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How to Conduct a Community Needs Assessment:
A Case Study of United Way and Community Chest
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HOW TO CONDUCT A COMMUNITY NEEDS ASSESSMENT: A CASE STUDY OF UNITED WAY & COMMUNITY CHEST IN CINCINNATI, OHIO

By

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ABSTRACT

HOW TO CONDUCT A COMMUNITY NEEDS ASSESSMENT: A CASE STUDY OF UNITED WAY & COMMUNITY CHEST IN CINCINNATI, OHIO

By

Janet Lee Metzelaar

The research that serves as the basis for this thesis is a study completed between 1985 and 1987, the *United Way & Community Chest Regional Needs Assessment Study* which examined human needs in Greater Cincinnati and Northern Kentucky. A review of needs assessment studies conducted by other United Ways offered ideas on *how to construct the study*, what *issues* to explore, and what *measures* might be appropriately used. Examination of study conclusions led to an appreciation of the considerable analytical challenge of bringing together diverse data to arrive at an understanding and assessment of community needs.

The centerpiece for this paper is a review of this Regional Needs Assessment study, which involved five *primary* data collection efforts (General Population Survey, Key Informant Survey, Service Recipient Interviews, Client Focus Groups, Expert Focus Groups) and review of *secondary* data. Recommendations for future needs assessments and the role of sociologists are included.

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Finally, thank you to my dear friend, *Chris Vanderpool*, who challenged me to provide commentary on such key issues as *co-optation* and the *role of sociologists* in conducting needs assessment research, which are now addressed in this paper. As my advisor during my Masters program, he has always sought *solutions* for me, been *sensitive* to my commitment to this field, and has always *believed* that this accomplishment was within reach.

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INTRODUCTION

The research that serves as the basis for this thesis is a study completed between 1985 and 1987, the *United Way & Community Chest Regional Needs Assessment Study* which examined human needs in Greater Cincinnati and Northern Kentucky. A review of needs assessment studies conducted by other United Ways offered ideas on *how to construct the study*, what *issues* to explore, and what *measures* might be appropriately used. Examination of study conclusions led to an appreciation of the considerable analytical challenge of bringing together diverse data to arrive at an understanding and assessment of community needs.

Maureen Dillon, Volunteer Chairperson of the Regional Needs Assessment Committee, was the guiding force behind the research, providing encouragement, leadership, and research expertise throughout this 18-month study. Through her efforts, the committee obtained the cooperation of area marketing research firms who donated interviewing and data processing services to the project.

Ted Hall, Director of the Planning Division, provided moral support and was instrumental in obtaining the considerable financial resources necessary to undertake a project of this scope. Two staff who played important roles in this research effort were *Darryl Sneed* and *Samuel Rowe*, both Planners with the United Way & Community Chest Planning Division. They provided critical oversight of research activities, staffed the subcommittees responsible for components of the research, and interfaced with marketing research suppliers involved with the project. Their *commitment*, *attention to detail*, and *skill* in working with the volunteer committees were vital to the success of the study.

As *Research Analyst* for United Way & Community Chest and lead staff for this research, my responsibilities included *staffing* the Regional Needs Assessment Committee, the committee of 40 volunteers responsible for the research; *developing the study design*; managing *implementation* of the primary and secondary research efforts; completing an

analysis for each of the study components; and *writing* the final report. The centerpiece for this paper is a review of this Regional Needs Assessment study, specifically:

- Examination of the historical context in which needs assessment studies have emerged, examining the relationship between methodology and clarification of purpose in needs assessment research
- Overview of the Regional Needs Assessment Study objectives, research design, and study implementation
- Discussion of data reduction strategies
- Synthesizing the results for reporting the findings
- Reflections on the study and recommendations for needs assessment research

CHAPTER 1

TOOL FOR SOCIAL PLANNING

HISTORICAL PERSPECTIVE

As described by Brazer, Specht, Torczyner, "the more than 300-year history of the American community has been marked by a continuing search for and struggle over the means by which to reconcile three important and competing values: *participation, expertise,* and *leadership*" (Brazer, Specht, Torczyner, p. 4).

- *Citizen participation*, (participatory democracy) refers to the belief that government should be a means by which the governed can express their wishes and choose their programs. [However, decision-making is at best "fragmented and partial."]
- *Expertise* is a value that grows out of a belief in the use of technical know-how and scientific rationality as a means of solving problems, with the technical expert providing the most efficient means for resolving community problems. [However, expertise isn't value-free, and is itself a social resource, unevenly distributed and a means used by the privileged to the disadvantage of the wider citizenry.]
- *Leadership* elevates the chief executive to an extraordinary level of power. Decision-making and control of resources are centralized in the hands of one or a few people. [However, while centralization may lead to equity and dispatch on the one hand, on the other it may lead to corruption and alienation among those unable to control that leadership.] (Brazer, Specht, Torczyner, 1987, pp. 4 - 6).

This tension is evident in needs assessment research as well, and researchers have gone to considerable lengths to balance the views of citizens, experts, and community leaders in their effort to assess community needs.

Historically, needs assessment studies have emerged as central to a formal planning process and have been shaped against the backdrop of four distinct periods in the social welfare movement:

- Establishment of *welfare councils*.

- Development of voluntary *social agencies*.
- *Community action* against poverty.
- *Anti-welfarism* (Brazer, Specht, Torczyner, 1987, pp. 4 - 6).

As is shown in the following discussion of those periods, needs assessment research has played a role in serving the objectives of social planners, community organizers, and the Federal government.

1. *Welfare Councils* (1900 to 1930s)

During the early 1900s, charities organized into community welfare councils (now known as United Way). In the tradition of Charity Organization Societies, they pressed for *efficiency*, *centralization*, and *specialization* within private philanthropy and called for effective leadership in planning for social services (Brazer, Specht, Torczyner, 1987, p. 6). Needs were self-evident, and formal study about community needs was superfluous. In the face of pressing and apparent social needs, welfare councils simply sought community financial and human resources to respond to the immediate crises and natural disasters which struck their communities.

2. *Voluntary Social Agencies* (1930s to early 1950s)

In the 1930s, the New Deal heralded the shift in provision of social welfare from private to public auspices. As a result, the focus of community organization efforts (and the rest of private philanthropy) shifted to those areas left for voluntary action such as *counseling* and *guidance*, *health* issues, *group services*, *recreation*, and *adult education*. Community organization relied heavily on the leadership of politicians, bureaucrats, businessmen, and wealthy philanthropists. As early as 1939, as a means for serving community organizing goals, needs assessment studies emerged as "a process for assembling data in order to help people to ascertain *what a particular community needs* and *how its needs may be met*" (Lane, 1939). At about this time, a debate materialized within the ranks of professional social workers and community organizers which centered on resolving what was the aim of planning and community organization (Brazer, Specht, Torczyner, 1987, p. 7).

On one side was the conviction that planning should achieve a substantive end, "the articulation of resources and social needs" (as presented in the 1939 National Conference

of Social Work *Lane Report*). On the other was the belief that planning should strive for *community consensus* (as argued by Murray Ross in 1955), "a tool to achieve cooperative and collaborative *attitudes* in the community" (Brazer, Specht, Torczyner, 1987, p. 8). This lack of consensus on the goals of planning was reflected in needs assessment research as well, and *needs assessment studies* were used without distinction to serve both planning agenda goals.

3. *Community Action* (late 1950s through 1970s)

The civil rights movement of the late 1950s and early 1960s, the War on Poverty, and Federal programs designed to address needs related to housing, redevelopment, and urban renewal signalled the broadening of community work efforts. These programs aided the Great Society's primary constituency, the *stable working class*, but had less success dealing with fundamental issues of *poverty, dependency, racial discrimination*, and *unemployment*. Redevelopment and urban renewal, although intended to ease problems in deteriorating cities, created new ghettos of poverty (Brazer, Specht, Torczyner, 1987, p. 8).

The inability of the Federal government and local communities to respond to the needs of the poor, blacks, and other minorities resulted in widespread demonstrations and activism in the 1960s and 1970s. The optimism of the early 1960s was replaced by growing cynicism in the 1970s as protesters claimed that citizens, particularly the disadvantaged themselves, had virtually *no voice in the political and administrative agencies that were supposed to help them*. It became more apparent that key beneficiaries of the social service system were not the *disadvantaged*, but rather *those entrusted to manage the system*, largely white middle class America (Brazer, Specht, Torczyner, 1987, p. 11). In this environment, understanding of "community needs" came largely from views held by the "experts": *social service providers, politicians* and *community leaders*.

However, pressures grew during this period to restore a balance between welfare institutions and the individuals they were intended to serve, and the legislation that emerged was designed to expand community decision-making across what were often competing constituencies. The 1964 Equal Opportunities Act, for example, required "maximum feasible participation," and the 1966 Model Cities Program called for sharing of power among city hall, residents, and agencies.

