assessment (e.g., role play, dramatization, photography, art, drawing, videography, photonovella, testimonials and storytelling; Sharpe et al., 2000; Butterfoss, 2007)
- Baseline or community health indicators (Work Group for Community Health and Development, 2013; Butterfoss, 2007)
- Assessment of service utilization (Work Group for Community Health and Development, 2013)
- SWOT analyses (Work Group for Community Health and Development, 2013)

4.3 Targeting strategies

To determine the target population (i.e., priority population), the following questions should be addressed (Butterfoss, 2007):

- Who does the issue of interest directly affect?
- Who has similar interests or concerns?
- Who has a vested interest in the outcome?
- Who might be threatened by the outcome?
- Who is respected or powerful in the community?
- Who has acted on this issue in the past or who might in the future?
- Who can help you reach other potential participants?

Once a priority population is identified, there are a variety of strategies that can be used to reach and engage stakeholders in the data collection process (Work Group for Community Health and Development, 2013). In general, it is important to use several modalities, and the more personal the approach, the more effective it will be (Work Group for Community Health and Development, 2013). The most common approaches include (Work Group for Community Health and Development, 2013):

- Posting requests on local websites or social media sites.
- Choosing people at random to receive written or telephone surveys.
- Mailing or emailing surveys to contact lists.

- Stopping people in a public place to ask them to fill out or give verbal answers to a short survey.
- Putting up posters and distributing flyers in public places and/or sending them to specific organizations/businesses.
- Using the media to convey information regarding the assessment.
- Making a direct appeal to community groups.
- Using the members of planning group to recruit friends, colleagues, neighbours or family in hopes of producing a chain reaction of requests (e.g., snowballing).

4.4 Sample questions

Questions a community assessment aims to address are dependent on the investigator's pre-determined purpose (Work Group for Community Health and Development, 2013). In general, it is important to find out what is important to members of populations of concern or those who might benefit from or be affected by any action taken as a result of the assessment (Work Group for Community Health and Development, 2013). It is also important to hear the opinions of the people who serve or work with the priority population (Work Group for Community Health and Development, 2013). In addition, it is helpful to look at some community level indicators (Work Group for Community Health and Development, 2013).

Examples of key informant interview question topics include (Sharpe et al., 2000):

- How the community has met challenges or accomplished goals in the past.
- Sources of community pride.
- Who gets things done in the community?
- The nature of social connectedness, cohesion and affiliation among neighbours.
- The level of trust between citizens and local government, business, financial and social service institutions.
- The array of community values and interest groups.
- Perspectives on what a healthy community is.

Examples of focus group and dialogue group questions include (Sharpe et al., 2000):

- What would you say are some of this community's strengths?
- What are some of the gifts and talents of people here?
- What is the community's greatest source of pride?
- Who are the people in the community who take care of others when it is not part of their jobs?
- What groups, clubs, or associations in the community make a difference in the well-being of the community?
- To what extent do people in the community know their neighbours?

To see more examples of questions used in different community assessments refer to **Appendix A**.

5. Planning based on community assessment results

Once results are shared and key stakeholders are familiar with them, the community coalition can use data to determine or refine its mission statement, goals and objectives, and develop an action plan (Butterfoss, 2007). Action plans are more likely to succeed if they are built on accurate needs assessment data (Butterfoss, 2007).

Although the literature seems to pay little attention to the planning part of a community assessment, it is a key step in a community assessment. In fact, Gandelman, DeSantis & Rietmeijer (2006) state that the assessment is an integral part of the planning process as it allows an organization to prepare for implementation. The authors also mention that it can be useful after implementation to revisit areas that need modification, reassess agency capacity, and reexamine overall fit between the target community and services. Three different planning models are outlined below.

Keller et al. (2002) discuss a **population-based program assessment, planning and evaluation model**. The components of the model include:

- The community assessment itself.
- The prioritization of health problems based on assessment results and information.
- Program planning, which identifies potential effective public health strategies for each priority health problems at the community, systems and individual levels.
- Program evaluation, which identifies the change to occur as a result of the intended strategies and results in written goals and objectives that measure both health status change and intermediate changes that lead to health status changes.

Racher and Annis (2008) discuss a **community health action model** that includes the following components:

- Being or interactions as people come together to form a collective unit.
- Belonging or expression by the group of a sense of community.
- Becoming or community action by the group, which entails the process of assessing the community, setting goals and planning for change, implementing change and evaluating both the processes carried out and the outcomes or changes undertaken.

