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Introduction to Community Needs Assessments: Finding the Data

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Network of the National Library of Medicine
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The Center for Health Workforce Studies

- Established in 1996
- Based at the University at Albany School of Public Health
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- Broad array of funders in support of health workforce research

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Today’s Webinar

Today, we will review

- What are community needs assessments
- Planning for community needs assessments
  - Who should be involved
  - Defining the community
- Telling the data story
- Finding/creating data for community needs assessments
- Prioritizing findings

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What are Community Needs Assessments?
What are Community Needs Assessments?

- Assessments of:
  - Population
  - Resources
  - Services
  - Health care statuses
  - Health care outcomes

- That can help identify community priorities
Why Do We Conduct Community Needs Assessments?

- Why conduct community needs assessments?
  - Required by funder
  - Required by government
  - Providers assessing services for expansion or creation of services

- Why are community needs assessments important
  - Identifies potential problems
  - Brings stakeholders together to discuss problems
  - Identifies potential solutions
  - Creates a guide for implementing solutions

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Planning for Community Needs Assessments
Who Should be Involved

- Important part of community needs assessments
  - Identifying community stakeholders
  - Ensuring community stakeholder involvement
    - Data analysis
    - Data interpretation and contextualization
    - Prioritization of problems
    - Identifying potential solutions
Who Should be Involved

- Businesses
- Community/political leaders
- Educational institutions/school districts
- Funder
- Health care providers
- Labor
- Patients/clients
- Public health
- Researchers
- Social service organizations
Defining the Community

- Geographic boundaries – vary by service category (emergency room boundaries are closer to the hospital than open heart surgery geographic boundaries)

- May also be a population (homeless, HIV/AIDS, migrant farm workers, low-income or uninsured) within specific geographic areas
Defining the Community

- Political boundaries
  - Cities, towns, counties
- Historical neighborhoods
- Population based on all the census tracts in an area with
  - 50% of the population are persons of color
  - 50% of the population are individuals under 200% of federal poverty level
- Hospital service areas
- Others – user or funder defined
Telling the Data Story
As You Think About the Data

- What is the best way to collect the data you will need?
- What does the data tell me?
- What does the data not tell me?
- Does the indicator make sense for my community?
- Are there significant variations in the data that can be explained? Contextualize the data.

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As You Think About the Data

- What data are available to help tell the story?
  - Primary data
  - Secondary data
- What are the benchmarks to compare the data to?
- How are you drawing conclusions and prioritizing results?
As You Think About Your Story

- As you think about your story, is it:
  - Clear and concise?
    - Does the data weave a story?
    - Does it help you prioritize your work?
  - Appropriate for your organization?
    - Can the problem identified be addressed?
    - Are there resources within the organization to address the problem?
    - Are there other organizations/resources that can address the problem?
Finding and Creating Data for Community Needs Assessments
Service Area Determinants

- Availability of exercise/green space/walkable neighborhoods
- Availability of work/type of employers
  - Exposure to contaminants
  - Income
  - Insurance status
- Environmental conditions
  - Air
  - Water
- Housing stock
  - Age of housing stock
  - Lead
  - Ownership
  - Seasonal rentals
- Public transportation
- Jobs/Employment
Service Area Determinants

- Health Care
  - Providers
  - Health Centers
  - Hospitals/beds
  - Home Health Care
  - Nursing Homes

- Social Services
  - Food/nutrition
  - Homeless
  - Housing
  - Substance Abuse
  - Veterans

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Primary Data Collection

- Primary Data
  - Qualitative
    - Case studies
    - Focus groups
    - Interviews
    - Observation (generally not used for community needs assessments)
  - Quantitative
    - Journals (generally not used for community needs assessments)
    - Surveys
Community Organizational Input

- Organizational characteristics
  - Partners
  - Population(s) served
  - Service area
  - Service(s) provided

- Funding level and sources

- Priority(ies)

- Barriers for addressing priority(ies)
As You Think About Secondary Data

• How are the data being presented?
  o Level of geography
    - Nation
    - State
    - County
    - Sub county
  o Are larger geographic areas masking problems in smaller geographic areas?
  o Is how the data collected a matter of convenience?
As You Think About Secondary Data

• Is it appropriate for the analysis/question(s) asked?