Unfortunately, this wider participation did not make problem-solving easier nor more efficient. Without an established model for dealing with the vastly *divergent interests, values*, and *perceptions* that participating actors brought to the planning effort, these programs faced criticism as having "strong tendencies toward the stalemate of citizen groups and political elites...and social policy appeared unable to provide solutions by the mutual adjustment of the interests involved" (Brazer, Specht, Torczyner, 1987, p. 10). Research, with its ability to bring "objectivity" to the table was seen as a possible tool for resolving these conflicts.

Along with the *coalition-building legislation* that emerged came Federal requirements that programs *study* and *document need* as a justification for funding. These regulations began to appear in legislation in the United States during the mid-1960s and have continued to the present. Formal needs assessment studies took on a new prominence and were required as part of a *planning process, a component of a plan*, or a *precondition for grant support* in Federally funded programs such as Vocational Education, Social Services (Title XX and the Social Security Act), Health Planning and Resource Development, Community Mental Health Centers, and Aging programs (Kimmel, 1977, p. 3).

However, despite the presumptive importance of needs assessments, the statutes and regulations did not define *need* or *needs assessment*, provide *techniques* for conducting needs assessment studies, nor supply direction on *how to use* needs assessment information once collected (Zangwill, 1977). In general, *whether or not* a needs assessment study had been conducted took precedence over concern with the *quality* of the research or the *usefulness* or *application of the findings*. Rather than giving primary attention to the substance and implications of findings, "process" became the most important product.

4. Anti-Welfarism (1980s)

In the 1980s, many western democracies including the United States, Canada, the United Kingdom, the Netherlands, and Australia retreated from their mid-century commitment to the welfare state and engaged in *dismantling* rather than *reorganizing* their social welfare systems. There was a fundamental shift away from government responsibility for the general welfare. In its place emerged a philosophy of monetarism which had two central beliefs: that the economic limits of taxation had been reached and that government was

intervening excessively in the marketplace and in the private lives of its citizens (Brazer, Specht, Torczyner, 1987, pp. 11).

Monetarism held that high taxes had led to high wages and public borrowing which were responsible for fueling inflation, discouraging investment and lowering productivity. In principle, if government were to cut public expenditures and allow unemployment to rise, the consequence would be lower consumer demand, lower inflation, and a stronger economy(Brazer, Specht, Torczyner, 1987, p. 11).

With this philosophy, the 1980s saw the abandonment of the belief that the Federal government bore significant responsibility for assuring citizens a minimal level of living with respect to the environment, social welfare, and civil rights (Brazer, Specht, Torczyner, 1987, p. 12). Funding for housing, public welfare, and other social programs was dramatically reduced. For the welfare and human services funding that remained, there was reduced attention to *planning, program development, program content,* and *standards of practice* (Brazer, Specht, Torczyner, 1987, p. 14). Needs assessment studies were still required as a condition of funding, but had less prominence as important or *necessary tools* for community problem-solving. If anything, demand for quality research decreased, with needs assessment studies taking on an even more perfunctory status as *prerequisites* for funding, but fundamentally superficial exercises.

5. Accountability (1990s)

My sense is that pressure for program accountability may reawaken interest in quality needs assessment studies in the coming decade, not for increased interest in *understanding of community needs* per se, but primarily as a tool for evaluating *program impact.* Faced with limited resources and manpower, government and voluntary human service agencies will make increased demands on individuals, corporations, and institutions for donations to solve community problems. At the same time, pressures will increase for agencies to demonstrate that their services are needed, and that the services delivered have truly addressed identified problems.

Consequently, needs assessment studies that give *clear definition* to community problems and that point to *concrete solutions* will obtain greater prominence as tools for addressing

community needs. I suspect that the most successful of these studies will serve as blueprints for action, providing critical *pre-test data*, with measurements of current conditions and needs. They will set the stage for *impact studies* whose charge will be to measure the effectiveness of programs and other interventions on addressing community problems and needs.

STATE OF THE ART

Purpose of Needs Assessment Studies

Aside from meeting the demands of funders, the practical purpose of needs assessment studies has been for *social planning*, to examine how human needs within a community are met by *publicly financed* and administered and *privately funded*, non-public human service delivery systems. While social planning represents an essential aspect of the structure and management of social services, needs assessment studies have remained an important feature in the delivery of these services.

Needs assessment studies have served as *a tool for identifying priorities* within sets of more generalized objectives, a means for *identifying human needs*, and a systematic approach to provide information on the *effectiveness of on-going programs* within the social service delivery system. Typical justifications of needs assessment studies are that they represent any of the following:

- Natural *first step in planning* (i.e., understanding the need is necessary to determine the solutions).
- Response to public policy makers' *desires for more data* (based on the belief that more data will clarify understanding).
- *Tool of participatory democracy* (i.e., a way to by-pass bureaucrats and learn directly from the people what they need and want).
- *Source of information* (for priority-setting, evaluation, resource allocation, and policy formation).
- *Justification for the existence* and *proposed growth* of programs (underscoring that a need does exist and that current services are inadequate to serve or eradicate the need) (Kimmel, 1977, pp. 5- 7).

Much criticism appears in the literature, however, on the lack of application of needs assessment findings to these stated objectives. In spite of the claims that needs assessment studies provide priorities for planning, they often become "ends" in themselves.

> A host of federally funded studies have assisted state and local officials in creating priority listings of needs. The supposition is that once these listings have been created, such ordering will permit decision-makers to plan and manage resources and programs more effectively as well as to formulate more significant, long-range policy initiatives. Unfortunately, there is little evidence that this occurs. Needs listings are largely ignored and ridiculed (Shapek, 1975, p. 745).

Often needs assessment studies are done in a vacuum. In an effort to maintain their "objectivity," such studies are often conducted quite separate from the issues and concerns of the study sponsors. As a result, these studies take on an "out-there" quality, *disconnected* from the decisions to be made after the findings are released. With key "clients" disengaged from the details and substance of the study, it is not unusual for the results to lack the specificity needed to assist in their decision-making.

It is the preeminence of focus on *methodology* over *substance*, that has emerged as the most glaring weakness in needs assessment research. "In those cases when direction is given, the emphasis has focussed on the activities required to produce needs assessment information while neglecting to make satisfactory explanations of what these processes are directed toward or how the data will be used" (Varenais, 1977).

Thus, while the implicit intent of needs assessment studies is as an analytic aid to public choice, "the methods of needs assessment [have tended] to overshadow their purposes, uses and potential effectiveness, and results have simply reflected the tension among the values and publics that make up a community" (Kimmel, 1977, p. vii). When this occurs, the primary contribution of needs assessment research is in *articulating* this tension, uncovering key *issues* and *values* around which there is community *consensus* and where alliances for action might be forged.

Operationalizing Needs

Community human service systems are based on a concern for establishing a "minimum floor to protect the humanistic values of the community while at the same time continuing to search for methods by which a higher quality of life can be ensured for all citizens" (Thursz and Vigilante, 1975). As such, needs assessment studies are theoretically a means

to examine whether the community's minimum values are being realized by its citizens and, if not, to identify where needs remain unmet.

Needs as construed in such studies are expressions of community values, as in the *need* for decent housing, the *need* for child care services, the *need* for adequate health care services. These *needs* are felt by the community as minimal standards which its residents are broadly entitled to *expect*, and are not dependent on the perceptions (or even values) of individual residents themselves. Thus, an individual resident who lives in squalid conditions might not himself *want* (or feel he *needs*) anything beyond what he has, and yet these conditions may be considered sub-standard and unacceptable to the community. In principle, needs assessment studies would identify conditions such as these, those that fall short of achieving the community's minimum standards (or values) as *unmet needs*.

Wants, on the other hand, are characterized as those objects, conditions or services that are *beyond* what the community believes are necessary to achieve these minimal values. Residents might *want* a car for each adult member of the family, *want* to be able to dine out once a week, *want* a college education for their children. These *wants* might even be framed as *needs*, yet they would not be considered *needs* until the community defined them as necessary for all its residents. Central to *identifying* and *quantifying community needs*, then, is the challenge of articulating these community values. It is the relationship of *needs* to *values* that makes needs assessment studies politically sensitive. The greater the lack of consensus about these values, the greater the difficulty in conducting a "credible" needs assessment study, one which will be accepted by the community as accurately representing the most serious community needs.

Thus, operationalizing "need" or "problem" remains a key and unavoidable challenge for those engaged in needs assessment studies. Because *need* is a reflection of a community's *implicit* values, despite the highest degree of methodological rigor, defining needs "objectively" might represent a fundamentally unresolvable dilemma:

> Needs assessment involves more than the collection and analysis of data - it is a process of interpreting social conditions in light of society's beliefs, values, and sense of public responsibility. The benchmarks that distinguish between need and lack of need are as dependent upon human nature as they are upon the quantitative indicators generated by sophisticated research techniques. Need is a relative concept. There are no objective standards for determining whether a need exists or does not exist" (Minnesota State Planning Agency, 1977, p. 10).