Zachary and colleagues (2010) discussed the connection between the information produced by community assessment projects and the actions taken to improve the community. The authors explored a community assessment that aimed to include action-oriented steps to bring about change through the community improvement cycle. The cycle was based on a **Results Based Accountability (RBA™) model**, which was developed by Mark Friedman (2005). Friedman (Zachary et al., 2002) suggested the importance of the following questions to move from talk to action:

- What are the quality of life conditions we want for children, adults and families who live in our community?
- What would these conditions look like if we could see or experience them?
- How can we measure these?
- How are we doing on the most important measures?
- Who are the partners that have a role to play in doing better?
- What works to do better, including no-cost and low-cost ideas? What do we propose to do?

The community improvement cycle goes through the following steps with emphasis on action steps eight and nine (Zachary et al., 2005):

1. Form a steering committee that includes key allies and champions, and one lead agency that has the resources and willingness to coordinate the project and to help facilitate the change efforts that emerge from the project.
2. Establish broad-based community involvement including hospitals, government agencies, businesses, local experts, faith communities, elected officials, non-profit organizations and members of vulnerable populations.
3. Create working committees to ensure widespread participation in choosing indicators most important to community members.
4. Create a results framework and reach consensus on outcome indicators.
5. Collect secondary data and conduct community surveys.
6. Analyze results.
7. Publish and promote findings.
8. Develop community goals and benchmarks: community members are asked to review the trend lines for data and to determine whether the trend lines are going in the right direction. This is also the time when residents can celebrate community assets and recognize improvements according to trend lines. Community members can also create goals for community action and the appropriate benchmarks to be reached within five years.
9. Encourage community action toward goals. Here, non-profit organizations and businesses are encouraged to adopt a community goal and to work towards completion of that goal.
10. Update the report regularly and sustain the project.

6. Exemplars

Examples of different community assessments from the literature are outline in **Appendix A**. The best example comes from Finifter and colleagues (2005). They discussed an example of a community assessment that used best practices to conduct a study to identify and address the needs of an increasing number of older adults in their local community. The goal was to promote independence of older adults, reduce fragmentation in service delivery, and fully serve the needs of this population by connecting research and support services.

7. Next steps and other resources

Knowing what works and receiving training on an evidence-informed practice or program is not sufficient to actually achieve the outcomes that previous evaluations indicate are possible. A program that has been shown to improve mental health outcomes for children and youth but that is poorly implemented will not achieve successful outcomes (Fixsen et al, 2005). In order for a program to be evidence-informed, it needs to be applied with fidelity to the design and it needs to be implemented using supportive “drivers” related to staff competency, organizational leadership and organizational capacity. These drivers include assessing and monitoring the outcomes of your practice using evaluation or performance measurement frameworks, which are particularly important when there is insufficient evidence in the literature to guide clinical decisions. Choosing a practice is an initial step toward implementation, but the implementation drivers are essential to ensure that the program reaches appropriate clients, that outcomes are successful and that clinical staff members are successful in their work.

The Ontario Centre of Excellence for Child and Youth Mental Health has a number of resources and services available to support agencies with implementation, evaluation, knowledge mobilization, youth engagement and family engagement.

For more information, visit:

<http://www.excellenceforchildandyouth.ca/what-we-do> or check out the Centre's resource hub at <http://www.excellenceforchildandyouth.ca/resource-hub>.

For general mental health information, including links to resources for families:

<http://www.ementalhealth.ca>

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Appendix A – Examples of community assessments from the literature

Reference	Methods for assessment	How does it target people?	Types of questions included	How is it used in planning?
McClellan, 2005	<ul style="list-style-type: none"> - Used a participatory approach → Used the Claredon Interagency Council (organization focused on improving service delivery) as advisory group for initiative, who conducted the four assessments and helped to recruit additional community leaders to work with the process. Subcommittees (i.e., council members, a community liaison, interested citizens and project coordinator) were then created for each assessment. - Collected information on demographics and county history. - The only assessment described in the methods was the Local Public Health System Assessment (LPHSA) tool, which addresses the 10 essential public health services. - LPHSA was conducted through a 1-day retreat → Agencies/organizations were asked 3 months prior to review the essential public health services, determine which essential services their agency provides and give examples for each essential service there agency performs. This data was compiled and organized by project coordinator prior to retreat. - At retreat: participants were asked to write their activities/services under the appropriate essential service posted throughout the room on flip chart paper; then in small groups each group worked on an essential service answering the instrument questions and reviewed model standard and discussed whether or not their activities met each standard. 	<ul style="list-style-type: none"> - The committee identified individuals to invite to the retreat through discussions at Interagency Council meetings. - 25 community leaders participated including members of the Interagency council, members of MAPP subcommittees and other leaders involved in public health activities. 	<ul style="list-style-type: none"> - Only one assessment tool question was mentioned: “What do we do collectively as a public health system?” 	<ul style="list-style-type: none"> - Results are being used to help guide the identification of the major strategic issues to be addressed in Claredon County. The information from the assessment will be compiled together with data from the other assessments to develop a community health profile and a community health improvement plan for Claredon County. - The Interagency Council is using data from the MAPP process to determine major issues for the Council’s strategic and operational plans.
Corso, Conley, & Sharp, n.d.	<ul style="list-style-type: none"> - Community participation to complete the 4 assessments outlined below Mobilizing for Action through Planning and Partnerships (MAPP) model. 	Information not included	<ul style="list-style-type: none"> Examples of questions for each assessment: - <i>Community themes and strengths assessment</i>: What is important to our 	<ul style="list-style-type: none"> - Lists of challenges and opportunities are generated from each assessment and strategic issues are identified.