• Understanding the data
  o Population versus sample
  o Rates/percentages
  o What data is being collected
    - Registered voters versus likely voters
    - All RNs versus actively practicing RNs
    - Total population versus civilian population
    - Jobs versus employed people
Secondary Data Sets

- Demographic
  - Age
  - Education
  - Family status
  - Gender
  - Housing
  - Income
  - Insurance status
  - Limited English proficiency
  - Race/ethnicity
Secondary Data Sets

- Health Statistics
  - Behaviors
    - Drinking
    - Smoking
  - Hospitalizations
  - Status
    - Asthma
    - Diabetes
  - Vital Records
    - Deaths
    - Births
Secondary Data Sets

- Education
  - College graduations
    - Associates
    - Bachelor’s
    - Master’s plus
  - Dropout rates
  - Enrollments
  - High school graduations
  - Limited English proficiency
  - Percent on free or reduced lunch
Prioritizing Your Findings
Prioritizing Your Findings

• The final step in developing community needs assessments is prioritizing projects, thus prioritizing funding.

• The meeting process
  - Who will be involved
  - Who will facilitate the meeting
  - How will voting occur
  - Who will record the votes
  - Discussion
    - The prioritization process
      - Mathematical (weighted)
      - Visual (dot method)
      - Other
What to Consider During Prioritization

- How severe is the issue/problem?
  - In considering the data, are there many individuals affected by the issue/problem?
  - Is this an emerging issue/problem?
- Does the community view this issue/problem as an area which needs to be addressed?
- What is the perceived need for more interventions or programs to address the issue/problem. Does the community have enough resources currently to address the issue/problem?
- Is funding for the intervention available and sustainable to address the issue/problem?
  - Property tax dollars
  - Reimbursement – government or billable services
  - Grants
Weighted Prioritization

- Criteria/indicators/categories established for assessing data
  - Each criterion given a weight based on importance, impact, etc.
    - 5 = High feasibility, impact, or need
    - 3 = Medium feasibility, impact, or need
    - 1 = Low feasibility, impact, or need
    - 0 = Not applicable
    Each criterion gives a score
Weighted Prioritization

- Criteria are scored based on level of need
  - 5 -- Substantial additional interventions or programs are needed
  - 3 -- There are some interventions, but more interventions or programs are needed.
  - 1 -- There are many interventions or programs and no additional assistance is needed.
- The scores adjusted by the weight are summed.
- The higher the score, the more of a priority for the county or community.
Dot Method

• Criteria used to discuss the focus area/issue.

• Each member is given a set of dots for voting.
  • The number of dots can vary.
  • Research suggests 1/3 of the number of area assessed, i.e., each participant gets 6 dots if 18 areas are being assessed.

• Facilitator gives participants an overview of each of the issues and asks participants to discuss all the relevant issues.
Dot Method

• Criteria used to discuss the issue/problem.

• To start, facilitator gives participants an overview of each of the issue/problems and asks participants to discuss all the relevant factors.

• Each member then is given a set of dots for voting.
  • The number of dots can vary.
  • Research suggests 1/3 of the number of area assessed, i.e., each participant gets 6 dots if 18 areas are being assessed.
Dot Method

- At the end of the discussion, participants place one or more dots corresponding to the issue(s)/problem(s) to show their strong preferences for that issue/problem as a priority.

- Issue(s)/problem(s) with the most dots is/are the top priority (ies).

- You may wish to conduct this voting in several rounds to quickly eliminate those issues/problems where there is no interest to identify as a priority.
Questions?

- For more information, please email me at: rmartiniano@albany.edu or at (518) 474-2744.

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Evaluation and CE

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- **NNLM CHES contact:** Erin Seger ers166@pitt.edu