Focus on Methodology

Although Federal departments include language which requires that needs assessment studies be undertaken, "they provide no clear conception of the what, why and how of needs assessment...since grant recipients can easily follow the formal requirements without using the results to design or improve their own program" (Zangwill, 1977). Typically, needs assessment studies are carried out by individuals whose expertise is in program administration or delivery of services, not by professionals with specific expertise in research design and execution. United Way community needs assessment studies might represent some exception to this rule, however. With United Way's style of managing activities through committees of volunteers, research professionals are often recruited as volunteers to oversee and manage such efforts. This was the case in the United Way & Community Chest Regional Needs Assessment Study which will be discussed in more detail in the coming chapters.

Steps in conducting needs assessment studies are not unlike other research projects in that they include problem formulation, research design development, data collection, data analysis, and drawing of conclusions. Because of the concern about gathering a "true" and "representative" picture of community needs, it is not unusual for needs assessment researchers to develop fairly elaborate research designs. In their efforts to collect information and opinions from diverse community sectors, they often use a number of methodologies which include *primary* and *secondary* research efforts.

By *primary* research, we mean original research which involves collecting new information, often involving "direct" interaction with study respondents or participants. Typical approaches are interviews or surveys conducted through the mail, in-person, or by telephone. The key advantage of primary research is the greater degree of control the researcher has over the content and methods of the study. In particular:

- The study design can be tailored to meet the specific research *objectives* as opposed to modifying the research objectives to "fit" the available data.
- The research team has control over *procedures* for carrying out the study (i.e., sampling procedures, data collection and tabulation).
- The specific *population* of interest can be studied directly rather than relying on results obtained from studies of "similar" populations.

A key risk in conducting primary research is that the research team bears full responsibility for the study and is held accountable for weaknesses that emerge in any aspect of the project, from design through study execution and analysis. Further, such efforts:

- *Can be expensive*, and are usually much more costly than simply summarizing or analyzing research conducted by others.
- Require *considerable effort* on the part of those handling the study and involve resolving issues on questionnaire design, sample selection, study execution, and data tabulation.

Secondary research, on the other hand, involves collecting and analyzing data collected by others. Key advantages of these kinds of data collection efforts are that they are usually *less expensive* to accomplish and can be completed within a shorter *time frame*. Secondary research also has the advantage of "credibility." One tends to assume that published findings have been reviewed and endorsed by professionals who have evaluated the quality of the research effort. However secondary data *themselves are the results* of research efforts. The fact that numbers are published does not ensure that weaknesses in data collection, biases resulting from sampling and design decisions, and inaccuracies in interpretation have been resolved.

Two other important disadvantages of secondary research are that:

- The data *rarely fit* exactly with one's own study objectives or with related *primary* research. Considerable effort may be needed to make sense of these data and to make necessary adjustments so that they can be used in this study.
- Details of *sample selection* and *data collection* are often not made explicit enough, and there is a risk of drawing the wrong conclusions or inappropriately making comparisons between incompatible data.

Selecting tools to *assess community needs accurately* and examine the effectiveness of services is at the heart of carrying out needs assessment research. Typically, some balance of *subjective measures* (i.e., opinions gained through attitude survey research) and what are considered more *objective measures* (i.e., incidence data, service statistics, and social indicators) are used to determine that needs exist. The more elaborate studies tend to combine methodologies, using survey, secondary, and *observational* (less structured *qualitative*) data to gain the greatest understanding of community problems. This *methods triangulation* provides a kind of validity check, as the credibility of one finding is tested

against related findings obtained through different methodologies. One is more convinced of any given finding when a different methodology points to the same conclusion.

The practical resolution of integrating these findings together has generally been to collect "objective" *socio-demographic data* to serve as the social context for the opinion data and then to *combine opinions across the key community constituencies* using some mathematical procedure to arrive at a "total community perception." The most satisfactory analytical strategy to obtain a fair balance of opinions across constituencies is far from self-evident, and the literature abounds with solutions that border on "numerology."

Comprehensive needs assessment studies usually involve conducting at least some *primary* research, collecting opinions from any or all of the following:

- The *public at large* (i.e., residents of the community having general knowledge or experience with problems and available services).
- *Experts* (i.e., those who have technical know-how or special knowledge of community problems or services; often those responsible for providing community services).
- *Community leaders* (i.e., those who have positions of authority or power and whose involvement with the community is believed to provide them with critical knowledge beyond their own area of expertise).
- *Select target groups* (i.e., individuals in high-risk groups or known to have specific problems or unmet needs).

These opinions may be gathered through community forums, at public hearings, through semi-structured group processes, by self-administered mailed surveys, or in face-to-face or telephone interviews. This primary research is often supplemented with secondary data search including:

- *Agency service statistics* (i.e., utilization data, caseload or workload information, grievance data, waiting-list statistics, service information found in existing databases).
- *Socio-demographic data* (i.e., population trends, teen birth rates, poverty trends, crime statistics, dropout rates, household and family composition trends).

In some needs assessment studies, this sort of secondary analysis itself represents the full needs assessment, with no supporting primary research.

Needs Assessments as Descriptive Studies

Problem identification and elaboration remain the primary goals of most needs assessment studies which attempt to obtain information on (Monette, Sullivan, De Jong, 1986):

- Whether a problem *exists*
- The *severity* of the problem
- *Numbers* and *characteristics* of people adversely affected by the problem
- The need for various forms of *service*
- *Alternative strategies* for meeting those needs.

On the whole, needs assessment studies tend to be *descriptive* rather than *explanatory* or *predictive* research efforts. It is much more typical for a needs assessment study to identify community concern about a problem than to demonstrate a causal relationship between this problem and other social conditions. For example, needs assessment studies might identify or describe *community concern* about the issue of child abuse, report the *number of cases* of child abuse, identify the number of *service providers* and *clients served*. Yet the study would rarely attempt to make a causal link between child abuse and other social conditions (such as unemployment) nor make predictive statements about those relationships (i.e., an increase in unemployment will result in an increase in child abuse).

Classification of Human Needs

Measurement of need aside, remarkable consistency is evident within United Way as well as in international needs assessment research in strategies used to understand, document, and categorize community needs. Two key approaches have emerged:

- To examine needs as *social problems* (i.e., juvenile delinquency, alcoholism, drug abuse, and the like).
- To examine needs from the point of view of the *target population* to which human services are directed (i.e., the aged, youth, families, immigrants, etc.).

Most attempts at classification include both the *problem* and *target population* orientations and generally include the following needs areas, with services related to such categories as (Thursz and Vigilante, 1975, p. 12):

- Basic family needs
- Youth and young adults
- Needs of the aged

- Violators of the law
- Health care and mental health services
- Housing
- Community development
- Manpower and associated problems
- Childbearing and childrearing functions

A number of recent local United Way needs assessment studies have used the above categories, as well as additional more narrowly defined sub-topics such as *homelessness, transportation, race relations, financial accessibility of medical services,* and *uncoordinated social services* (York County, Pennsylvania, 1986), (Ada County, Boise, Idaho, 1985), (Orange County, California, 1986), (Jackson County, Michigan, 1984/1985), (Summit County, Ohio, 1985). As is presented in the following chapter, most of these broad categories appear in the Greater Cincinnati *Regional Needs Assessment Study* as well.

Role of Sociologists

Based on my review of the literature and my own experience, I believe that sociologists can make a unique contribution to communities through lending our talents to conducting this kind of research. With our expertise in framing research objectives, developing study design, selecting appropriate methodologies, and understanding the complex relationship between social issues and community values, we can provide important direction and insight when conducting needs assessment studies. The emphasis on methodology alone has resulted in much needs assessment research being conducted *without focus*, with *poorly framed* research objectives, and *unmanageable* findings. This has resulted in frustration at the end of the process with neither researchers nor study sponsors knowing how to apply the findings to the *issues*, *programs*, and *funding decisions* at hand.

Since needs assessment studies have not generally been designed as decision-making tools, the results have often been framed as *lists* of problems, needs, or target groups with direction for action coming "spontaneously" rather than from the findings themselves. Our discipline can offer expertise in developing study designs that are essentially sound, articulating and minimizing sources of bias, and utilizing analytical strategies that make optimal use of *survey*, *observational*, and *social indicator* data. Further, our values as

sociologists reflect our commitment that the *views of study participants* are accurately and fairly incorporated into the results and that recommendations are *grounded* and *supported* in the research itself.