Reference	Methods for assessment	How does it target people?	Types of questions included	How is it used in planning?
	<p><i>Community themes and strengths assessment</i></p> <ul style="list-style-type: none"> - a subcommittee should oversee this process - use approaches to gather community perspectives such as community meetings, community dialogue sessions, focus groups, walking/windshield surveys, individual discussions/interviews, surveys. - three levels of information to be gathered: open discussion to elicit community concerns, opinions and comments in an unstructured way, perceptions regarding quality of life, and a map of community assets. - broad participation is important → subcommittee should identify groups or individuals who are not being heard and ensure community involvement and empowerment is sustained. <p><i>Local Public Health Assessment:</i></p> <ul style="list-style-type: none"> - subcommittee should be established to oversee assessment (must be representative of health system). - meeting held to orient participants to essential services, have participants share information about where their organization/agency is active, and dialogues about how each organization/agency contributes to help identify opportunities for collaboration, gaps in service provision and overlapping activities. - completes a performance measures instrument that has 2-4 indicators under each essential service <p><i>Community health status assessment:</i></p> <ul style="list-style-type: none"> - subcommittee oversees assessment - data is collected for core indicators for 11 broad categories: demographic characteristics, socioeconomic characteristics, health resource availability, quality of life, behavioural risk factors, environmental health indicators, 		<p>community? How is quality of life perceived in our community? What assets do we have that can be used to improve community health?</p> <ul style="list-style-type: none"> - <i>Local Public Health System:</i> What are the activities, competencies and capacities of our local public health system? How are essential services being provided to our community? - <i>Community health status assessment:</i> How healthy are our residents? What does the health status of our community look like? - <i>Forces of change assessment:</i> What is occurring or might occur that affects the health of our community or the local public health system? What specific threats or opportunities are generated by these occurrences? 	<p>Participants identify linkages between the assessments to determine the most critical issues (prioritize) that must be addressed for the community to achieve its vision. From these identified issues, goals and strategies can be formulated and addressed for each.</p>

Reference	Methods for assessment	How does it target people?	Types of questions included	How is it used in planning?
	<p>social and mental health, maternal and child health, death/illness/injury, infectious disease, sentinel events.</p> <p>- select locally-appropriate indicators as well</p> <p><i>Forces of change assessment:</i></p> <p>- subcommittee responsible for process</p> <p>- involves holding a brainstorming session to develop a list of forces (i.e., trends, factors, events). Each item is discussed and organized by combining forces that are similar or linked. Each force is evaluated to identify threats and opportunities.</p>			
Pieh-Holder, Callahan & Young, 2012	<p>- a steering committee (composed of community members and local organizational partners) was created to lead the needs assessment and to develop a strategic plan to meet the needs of the underserved → from this task force committees were developed to conduct a comprehensive needs assessment.</p> <p>- used participatory style focus groups (semi-structured) → participants represented demographics of the underserved populations in the community. Six focus groups were held (1 per population target with 6-15 participants at each session).</p>	<p>- 6 populations were targeted for focus group sessions based on a review of health statistics and anecdotal provide information.</p> <p>- Staff at the local Head Start Program, Health Department, YMCA and retirement community assisted with recruitment.</p> <p>- Participants were also recruited through direct referrals and invitations from community providers and project team members, and through direct advertising to the targeted populations.</p>	<p>Discussion questions used at focus groups included:</p> <p>- What do you, or people you know, do when you need primary care services?</p> <p>- What do you, or people you know, do when you need dental services?</p> <p>- What do you, or people you know, do when you need mental health services?</p>	<p>- Results were used in the strategic planning process to design an appropriate service delivery model.</p> <p>- Results assisted in addressing specific gaps in health care, identifying community strengths and understanding the challenges and complex needs of the community.</p> <p>- The plan is to receive funding to create a health centre to serve as a medical home to the many that lack current access to care.</p>
Finifter et al., 2005	<p>Multiple methods were used:</p> <ul style="list-style-type: none"> - Literature review - Collection and analysis of census and archival data. - 6 surveys of community members and service providers - 2 targeted focus groups - Case study used to develop a baseline of information about the current 	<p>Participants were recruited through:</p> <ul style="list-style-type: none"> - Snowball approach (participants identify other participants to recruit) - Flyers sent to religious organizations, pharmacies, caregiver support programs, hospital home health 	<p>- <i>Census data</i> used to identify the absolute number and percentage of the geriatric population in the community, to estimate future population parameters, to calculate rates of change for these parameters</p> <p>- <i>archival data</i> (i.e., patient information from 3 community health organizations) was used to determine</p>	<p>- Data was disseminated on an ongoing basis through hosting a conference to discuss results, community forums, website posts, presentations at professional conferences, white papers, journal articles and a final report.</p> <p>- Data was disseminated on an</p>