CHAPTER 2

UNITED WAY & COMMUNITY CHEST REGIONAL NEEDS ASSESSMENT STUDY

BACKGROUND

The Greater Cincinnati United Way & Community Chest (United Way) is affiliated with a national federation, United Way of America, which is located in metropolitan Washington, D.C.. The philosophy of United Way of America is to promote "the organized capacity to care." Through annual public and corporate fundraising campaigns, lobbying efforts, and the involvement of thousands of community volunteers, the goal of the national organization is to improve the quality of life through voluntary giving. Hundreds of local United Ways are members of this national organization, as is United Way & Community Chest. Membership signifies affiliation only, however, and United Ways are governed by their own local boards.

As a Metro I United Way, United Way & Community Chest represents a major fundraiser in the United Way system and is among the largest member organizations in the United States. This United Way serves six counties in the Cincinnati Metropolitan Area (population: 1.3 million, households: 486,750), including Hamilton, Brown, and Clermont counties in Ohio, and Boone, Campbell and Kenton counties in Kentucky. As a fundraising body, United Way raises between $35,000,000 and $40,000,000 annually through public campaigns for voluntary donations from individuals and corporations.

Through the efforts of more than 100 United Way staff and the involvement of more than 1,000 volunteers, United Way raises and allocates approximately 95 percent of the dollars raised to local human service agencies and programs. Every few years, priorities studies

are conducted to provide broad directions for making funding allocation decisions. In addition, ad hoc planning, communications, and marketing studies are undertaken by standing research committees in response to agency, board or community requests (i.e., *Single Parent Study* [1983], *Corporate Giving Study* [1985], *United Way Attitude and Usage Study* [1987]).

In 1985, as a prerequisite for additional funding, the Eastern Division of United Way, representing Clermont and Brown counties, was required by the United Way Allocations Board to conduct a needs assessment study. With assistance from the Market Research & Data Base Committee, an Eastern Area Needs Assessment Committee was formed to design and conduct such a study.

The research consisted of two main components:

- *Primary research* (a mailed self-administered Key Informant Survey designed to obtain opinions on the seriousness of select problems and adequacy of current services). This survey was mailed early summer 1985, and data were tabulated toward the end of 1985. The analysis of Brown and Clermont county Key Informant Survey data was completed between January and May 1986.
- *Review of secondary data* (e.g., United Way and government funding data, United Way Information & Referral data, client beneficiary statistics, and an inventory of services available in the counties). These data were collected and summarized between June 1985 and May 1986.

To set a context to interpret the Brown and Clermont county Key Informant Survey data (and in anticipation of a six-county needs assessment study), the survey was mailed to service providers and community leaders throughout the six-county United Way service area. The Eastern Area Needs Assessment Study was a forerunner (and contributed data as well) to the Regional Needs Assessment Study which was commissioned by the United Way Board of Trustees in the Fall of 1986. This six-county Key Informant Survey provided significant *primary data* for the Regional Needs Assessment Study.

Regional Needs Assessment Study Commissioned

Following national United Way of America directives, United Way & Community Chest joined a growing number of United Ways that were conducting needs assessment studies as a way of becoming more responsive to current community needs. A study of this scope had never been undertaken by the Cincinnati Area United Way & Community Chest. Yet the Board believed that United Way was uniquely positioned to bring together the volunteer and community resources needed to undertake a *comprehensive assessment of community needs* for Greater Cincinnati and Northern Kentucky.

The *sponsor* of the research was the local United Way organization. Yet it was expected that United Way agencies, other funders of human service programs, planning groups, universities, and community organizations would find this study useful as they organized to address community needs. These bodies constituted the study's *secondary* clients, and many representatives from these organizations and institutions served on the Regional Needs Assessment Committee which was formed to manage and oversee the project (See Appendix A).

The more than 115 United Way-funded agencies welcomed such a study, preferring a broad and comprehensive examination of needs to narrowly focussed planning studies, which in the past had brought increased funding to whatever problem areas had been studied. A proposed Regional Needs Assessment Study, designed to cover a broad range of human needs, would provide a more measured assessment for understanding community needs and setting priorities for community services.

Direction from Board of Trustees

The primary goal of the 1987 Regional Needs Assessment Study was to provide an understanding of human needs in Greater Cincinnati and Northern Kentucky. In order to develop an appropriate study design and to assure that the research would meet their expectations, representatives from the Regional Needs Assessment Committee (Research Committee) sought direction from the United Way & Community Chest Board of

Trustees. In a meeting with key members of the Board, the Research Committee posed the following questions:

1. How will the study be used?

The Board of Trustees was committed to conducting a Greater Cincinnati Area Needs Assessment Study but was not clear on how it intended to use the findings. The Board had very broad goals for the research (i.e., for setting priorities and funding directions for United Way & Community Chest), but could not anticipate the study's usefulness until seeing a final research product. As non-researchers, they needed help in understanding *what the study could produce in the way of findings*. The task of articulating potential study applications was therefore left to the Research Committee which outlined the following potential impact:

- Provide *greater understanding* of community needs.
- Inspire *reexamination of funding directions* for United Way and other funding bodies.
- Encourage development of more focussed *community problem-solving initiatives.*
- Provide impetus within human services agencies to *more effectively respond to identified needs*.

2. What kinds of data will be accepted as credible?

The Board affirmed the value of *opinion data* for assessing community needs, yet members stressed their concern that the study include "facts" in the form of "hard numbers." "Objective" data to be included would consist of secondary statistics such as Census data, incidence statistics, information on available services, and vital statistics. Further, locally gathered data to estimate problem incidence were felt to be superior to applying national incidence measures to our local population.

The Research Committee agreed to collect appropriate secondary data to *set a context* for interpreting survey findings and described the plan to collect *household problem incidence data* through the random sample General Population Survey. This effort would provide

projectable *local household* incidence data as related to select problems. The Board accepted this level of precision.

3. Will the study be expected to present rankings of problems in terms of importance?

The Research Committee informed the Board that neither *objective* nor *opinion measures* would in themselves indicate which needs are most important in Greater Cincinnati, since "importance" is itself a *subjective* concept. Rather, values criteria established by the Board or some other policy committee would need to be provided to serve as the basis for assessing the *importance* of any given problem. Criteria to determine importance might be the *number* of people affected, the *amount of suffering* associated with a given problem, or the *impact* of a given problem on other problems. However, these standards would not emerge from the research itself, and with mixed reactions, the Board accepted this caveat.

The Research Committee indicated, however, that the Regional Needs Assessment Study would:

- Describe the probable number of individuals or *households affected* by a given problem.
- Rank issues according to perceptions of *seriousness*.
- Rank issues by perceptions of *poor community response*.
- Provide possible *solutions* to address identified community needs.

4. Whose point of view will be accepted as valid in determining that a need exists?

When the prospect of conducting a needs assessment first surfaced, the Director of Planning asked for an outline of research approaches that would provide the most comprehensive assessment of community needs. The literature review had indicated support for a *multi-faceted approach* to control for the bias of any given constituency, and such an approach was supported by the Board. The Research Committee outlined its plan to provide a balanced view of community needs, sensitive to biases contained within various sets of respondents (United Way Institute, 1982, pp. 13-28):

- The *public at large*, whose opinions on community issues might be relatively superficial, shaped primarily by media coverage and personal experience.
- *Service providers*, whose vested interests in their area of expertise might affect their rating of their own issue.
- *Community leaders*, with relatively sophisticated knowledge of community issues, but whose vested interests (including direct involvement with agencies and causes) might affect their ratings.
- *Clients*, with first-hand knowledge of their own needs and available community services, but whose limited knowledge of needs in the larger community might affect those ratings.
- Individuals with *limited or no knowledge of available services*, who would not be able to make a "fair" assessment of current programs.

5. Will the study be expected to provide recommendations for action?

Believing that the needs assessment study should be a tool for United Way as well as for other planning bodies, the Research Committee made a commitment to provide "actionable" results. To that end, the research was be designed to obtain information on *groups and communities most affected* by identified problems as well as on *services that could potentially address those problems*.

At the outset, the Board indicated it wanted this study to be simply an *objective examination* of community needs. However, as the project neared completion, pressures increased on the Research Committee from United Way management and from the Board of Trustees to include *specific recommendations for action*. Having made such a major investment in the study, the Board wanted to make certain that the study provided clear direction on what to do with the findings.

The research design was then modified to include 12 additional brainstorming sessions to develop the action recommendations which appear in the final report as "Ideas for Change."

RESEARCH OBJECTIVES

Based on the above discussion, the broad goals for the study as formulated by the Regional Needs Assessment Committee were to:

- Provide a framework for *modifying and expanding* current United Way & Community Chest services.
- *Document the need* for new dollars, new programs, and new community alliances.
- Serve as a *catalyst* for mobilizing the local community around the most serious problems facing residents in the Cincinnati Metropolitan Area.

RESEARCH DESIGN

Before designing the Regional Needs Assessment Study, a review was completed of available local United Way needs assessment studies as well as an overview of needs assessments published by United Way of America, *Needs Assessment: The State of the Art, A Guide for Planners, Managers, and Funders of Health and Human Care Services* (United Way Institute, November 1982). This guide provided a review of needs assessment approaches and presented a useful outline on the advantages and disadvantages of typical needs assessment methodologies. (See Appendix B.)

The Regional Needs Assessment study design which emerged combined a number of methodologies and involved carrying out five distinct but related *primary research* efforts, plus a sixth effort to collect and report information found through available *secondary* sources. Because of the potential bias in perspective of any single group, the goal was to obtain views from a *cross-section of the community*, giving voice to community leaders, those responsible for providing services to those in need, the public at large, individuals experiencing problems but not receiving help from agencies or services, people who had sought and received assistance, and those who had been turned away from community agencies.

Our assumption was that strengths and weaknesses in the community and in the human service delivery system would be uncovered by hearing from those who would likely be its defenders (i.e., agency executives; clients who had received services) as well as from those

likely to be its detractors (i.e., those who had sought help and been turned away; clients who had received inadequate services). Views of community leaders and the public at large would help put these extreme views in perspective.

Funding and staffing for the study was provided by United Way & Community Chest, with interviewing and data tabulations for the General Population Survey donated by local marketing research firms. Other interviewing and tabulations were provided by United Way staff. Focus group moderating services were purchased from a local research firm, and oversight to the project was provided by the volunteer Regional Needs Assessment Committee. As is presented in the following table, the primary data collection occurred between April 1985 and December 1986 and involved collecting opinions from over 3,000 individuals.

Figure 1

Regional Needs Assessment Design

Component	Methodology	Respondent/ Participant	Total Respondents
Key Informant Survey	Mail	Leaders and service providers	560
General Population Survey	Random telephone	General public	2,103
Client Focus Groups	Focus groups	High-risk populations	223
Service Recipient Interviews	Telephone/ in-person	High-risk/receiving services	336
Expert Focus Groups	Focus groups	Service providers in 12 defined problem areas	111
Secondary Data Search	Library, funders, agencies	Census, newspapers, human services statistics, reports, published documents	—
Total			**3,333**

STUDY IMPLEMENTATION

1. Key Informant Survey

The Key Informant Survey was the first component of the Regional Needs Assessment Study, with self-administered surveys mailed between July and September 1985 to approximately 2,700 community leaders in the six-county area (i.e., educators, those holding public office, corporate executives, religious leaders, United Way & Community Chest Board members, human service agency executives, and others). Postage-paid return envelopes were enclosed, and more than 550 individuals responded. With duplicate mailings, this represents conservatively a 24 percent response rate.

Because of the length of the survey (and the amount of detail desired on describing community problems, target groups and solutions), a self-administered survey was considered preferable to a telephone survey or personal interview. Both of these latter methods would have been prohibitive in terms of cost, and would not have provided superior information.

However, the problem with evaluating the sample in self-administered surveys such as this one is that there are two main sources of bias: in the *initial selection* of names to receive the mailed survey ("community leader" is a subjective concept, with individuals arbitrarily included and excluded in the base sample) and in the *self-selection* which takes place when some sub-set of the total takes the time to complete and return the survey. Determining that the end sample has a distribution of respondent "types" similar to the base sample is one way of assessing the representativeness of the "completes."

The purpose of this component of the study was to obtain views of community leaders and service providers on the:

- *Seriousness* of 125 pre-selected problems using a four-point rating scale (i.e., *extremely serious, quite serious, not very serious,* and *not at all serious*).
- *Adequacy of community response* to these problems using a four-point rating scale (i.e., *very good, good, fair,* and *poor*).
- Groups or communities whose needs the respondents believed were *most acute.*
- *Top five problems* in need of immediate attention.
- Problems most likely to become more serious *in next five years.*

- *New program ideas* for the United Way Program Development Committee.

Because key informants were expected to be the most knowledgeable about community needs, their opinions were used to guide the selection of issues and population groups to be included in other facets of the study.

2. *General Population Survey*

The General Population Survey represented the largest single research component of the study. To smooth out the effect of unusual events or news coverage, interviewing took place over a period of three months, between July 1 and September 15, 1986. Random telephone numbers were purchased from a research sample supplier, Survey Sampling, and professional interviewers from five local marketing research firms were made available to conduct the interviews. The following screening criteria, quotas, and interviewing protocol were established.

Figure 2

General Population Survey Sample Design

SAMPLE

Screening Criteria

Sex: Even distribution of male and female respondents

Age: Adult residents 18 years of age or older

Quotas

Hamilton County: 600 completes

Remaining five counties: 300 completes per county

Interviewing Times

Day, weekend, and evening dialing to obtain adequate representation of employed persons

While it was expected that the public would be less knowledgeable about details related to community problems and might be more susceptible to the influence of current events, their views were believed to represent the broadest, least biased perspective on community needs because this represented a *random sample* of the population. Further, because this was a random sample, their responses on *household problem incidence* could be used for making reliable household problem projections.

Household rather than individual incidence data were collected, based on the assumption that problems of interest have impact on *entire households*, even when only one member is directly involved (i.e., loss of employment, problem with substance abuse, teenage pregnancy). Also, since problem incidence would be *understated* if the person interviewed must himself be experiencing the problem (i.e., mental illness, mental retardation, victim of abuse), household incidence findings would provide a *more accurate assessment* of needs. Finally, since some of the problems in question would be *sensitive* (i.e., presence of child abuse, spouse abuse, drug abuse), respondents would likely be more willing to indicate that this is a problem *in their household* rather than admit it is an issue for them personally.

Respondents from the general public were asked to:

- Rate the *seriousness* in their county of 49 pre-selected problems or needs.
- Name *three areas most in need of improvement*.
- Indicate whether any household member was *experiencing* any of 20 pre-listed problems (i.e., single parent, pregnant or parenting teen, adult with alcohol problem, mental illness, etc.).
- Provide respondent *demographic data* (i.e., age, sex, household income, ethnic group, education, employment status, marital status, presence of children in the household).
- Provide information on their need for *specific services* such as child care, transportation assistance, medical insurance.

These opinion data would be used to compare to opinions given by key informants, and ideas on problems and solutions would be incorporated into recommendations for action.

3. *Service Recipient Interviews*

Interviews with service recipients represented one of the more challenging components of the study. For the study to be complete, the Research Committee believed it was important to incorporate views of individuals who were knowledgeable about community services -- those who had sought and were currently receiving services from local agencies. Feedback on the adequacy and gaps in current services could be obtained from such clients, and they could *speak directly* to the extent to which available services were and were not meeting their needs.

A total of 336 interviews were conducted with individuals receiving services from any of 21 community agencies, with many respondents receiving services from multiple agencies. These interviews were completed between June and September 1986 (250 in person and 86 by telephone) by United Way & Community Chest staff, volunteers, and a paid graduate student intern. Service recipients were asked to:

- Name the *three most serious problems* facing their community.
- Name *one change that would most improve* the way people receive help.
- Indicate how they typically *learn about available community services.*
- Indicate whether they had *experienced difficulties* while seeking help from local human service agencies.
- Indicate whether they had *experienced* any of 34 pre-listed problems during the past year.

While those interviewed represented a cross-section of service recipients, with no base sample from which to draw, they did not represent a random sampling of such recipients. As a result, although much of the data collected in these interviews was *quantitative*, with the exception of questions related to access to services, the primary contribution of these interviews was to provide additional *qualitative* findings, as will be discussed in more detail in the next chapter.

4. Client Focus Groups

Client focus groups were conducted to obtain input from individuals in high-risk populations thought to be most likely to be in need of assistance. This component of the study obtained the most *qualitative* assessment of needs, with participants invited to discuss

problems and needs rather than respond to structured, closed-end surveys. Some of these participants indicated they were receiving assistance from agencies in the broad human service delivery system, while others were not.

The primary advantage of obtaining information in less structured settings is that ideas that emerge come from the *experience* and *perceptions* of the participants. The *way in which participants describe* community (and their own personal) "needs" may be quite different from how these needs are understood by the researchers. Focus groups have the potential for *discovery*, providing insights that will rarely be obtained in other research approaches. They can be used as well, to help researchers understand related quantitative findings.

These client focus groups were conducted by professional moderators with assistance from United Way & Community Chest staff and were held in 20 locations throughout the six counties between June and September 1986. A total of 21 focus groups were conducted in area human service agencies and community centers with individuals in the following categories:

- Disabled (i.e., those with physical disabilities, developmental disability, mental illness)
- Elderly
- Family (i.e., single parents, victims of abuse)
- Minority (i.e., Black, Appalachian)
- Homeless
- Low Income (i.e., unemployed, public assistance recipients)
- Ex-offenders
- Teens

In semi-structured sessions, participants were asked to:

- Describe their *vision* for a better future for themselves and their community.
- Define *obstacles* to achieving their goals.
- Brainstorm *solutions* which would or would not involve additional financial expenditures.