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	<p>services available to local families</p>	<p>program</p> <ul style="list-style-type: none"> - Announcement in local newspapers, neighbourhood newsletters, hospital newsletter, The College of William and Mary email listserv for faculty and staff - Research team discussed study at a variety of locations in the community - Surveys sent directly to local senior service providers including residential facilities, education and information providers, health services umbrella organizations and other services. - Surveys mailed directly to healthcare providers practicing in the community including physicians in primary care, surgery and specialty care, dentists, psychiatrists. And psychologists. - Surveys mailed directly to religious organizations - Key informants (i.e., community leaders) were sent surveys by mail and email. 	<p>usage of services, prevalence of medical and mental health conditions in the community; data collected on primary/secondary diagnosis, length of stay, discharge plan for all relevant levels of care</p> <ul style="list-style-type: none"> - <i>telephone survey of older adults:</i> questionnaire include demographic information, experienced needs and evaluation of community services; items on topics including health and well-being, daily living and associated needs, awareness of and access to services. - <i>focus groups</i> meant to provide further information about health status, needs of daily living, and access to resources; 14 questions pulled from telephone survey. - <i>survey of family/friend caregivers:</i> questions related to caregiver and care recipient health status, utilization and satisfaction with services, and health needs - <i>survey of senior service providers:</i> questions on descriptions of services provided by their organizations (services provided, geographic areas serviced, special needs served, fees charged, provide list of 5 key words descriptive of the services), assessment of all services provided to seniors (medical and mental health services, wellness/fitness and social/recreational opportunities, legal/financial assistance, housing assistance, services to promote independence; asked to rate availability of services, knowledge of services among providers, interagency communication, and accessibility of 	<p>ongoing basis through hosting a conference to discuss results, community forums, website posts, presentations at professional conferences, white papers, journal articles and a final report.</p> <ul style="list-style-type: none"> - Implementation activities have been adopted by local service providers who reformed an existing network into the Senior Services Coalition with officers and bylaws directed toward addressing identified gaps and implementing recommended solutions.

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			<p>services), services that the organization will provide to seniors in the near future, the organizations input into the development of coalition (i.e., how can it benefit the senior population and how to enhance existing services).</p> <ul style="list-style-type: none"> - <i>Survey of healthcare providers:</i> ask questions about community services, healthcare providers' interest in training and types of training programs most needed, issues related to prescriptions, complementary and alternative medicine, demographics of their senior patients; also asked to identify 2 most significant barriers to appropriate healthcare for the senior population. - <i>survey of religious organizations:</i> asked about their senior membership, which types of activities they sponsor for seniors, challenges that have arisen when offering these activities; types of services they provide to seniors and types of community services that would help address senior needs. - <i>key informant survey:</i> questions based on key issues from the other surveys; all items were asked in open-ended format to obtain detail on their views or suggestions on issues. 	
<p>Burroughs, n.d. (example in library setting)</p>	<ul style="list-style-type: none"> - Methods used for data collection will depend on the purpose of the assessment and how you would like to use the results. - Important to consult literature - Direct user input is preferred when trying to establish a basic understanding about problems, satisfaction, and unmet access to needs and services of a community. If possible, get feedback from key contacts and leadership within the community. - Mixed use of quantitative and qualitative 	<p>Information not included.</p>	<p>A community assessment provides answers to questions such as:</p> <ul style="list-style-type: none"> - What will be the target community? - What are the health information needs of that community? - What are their access problems and needs? - What problems should have the highest priorities? - What groups within the community can outreach best reach and influence? 	<p>To be useful, information gathered from the various methodologies should be analyzed to help set <i>goals and objectives</i>.</p> <p>Important to examine results and organize data to fill in answers to the following questions:</p> <ul style="list-style-type: none"> - What is the targeted community?