These focus groups were conducted so that we could provide examples in the report of how people experience the "problems" and "needs" that would be identified in the conclusions, giving a *human* dimension to the study's "quantitative" measures. Ideas emerging from

these groups on how to solve these problems would be particularly important in proposing solutions.

5. Expert Focus Groups

In the original research design, public hearings had been planned as a technique for sharing findings and obtaining further input from human service experts. As the primary data gathering came to a close in September 1986, it became apparent that perspectives of experts were needed to:

- Give further *definition and elaboration* to problems identified in survey findings as serious.
- Analyze underlying as well as immediate *causes* of these problems.
- Describe *trends* which would impact the severity of these problems in the future.
- Brainstorm possible short-range and long-term *solutions*.

Approximately eight to fifteen community experts and local human service providers were invited to participate in each of the 12 focus groups which were held at the United Way & Community Chest building during the first two weeks of December 1986. These groups were moderated by volunteers from the Regional Needs Assessment Committee, and assistance and recording were provided by United Way & Community Chest staff.

A total of 111 experts participated in discussing issues related to the key problems and target groups which emerged as those areas of greatest community concern. These discussions were summarized in the full report, and ideas that emerged from these sessions were prominent in the recommendations for action.

6. Secondary Data Search

Finally, in order to provide "objective data" to better understand and evaluate the opinion research findings, an effort was made to incorporate into the findings available Census, incidence and service statistics; relevant news and feature stories; and local and national research. Information was collected and compiled by United Way & Community Chest

Planning Division staff in the framework of the twelve problem categories which had emerged in the primary research.

CHAPTER 3

ANALYTICAL STRATEGIES

OVERVIEW

While needs assessment studies are an attempt to make objective determinations of actual needs, *need* is a subjective concept, grounded in perceptions of "what is" compared to some standard of what "ought to be." As such, the most fundamental sources of bias are in the *selection of issues* to be studied, the *shaping* of those issues, and the *values of the researcher* as they influence the analysis. Although use of multiple sources of data can help reduce the biasing effect of any single methodology, interpretation of disparate findings to draw general conclusions can challenge even the most "objective" of researchers.

In this study, it was expected that different segments of the community would hold different opinions on any given need, but that various methodologies eliciting opinions from those constituencies would obtain essentially compatible results. The goal in the analysis was to *accurately* and *fairly* reflect the data collected, and provide explicit explanations when judgment calls had to be made.

As I conceptualize what it means to synthesize these findings into a whole, my image of the process is that it is like looking at some "reality" (community *need*, perhaps) which is placed deep in the center of a multi-faceted prism. Each of the facets surrounding this "object" represents a kind of distortion (i.e., the group represented, the method used to gain those perceptions, the individual's personal relationship to the "reality" in the center, and so on).

The "reality" changes its appearance as we move from one facet to the next, and as some facets overlay others, a new "distortion" (or "clarity") emerges. It is an inescapable fact that

we can not stand at all places at once or know precisely how the facets should be arranged relative to each other so that the "object" can be seen as it truly is.

This is how I experienced completing this analysis. The process of examining the same issues from five or six vantage points, brings an understanding, an almost intuitive sense of the "reality" within. This synthesizing of findings feels like some wonderful blend of *science* and *art*. Somehow, this "rational" process of looking at issues from these many perspectives... *balancing* and *hearing* and *searching to know*... brings an understanding *beyond* the facts themselves, and what emerges is a *sense* of what must be true.

DATA ELEMENTS USED IN THE ANALYSIS

In order to bring all the data together to create a single analysis, specific data elements were selected to be included in the analysis of findings. These were selected to try to answer some fundamental questions implicit in the study: Which are the most pressing problems? Is there consensus that these are the greatest concerns? Is there objective data to support these opinions? How many people/ families/households are affected? Are services in place to address the problem? What should be done?

In order to answer those questions and so that there would be a *consistency of approach* across issues, the same data sets were examined for each of the emerging problem areas. This had the effect of "standardizing" the data, making it easier to compare conclusions across issue (or *need* areas). The following specific data elements were included:

- *Trends in service requests* as reported by United Way & Community Chest Information & Referral between 1980 and 1986.
- *Ratings scores on the seriousness of community problems* obtained in the Key Informant and General Population surveys and open-end descriptions of problems.
- *Ratings scores on the adequacy of current community response* obtained in the Key Informant Survey and open-end comments on needed services obtained in all of the primary research efforts.
- *Descriptions of groups affected* and *possible solutions* obtained in the Key Informant, General Population and Service Recipient surveys and in open discussions in Client and Expert focus groups.

- *Household projections of need* obtained in the General Population Survey and through secondary sources.
- *Available secondary statistics*, including number of agencies (per household by county and in Total) providing services in each problem area, population density maps showing concentrations of individuals with this problem (i.e., potentially in need of service), and other salient "facts."

INITIAL IDENTIFICATION OF COMMUNITY PROBLEMS

When the Key Informant Surveys were prepared for mailing, two mailing labels were printed, one for the outer envelope and one affixed to the survey itself. Since all but of few respondents returned their survey with the label in place, it was possible to code respondents according to their title and line of work. The 550 individuals who returned their questionnaires represented a broad array of sectors in the community, people with *public responsibilities* (i.e., educators, social workers, public and private human service agency administrators, officials of local governing bodies), the *business community* (i.e., corporate executives, small business men and women), and *active residents* of the communities studied. Because of their role in providing services to meet human needs, serving on agency or community boards, being involved in community activities, and their positions of influence in the community, their opinions were used to make the initial assessment of the most serious problems facing Greater Cincinnati.

We were concerned that individuals representing particular fields of interest (i.e., the justice system, mental health, transportation services) would rate their own areas as more serious than other problems investigated in the survey. If this happened, it would have been necessary to complete a detailed analysis by respondent grouping to uncover and make adjustments for this source of bias.

Fortunately, no such pattern emerged, so neither weighting the data nor providing detailed analysis by respondent sector was necessary. We observed that there were *directional* (but not *significant*) differences between "service providers" and "community leaders." As expected, service providers gave somewhat higher seriousness ratings than did community leaders. However, individual respondents did not appear to rate their own issue area as

significantly more serious than the other problems they rated, nor was their rating of community response to their issue substantially different from ratings given by others. As a result, Key Informant Survey responses were treated as a single data set, without distinguishing between community leaders and service providers.

Our plan for analyzing the General Population Survey findings was to weight the responses to reflect household distribution *by county*, so that Total scores would more closely reflect household population data. So that findings from these two major survey efforts could be more "fairly" compared, Key Informant data were weighted to 1985 county household data as well. This resulted in only minor adjustments, as actual numbers of respondents were very close to what would have been expected. (See Appendix C.)

Data Reduction Strategies

Although the 125 specific issues listed in the Key Informant Survey were organized under eight broad categories (e.g., health, family and social needs, legal, education, income/ employment, transportation, housing, and delivery of services), the intent in the analysis was to reorganize the data into *clusters of need* based on seriousness ratings obtained in the primary research.

As framed in the surveys, these needs constituted *problems* (i.e., major crippling disabilities, substance abuse, homelessness), *groups affected* (i.e., adults, children, single parents, the deaf), and the need for particular *solutions or services* (i.e., low cost hospital delivery services, "hotline" for crisis intervention, counseling for teenage fathers). However, the research team believed that the configuration of community needs emerging from the research should be determined by the *data* rather than by any *preconceived groupings of problems, issues,* or *solutions*. As will be presented later, this initial organization of the issues is quite similar to how the data fell out naturally.

In addition, the use of multiple approaches for collecting opinions from different populations required that some analytical strategy be followed for balancing and combining these views. On the whole, available needs assessment studies which made some attempt

to combine findings across study populations offered little (if any) "scientific" rationale to justify the methods selected. Approaches which involved creating *artificial scores* for ranking of community needs were judged unsound and not worthy of replication. Since the literature on needs assessments provided little guidance for appropriate analytical techniques, the research team was forced to develop those techniques itself.

Given our purpose to identify the most critical needs in the community, it was important that the approaches taken would provide sufficient *discrimination* among issues to allow ranking of community problems, and that these procedures would *make sense* and be *credible* to non-researchers. The criteria for selecting analytical strategies were that they should be:

- *Defensible,* consistent with research standards held by the marketing research and social research professionals who served on the study team.
- *Valid*, presenting a "true" representation of the opinions collected.
- *Inclusive*, incorporating all findings into a *single set of conclusions* about community needs.
- *Easily communicated to non-researchers*, planners, and funders for whom the research was intended.

As described below, the process of selecting data reduction strategies which met these criteria involved examining findings using a number of different approaches. The methods considered are all approaches standardly used in social science or consumer research. While all technically "correct," some statistics may be superior to others when it comes to finding the most satisfactory solution for analyzing any particular set of data.

Means

Problems were first ranked by Key Informant seriousness mean scores. While mean scores are often a good summary statistic, they *did not provide sufficient discrimination* among measures, given the four-point scales used in this study. Since the study team believed that means ranked by hundredths would not be generally understood (nor seen as credible) to non-researchers, means *were rejected* as a tool to rank community problems.

Weighted Proportions

To obtain *greater dispersion among scores*, survey proportions were weighted to exaggerate differences in ratings and then ranked by these weighted proportions scores. This resulted in greater discrimination among scores, but since the weights selected were arbitrary, these "constructed" percentages were *hard to explain* as well. Weighted proportions *were also rejected* for ranking community problems.

Top-Box Scores

Ranking of problems by top-box scores (percentage of respondents rating the problem as "extremely serious"), *did not seem to be a fair representation* of the data. With relatively small percentages of respondents rating any problem as "extremely serious," the ranking of problems would have been determined by the "votes" of 10 to 25 percent of total respondents. This approach for ranking community needs was therefore *also rejected.*

Top-Two Box Scores

Finally, top-two box scores (i.e., unweighted percentages combining "extremely" and "quite serious") *were selected as the most satisfactory statistic* for ranking seriousness ratings of community problems. Using this criterion, the top 30 problems were rated as serious by three out of five respondents. The result of this ranking was inclusion of a broad range of community problems that seemed to "fairly" reflect the opinions of most respondents, and could be easily communicated to non-researchers. (See Appendix D.) This statistic was used for both Key Informant and General Population survey analyses.

Quartile Analysis

Using the top-two box ranking of problems as the basis for the analysis, a quartile analysis of measures studied in the Key Informant and General Population surveys was undertaken. This involved assigning each variable a quartile number (based on its ranking by the top-two box seriousness score) with the *first quartile* representing the *most seriously rated* problems and the *fourth quartile* representing problems rated as *least serious.*

Assignment of problems to quartiles represented a tool for standardizing the data between the Key Informant and General Population surveys. When issues rated in these two

surveys ranked in the same quartile, our interpretation was that the findings were consistent with each other. When issues ranked dramatically differently, as for example in the case of *child abuse* which ranked in the *first quartile* for Key Informants but in the *fourth quartile* for the general public, commentary was offered to account for or point out these differing opinions.

Bottom-Box Score

Similarly, the percentage of respondents rating the *community response to this problem* as "poor" (i.e., bottom box score) was used to as an indicator of inadequacy of current services. These percentages were also ranked and assigned to quartiles, with the top 25 percent ranking current response as *poor* assigned to the *first quartile* and the bottom 25 percent assigned to the *fourth quartile*. (See Appendix E.)

Top Quartile Seriousness and Top Quartile Poor Response

Measures were then examined to determine which issues were rated most serious (ranked in the first quartile for *seriousness*) and which had poorest community response (ranked in the first quartile for *poor response*). Multiple sortings were done using LOTUS spreadsheets. Issues where the problem was rated high in terms of *seriousness* and high in terms of *poor community response* were considered problems *most in need of immediate attention.*

Clustering

"Eye-balling" of the Key Informant data to group related variables resulted in 12 distinct issue areas which became the organizing force for the remaining research efforts. This clustering was done by looking for themes among the variables, particularly those that appeared in the top "seriousness" quartile. The community issues which emerged included concerns focussed on *three population age segments*; *basic financial, health and housing* needs; and three specific *problem* areas.

Specifically, problems or needs were designated as:

Basic Financial, Health and Housing Needs

- *Basic Needs* (i.e., Needs of families and individuals for food, clothing, emergency shelter).
- *Employment* (i.e., Need for jobs/good-paying jobs; counseling, financial and other support for families facing unemployment; services to address emotional and financial instability related to unemployment).
- *Health Care* (i.e., Need for low cost health care; in-patient and out-patient treatment for the uninsured; home health care).
- *Housing* (i.e., Need for individuals and families unable to find affordable housing; for those with special housing needs, such as the disabled).
- *Legal Assistance* (i.e., Need for protection of rights and limited resources of those least able to protect themselves: the poor and near-poor, the elderly, single parents, those with mental and physical disabilities).
- *Transportation* (i.e., Need for public transportation in rural and suburban communities, for youth and those with marginal income, for the elderly and disabled, and need for coordination among transportation services).

Population Age Segments

- *Children* (i.e., Need for affordable child care; for protection from abuse and neglect).
- *Teens* (i.e., Needs related to domestic violence, education, employment, involvement with drugs and alcohol, teenage pregnancy).
- *Elderly* (i.e., Need for home care and health care services, transportation, adult day care).

Identified Problems

- *Substance Abuse* (i.e., Seen as one of the most serious problems in the community for youth and adults, with impact felt in the workplace, increased domestic violence within families, and pressures in area communities).
- *Family Functioning* (i.e., Needs of families dealing with alcoholism, poor family communications, lack of parenting skills, teenage pregnancy).
- *Service Delivery* (i.e., Lack of coordination and communication among services makes it difficult to obtain assistance).

<u>Household Problems Incidence</u>

Primary data collected in the General Population Survey and secondary statistics obtained from local and national sources served as the basis for presenting the probable range of need or problem incidence. To calculate estimates of total households affected in the region, weighted Total incidence percentages (data weighted by distribution of households

per county) were multiplied by 486,750, the 1985 estimated number of area households. Incidence calculations were also completed for each of the counties studied and for the City of Cincinnati.

This table has been particularly useful for planners and for completing grant applications in that it provides detailed projections by county for 20 different problem areas. The table presents actual and weighted "bases" by county and for Total, which allows standard errors to be calculated for each projection.

These household projections were presented in the full analysis and in the *Management Summary* with related secondary statistics to define the range between which the "real" incidence could be expected to fall. Because data collected through the General Population Survey were *local*, used a *random* sample, and represented *current* information, these projections were among the *most compelling information* gathered in this needs assessment research. (See Appendix F.)

Qualitative Data

Incorporating into the summary of findings *open-end comments* from both focus groups and quantitative surveys helped to bring reality and a *human quality* to the measures studied. They were used to provide elaboration on *descriptions of needs* and *ideas for change*. They described contradictions, frustration, and despair as well as conviction that things can be better.

Here are some examples of comments reported in the full profiles:

> I am currently a recipient of Medicare and Medicaid. If I worked, I would not qualify for these medical assistance programs. Most of the jobs I am qualified to perform do not offer affordable, comprehensive medical insurance. If I was employed, I could not afford to pay for my medical expense. (Disabled Focus Group Participant, Health Care Problem Profile, p. 136)

> The only reason I am in a shelter is because I have no other alternative. While this is only a temporary condition, it is extremely degrading. As soon as I can find a job and housing, I am leaving this place. (Homeless Focus Group Participant, Housing Problem Profile, p. 159)

> The exterminators occasionally spray for roaches, but nothing is ever done about the mice and rats...I am in constant fear about the possibility of my children being bit by a rat...The rats have eaten holes in my children's clothes. (Low Income Resident Focus Group Participant, Housing Problem Profile, p. 159)

> It is not unusual to find among our clients families like Shirley, who lives in a two bedroom apartment in Kennedy Heights with her four teenage girls and pays over half of her earnings from a $4.00/hour job for rent and utilities..or..Kathy of Norwood whose housing problem is three-sided. On an ADC payment of $376 per month, she pays rent of $225 plus electric for a one-bedroom apartment in substandard condition to house herself and her three children. (Housing Expert Focus Group, Housing Profile, p. 159)

CONCLUSION

This task of synthesizing findings was not an easy one, although having done it once, replicating a portion of the study for Warren County United Way was considerably easier. I have reserved the concluding chapter for discussion of strengths and weaknesses in this research as well as recommendations on how such a needs assessment could be improved.

In the following chapter are highlights of how these findings were integrated to create Problem Profiles which reported the results of each of the *primary* and *secondary* research efforts.

CHAPTER 4

REPORTING THE RESULTS

INTEGRATING THE FINDINGS

Since a critical flaw in much needs assessment research has been the gap between methodology and conclusions, I felt it was important that this study document the findings and demonstrate that the conclusions drawn were sound. Further, since we did not know whether or not the conclusions would be well-received, I wanted to make certain that the conclusions could bear careful and potentially "hostile" scrutiny.

The approach I followed in completing this analysis was methodical, examining each research effort separately and drawing conclusions from each piece alone, as though no other information were available. The value of presenting each finding separately is that, like presenting an argument in a court of law, the evidence mounts as additional sources provide corroborating support that this is indeed a community problem.