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	<p>data through use of questionnaires, surveys, focus groups, critical incident surveys, internal staff feedback, and user and other stakeholder interviews.</p>		<p>When conducting a community assessment trying to find out:</p> <ul style="list-style-type: none"> - Who are the users? - What is needed, used and how? - Barriers? - Can outreach help? How? <p>This resource also includes sample focus group questions (but these are specific to library services):</p> <p>a) <i>Specific services:</i> Are you familiar with the National Library of Medicine and the services it provides? For those familiar with the services, how familiar are you with them? How did you come to learn about them? How frequently do you utilize the services? What are your perceptions regarding the services?</p> <p><i>Information-seeking behaviour:</i> What sources do you use to obtain medical information? Do you use a library? For what percent of information needs?</p> <p>What are your perceptions of this source? What factors play a role in your decision to use various sources of information? What are the biggest barriers to gaining access to this information? How do you use the information? How do you determine the quality of the information? Describe the ideal information system. How would it work and what information should it contain? Where would it exist and how would you access it?</p>	<ul style="list-style-type: none"> - What does this community need (or lacking) according to your perspective? - What does the community need (or lacking) according to their perspective? - What does the community need (or lacking) according to (funding sources, management, etc.) perspective? - Are outreach resources adequate to deal with the problem? - Will outreach make a difference in the problem? - Is the group responsive to solutions or ready for change? - What work is already underway? - What is the political landscape of the problem in this group? <p><i>For community assessment to be useful in planning:</i> planners need to focus on describing community problems and examine the types of change they <i>can</i> facilitate and the resources and services that offer solutions <i>relevant</i> to the needs of the population.</p>
<p>Dickerson & Johnson, 2011</p>	<p>- Conducted a community needs assessment to identify the mental health and substance abuse needs of American Indian/Alaska Native (AI/AN) youths in Los Angeles County.</p>	<p>- Outreach and recruitment for participants was conducted by use of flyers distributed in local AI/AN</p>	<p>- No information on specific questions, but were formulated with program staff and then reviewed and revised by the community advisory board, and</p>	<p>- Results provided information on mental health and substance abuse care needs and barriers to treatment as perceived by the</p>

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	<p>Information assisted with the development and implementation of a system of care that was culturally appropriate and informed by the community.</p> <p>Methods used:</p> <ul style="list-style-type: none"> - <i>Focus groups</i>: conducted 9 in total (3 focus groups for each group of parents, youth and service providers divided between 3 separate geographic areas within Los Angeles County) across various locations to maximize participation (e.g., mental health care offices, homes, public locations). - <i>Key interviews</i>: 46 interviews were conducted with informants chosen for their high involvement in the community and their recognition by the community as key individuals. 	<p>agencies.</p>	<p>then reviewed and revised by a community forum. Then pilot tested and feedback was used to finalize questions.</p>	<p>community.</p> <ul style="list-style-type: none"> - Recommendations were provided based on results. -No specifics relating to planning besides the recommendations were mentioned.
<p>Bhattacharyya & Murray, 2000</p>	<ul style="list-style-type: none"> - Used a participatory approach to community assessment and planning in Ethiopia with the purpose of having government health staff and community members jointly identify and prioritize maternal and child health problems and develop a plan to solve them. - Sampling occurred in 4 zones (5 districts within each zone and a community of focus within each district); Ministry of Health staff from each zone and district and where possible local health facilities were involved in all community planning activities; each community also had a community action committee. - Authors trained 5 Ministry of Health teams in the research approach. Teams included a member of the regional health bureau, a district health official and a zonal health official. These teams went to the focus communities in the four different zones with trainers to implement the planning process and develop action plans. After work in each community the teams came back together to compile data, compare experiences and plan 	<ul style="list-style-type: none"> - Targeting approaches were not discussed - Participating sites were selected by the district committees based on criteria such as public health need, absence of extensive nongovernmental organization projects and accessibility. - Assessments were carried out by local community members themselves. 	<p>Not discussed.</p>	<p>Developing intervention strategies and action plans: public meeting, further analysis of data and experience, next steps in all districts including follow-up visits by regional staff and district teams</p> <ul style="list-style-type: none"> - Discussions of constraints usually included potential solutions - Intervention strategies were developed with the community teams using information collected during semi structured interviews and group discussions – these were suggested by community members and local health staff. - Strategies were developed in every community for each of the prioritized behaviours. - On the final day of the assessment, another public meeting was held to present the selected behaviours and the

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	<p>how to support the implementation of the action plans.</p> <p>- <i>Phases of community assessment was as followed:</i></p> <ol style="list-style-type: none"> 1. <i>Building partnerships:</i> formation of MOH-community teams, training in household survey and participatory rural appraisal methods, public meeting with as many community members as possible to introduce team and outline activities planned, social mapping by 2 separate groups of 6-8 men and women (i.e., mapped what the group felt was important in their community), and free listing and ranking child illnesses in their community by the same groups 2. <i>Selecting the emphasis behaviours:</i> household survey (investigated maternal and child health emphasis behaviours; was developed and pretested; households were randomly selected and was visited in person by 2 surveyors), hand tabulation (used to determine performance of each indicator as acceptable or not acceptable), matrix ranking and scoring (not acceptable behaviours were presented to groups of men and women and prioritized used this), prioritization of behaviours on the basis of indicators and health impact 3. <i>Exploring the reasons for behaviours</i> (i.e., major constraints on practicing the behaviours): semi structured interviews, matrix ranking and scoring, seasonal calendars, preparation for public meeting. <p>- <i>method of community assessment is as follows:</i></p> <ol style="list-style-type: none"> 1. Focused on a limited number of maternal and child health behaviours that are critical to the prevention and management of the most important causes of childhood morbidity as a menu to guide planning 			<p>strategies proposed for improving them. Community teams presented this and community members were encouraged to ask questions and provide suggestions for improving strategies. Some communities presented drafted action plans while others developed them as a larger group.</p> <p>- Responsibilities for all implementation activities were allocated among the community, MOH staff and project staff. For some communities the action plan was presented as a contract and signed by all attendees.</p> <p>- The communities and health staff were encouraged to develop action plans that were feasible with existing sources and structures. The approach encouraged the allocation of responsibilities according to what was realistic. Intensive follow-up by MOH and project staff was the key to the intervention's success.</p>

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	<ol style="list-style-type: none"> 2. Used an integrated household survey that measures indicators of those maternal and child health behaviours 3. Was conducted 8-10 days by a team of community volunteers with the staff responsible for implementing health programs 4. Encouraged community members and health staff to use and analyze information immediately to produce joint action plans 5. Collected data that can be used at the community level to develop an action plan at the district, zonal, regional and project levels to monitor and evaluate projects. 			
Hendricks, Conradi & Wilson, 2011	<ul style="list-style-type: none"> - Conducted the assessment at 3 separate sites. - Included multiple modes of data collection across various informants to generate a unique community profile for each child welfare jurisdiction that recognizes key areas in which it has policies and practices that may be considered trauma-informed. - Assessment identified strengths and barriers of the current system to guide recommendations for strategies, interventions and resources. - Data sources include: <ol style="list-style-type: none"> 1. <i>Observations</i> from site visits, including interviews with child welfare leadership and stakeholders. Prior to each site visit, background material on each site was reviewed including results from Child and Family Services Reviews, Peer Quality Case Reviews, Statewide/Countywide Self-Assessments, and Program and Systems Improvement Plans. 2. Administration and scoring of <i>the Trauma System Readiness Tool</i> 3. <i>6 focus groups</i> (~ 15 participants at each) were held, one for each of the following groups: frontline child welfare workers, 	<ul style="list-style-type: none"> - No specific information on targeting practices - Sites were selected to pilot test process because of their interest in and ongoing efforts toward creating a trauma-informed child welfare system and based on partnerships. 	<ul style="list-style-type: none"> - <i>Site visits and interviews with leadership/stakeholders</i> were meant to gather information on recent and current trauma-informed and related initiatives. The structured interview with the child welfare director at each site included open-ended questions about current trauma-informed policies and practices and strengths and barriers to becoming a trauma-informed child welfare system particular to each jurisdiction. - <i>The Trauma System Readiness Tool</i> incorporates a set of essential elements to trauma informed child welfare practices and research on the core principles of trauma-informed care. Questions were asked using a likert scale format and a few items ask for examples and/or explanations. - Questions for each of the <i>focus groups</i> were similar. Main topic areas included: trauma screening and assessment for children and adults in the child welfare system; mental health services for families impacted by trauma; barriers to mental health 	<ul style="list-style-type: none"> - The methods used produce a unique community profile for each site, which includes a brief description of the site, comprehensive review of community assessment results, identification of community strengths and challenges or areas for growth, identification of key barriers and initial recommendations for technical assistance and next steps. - Each site reviews the profile and provides feedback to produce a final profile. Assessment team then assists in providing targeted technical assistance and support to each site to develop and implement a collaborative trauma informed systems intervention plan.

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	supervisors, birthparents, resource parents, youth and foster care alumni and community mental health providers.		services for this population; strengths and barriers of the current child welfare system; trauma-related training for child welfare staff/resources parents/mental health providers; vicarious trauma; the impact of trauma on child safety/permanency/well-being; defining trauma informed child welfare; policies and practices in the current system that are trauma informed as well as those that might add new trauma or inhibit recovery; barriers to the trauma-informed child welfare in the current system; recommended resources and supports; and cross-system collaboration.	
Bopp et al., 2012	<p><i>The assessment followed six steps:</i></p> <ol style="list-style-type: none"> 1. Developing the assessment team through a community-based participatory research partnership (partners from county health department, community health clinics, local hospitals, community colleges, local coalitions and foundations and faith organizations) 2. Data gathering using <i>community member surveys, existing statistics and community leader interviews</i> (either in person or by phone) 3. Assembling the findings 4. Formulating recommendations for action at individual, institutional, community and policy levels 5. Sharing findings and program planning 6. Sharing findings with the National Alliance for Hispanic Health 	- Recruited community leaders for interviews through personal contact and through a snowball technique from contact with previous leaders.	<p><i>Existing data sources</i></p> <ul style="list-style-type: none"> - Demographic data included racial/ethnic composition, age, sex, household characteristics, income level, poverty level, and education level of the population - Mortality overview of the community looked at death rates by age group, death rates for leading 15 causes of death and causes of death by age group. - Health overview focused on heart disease and stroke, diabetes, nutrition and overweight, physical activity and fitness. <p><i>Community members health survey:</i></p> <ul style="list-style-type: none"> - asked demographics: age, sex, household size, marital status, employment status, education level, country of ancestry, current weight and height, BMU. - assessed health behaviours: assessed participants moderate and vigorous physical activity participation, the 	<ul style="list-style-type: none"> - A master list of recommendations was made for communities to select approaches most appropriate for their needs, preferences and resources. - No other mention of planning besides recommendations made.

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			<p>number of fruits/vegetables they consumed daily, how many times per week they walked or biked to work, how many hours spent sedentary and how often they ate out.</p> <ul style="list-style-type: none"> - asked respondents open-ended questions regarding their perceptions of current health problems in the Hispanic community; were asked to rank the top 5 health conditions for the community. - asked participants issues related to access to healthcare: where they go for help when they are sick, an open-ended question addressed whether participants ever had difficulty getting needed health services; asked to select any barriers to receiving needed health services from a list of 10 options; asked how long it had been since their last two physical examinations and where they went for that examination. - asked about environmental influences on physical activity. <p><i>Community leader interviews:</i></p> <ul style="list-style-type: none"> - asked about their personal demographics, type of organization they were affiliated with and details about their duties there. - included questions about interviewee's perception of major health concerns, conditions and behaviours for the community, causes of health problems, social issues related to health, ideas for improvement, currently existing effective programs for health, and perceptions of resources and policies that influence physical activity or healthy eating. 	

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Hanson et al., 2007	<ul style="list-style-type: none"> - Replicated methods documented by Durbin et al. (2001) within the Fraser Health region in British Columbia to assess the level of need clients that are in 3 core types of community mental health services, and to develop service and system level recommendations for better responding to client needs in the least restrictive setting. - All clients across 43 licensed residential facilities in Fraser Health Region were selected for assessment - Used instrument called the Colorado Client Assessment Record (CCAR) including service use and needs record. - A Client Information Form was locally developed for tracking demographic information and basic clinical information such as diagnosis made by attending psychiatrist. - For all selected clients, case managers were asked to complete the client information form and then met with a trained reviewer to complete the remaining tools. The trained reviewer completes the CCAR and other rating scales during an interview about the client with the case manager. 	No information included.	<ul style="list-style-type: none"> - CCAR makes ratings across multiple domains including symptoms, problem areas, functioning, risk and strengths focused on the period of current clinical concern referring to the past several weeks around the last time the client was seen for clinical care. The levels of care model for the CCAR developed by Durbin et al. (2001) provides a means of determining level of care needed by clients of mental health services. 	<ul style="list-style-type: none"> - Results were reported and distributed to all stakeholders including clients, family members, mental health professionals and community support staff and managers and directors. - Afterward, several planning workshops were held which provided a forum for stakeholders to review findings in the context of strategic planning for Mental Health Housing for Fraser Health. - Other models of service delivery were explored and new models of care were piloted. - Recommendations were reviewed at a Fraser Health planning session attended by stakeholders who provided input on ways of moving forward. Data on under-met client needs has been particularly useful and planning is currently underway for expansion of vocational and other rehabilitation services.
Ahari et al., 2012	<ul style="list-style-type: none"> - Method of participatory action research was used - Steering committee of the project was formed including some university faculty members, health officials and delegates from Farhikhteh non-governmental organization and representative from 12 blocks/districts of the community - Representatives were trained in research methods - Methods used: (1) <i>focus groups</i> (attendance of 8-14 neighbourhood residents at each) held in each of the different blocks, and (2) a <i>questionnaire</i> for households based on focus 	<ul style="list-style-type: none"> - No targeting strategies were mentioned besides using focus group attendees to act as facilitators of the research and prepare the community for full participation. 	<ul style="list-style-type: none"> - Primary question for residents: What is the most important health problem in your community? 	<ul style="list-style-type: none"> - Steering committee weighted/prioritized each identified problem based on frequency of selection in questionnaire and based on the steering committee's perception of the problem's seriousness, urgency, solvability and financial load. - No planning processes were mentioned beyond the prioritization stage.

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	<p>group findings (was pre-tested for reliability with 30 households and then completed with 600 households). Households targeted for the questionnaires were selected based on random sampling and were conducted by self-completion or face-to-face.</p> <p><i>Steps of assessment included:</i></p> <ul style="list-style-type: none"> - establishing a steering committee - deciding on methods - identifying trusted and interested people to form executive committees - transferring knowledge - collecting and weighting data - interpreting data and prioritizing needs 			
Ludwig-Beymer et al., 1996	<ul style="list-style-type: none"> - Research team formed of a physician, a community organizer, certified transcultural nurse and psychology professor. - Community assessment was designed to identify the beliefs, strengths, needs and Priorities of a Latino community <i>Methods used for understanding the community:</i> - used <i>participant observation strategies</i> to learn about the community including attending meetings and church services, talking to community members in health settings and in Hispanic stores and restaurants, and living in the community. - research team also met with individuals from health care and human services to obtain their input on the community - used secondary data from Census Bureau and Health Department <i>Other methods:</i> - Concerns Report - Focus groups (3 were conducted) - Structured interviews (210 households) developed based on results from the focus groups and were conducted by canvassing randomly selected houses within identified regions where community members reside. 	<ul style="list-style-type: none"> - <i>Focus groups:</i> community members from a variety of socioeconomic, educational, and cultural backgrounds were asked to participate - <i>Interviews conducted by randomly canvassing known neighbourhoods of community members were advertised through:</i> announcements were made describing the study and its purpose at a variety of places including public meetings, schools, English as a second language classes, churches; flyers posted at Hispanic restaurants and stores and placed on the doors of houses in Hispanic neighbourhoods. 	<p><i>Focus groups</i></p> <ul style="list-style-type: none"> - completed a short structured interview guide first that collected demographic information (e.g., age, gender, country of origin, employment status, marital status, children, language) - open-ended questions: For you, what are the important things in life? What do you value? What are good things, benefits, and opportunities you can count on in Des Plaines? What are your needs and the needs of others in your community? <p><i>Structured interviews</i> (partial list of questions from interview guide included):</p> <ul style="list-style-type: none"> - open-ended questions regarding health and illness - forced-choice items based on the focus group results - demographics 	<ul style="list-style-type: none"> - 4 public/community meetings (180 community members attended) were held to discuss results and encourage resolving identified problems through small group discussions on needs and strengths - Following the meeting, community members volunteered to form task forces on the major issues discussed. With support from the research team, these task forces developed action plans and networked to problem-solving both within and outside their community. - Results have also been shared with other social service and health care providers (e.g., social agencies, schools, police, city government officials and health care providers) and a meeting was held to discuss the results. These agencies are using the results to modify care they provide to the community.

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Plescia, Koontz, & Laurent, 2001	<ul style="list-style-type: none"> - A community assessment for a primary care facility recently built in an underserved urban community - Geographically defined secondary data analysis to characterize users of the health care system (health related data were mapped to addresses). - A door-to-door <i>community survey</i> to document resident's perceptions of the community (randomly sampled 388 households) - an inventory of <i>community assets</i> using rapid participatory appraisal methodologies → showed specific community resources including churches, parks and other recreation facilities, grocery stores and restaurants. 	<ul style="list-style-type: none"> - No information included 	<ul style="list-style-type: none"> - Survey was developed to gain information on demographics, perceived community health and social issues, self-reported health status, quality of life and perceived access to health care. 	<ul style="list-style-type: none"> - Findings were presented to primary care clinicians, administrators, health department staff and a range of community members and service providers at meetings and health fairs - Findings were also disseminated to community groups and coordinated collaborative intervention efforts. - Coalition of community members, health providers, administrators and health department staff have used the assessment to plan services for a new health center and to engage community members in health promotion interventions.