Combining this massive amount of data into a single report of findings involved writing separate profiles of about 20 - 25 pages for each of the twelve problem areas identified, as well as a formal *Management Summary*, the document which received the widest distribution. Since a principal reason for engaging in these distinct research efforts was to obtain a balance of views, superior to what would have been obtained from using only one or two methods, it was important to demonstrate that these findings were indeed synthesized.

The goals in writing these problem profiles were to:

- *Provide sufficient descriptions* of the issues surrounding the problem or target groups identified so that solutions could be framed in this broader context.
- Provide *detailed findings from each of the research efforts* to justify the final conclusions.
- Point out and discuss *consistencies* and *inconsistencies* in conclusions when comparing results obtained in the individual research efforts.
- *Humanize the problems* through including direct quotes and providing problem descriptions, giving voice to those people affected to ensure that the issues would not be ignored.
- Point to *possible solutions* so that planning bodies, funders, community groups, and the public could develop joint (or at least consistent) efforts to address them.

PROBLEM PROFILES

A systematic approach was followed for examining the data and reporting findings across problem areas, incorporating comparable charts, graphs, and maps. According to the following outline, each of the 12 problem profiles contains:

Problem Profile Outline

Lead Quote(s)

Overview of the Problem

Trend Indicators

Primary Research Findings

Perceived Severity of the Problem

General Population Survey

Key Informant Survey

Service Recipient Interviews

Client Focus Groups

Expert Commentary

Needs/Gaps in Services

General Population Survey

Key Informant Survey

Service Recipient Interviews

Client Focus Groups

Problem Profile Outline (continued)

Secondary Data

Availability of Services

Facts and Figures

Maps

Analysis of Unmet Need

Conclusion

Summary

Ideas for Change

Highlights from Problem Profiles

To give a flavor of the detail offered in these problem profiles, the following discussion provides examples from sections in these reports. These are not intended to provide sufficient information for *evaluating* any of these analyses, but to serve as *illustrations* to show how different data elements can be brought together into a single set of conclusions.

Lead quote

These direct quotations from study participants describing some key element of the problem set the tone for each of the problem profiles. They were important tools for "giving voice" to these participants, and their words were considerably more powerful than any "intellectualized" description of the problem. For example, the following quotes appear in the Basic Needs and Teens profiles. They provide the "client" perspective on issues which emerged as community *problems* or *needs*: the desire for *employment* and *housing*, the impact of *poverty*, poor *family communications*, *teenage pregnancy*, *child neglect*:

> All I want is a job, a house, and more self-sufficiency. I don't want to rely on others for emergency assistance and economic support. (Client Focus Group Participant, Employment Problem Profile, p. 83)
>
> The problem for poor people is that they don't have enough resources to meet their needs. If they buy enough food, they can't pay their rent. If they pay the rent, they can't pay their utility bills. We need to remember that 'the hungry,' 'the homeless,' 'the medically indigent' are all ways of describing people who don't have enough resources to meet their needs. (Expert Focus Group Participant, Basic Needs Problem Profile, p. 1)
>
> Parents don't listen or seem to care; it's hard to know when to trust them. (Teen Focus Group Participant, Teen Problem Profile, p. 259)

> I had a job before I got pregnant, but now I can't find a baby-sitter. I can't even find a job because I dropped out of high school. (Teen Focus Group Participant, Teen Problem Profile, p. 251)
>
> When I overfed my three-month old baby, it was not abuse or neglect. I just didn't know how to care for my baby. I was only 16 years old. (Teen Focus Group Participant)

Following these quotes was a general description of the problem or need.

Overview of the Problem.

For each of the problem profiles, it was important to provide an overview of the complexity of the issue, a discussion of causes and related problems, groups affected, and typical community services designed to address the need. This narrative provided a broad description of the issue, summarizing the conclusions drawn from the research without making reference to detailed statistical findings.

To illustrate a portion of these presentations, following is an excerpt taken from the profile on Teen Issues:

> The visible problems facing teenagers today are all too apparent, with teenage pregnancy, drug and alcohol abuse the clear leaders, followed by a host of other problems...teen crime, teens dropping out of high school, teen unemployment. The temptation is to take any one of these, define it as *the* key problem, and develop *isolated* prevention or service strategies.
>
> Perhaps, however, these are only symptoms of those invisible problems facing teenagers in our communities... lack of employment opportunity, prejudice, discrimination, loneliness, family chaos, substance abuse, child abuse in the home, minimal adult or parental involvement...no hope or direction for the future...(Teen Problem Profile, p. 251).

These descriptions were typically 2 to 4 pages in length and summarized trends as obtained in the literature review as well as incorporating ideas from clients and professionals.

Trend Indicator

Here, a LOTUS line graph presenting United Way & Community Chest Information and Referral Center data was presented to show the change in annual requests for services related to the problem between 1980 to 1986. These graphs provided a powerful visual

picture of requests for services during this six-year period and set a context for understanding the problem area.

For example, while an issue might have emerged in the Key Informant and General Population surveys as a significant concern to the community, the trend graph might show a *decrease* in requests for *information* or *crisis assistance*. This might mean that individuals were seeking assistance *directly* from the appropriate agency or service (rather than through the United Way Information & Referral service), had learned that such services were simply *not available* (and had essentially "given up" asking for help), or that there was indeed a *decline in need* for such assistance. Staff in the Information & Referral Office often had ideas about which of these explanations might be the case, and their perceptions were included in the findings.

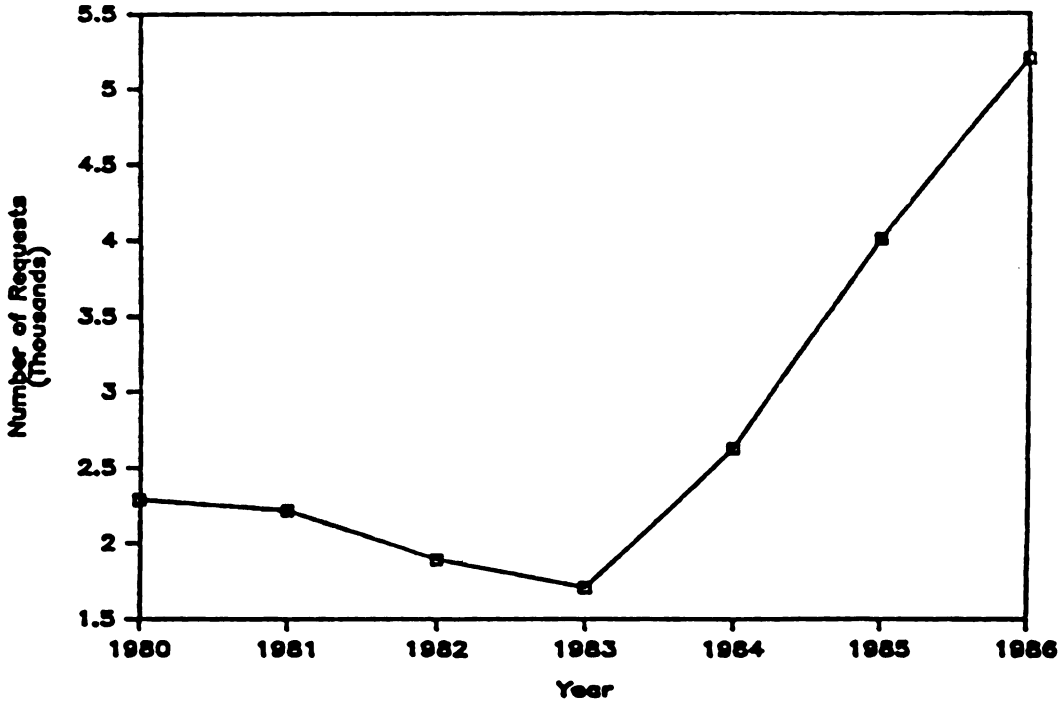
We suspect that unemployment during the 1983 recession sparked much of the increase in requests for assistance related to family problems (i.e., family violence, rape, divorce, etc.) which is shown in Figure 3. Increased public awareness of such problems might have also contributed to the increase in numbers of individuals calling for help or information.

As was reported in the following example from the Family Functioning Problem Profile (p. 113):

- Family functioning-related calls to United Way & Community Chest's Information and Referral increased from 2,300 in 1980 to 5,200 in 1986.
- Two-thirds of these calls were for counseling. Sharp increases have also been seen in protective service calls (a six-fold increase since 1980) and mental health/rape (tripled since 1984).

Figure 3

Trend in Requests Related to Family Functioning (1980 - 1986)



Primary Research Findings

Perceived Severity of the Problem

This section summarized findings related to *problem seriousness*, describing results obtained in each of the individual research efforts, including *quantitative* statistics (i.e., top-two box seriousness scores) and *qualitative* measures (i.e., summaries from focus groups and specific ideas or comments from any of the research efforts). The purpose of this section was to demonstrate how the different research efforts individually supported (or did not support) the conclusion that this is a serious community problem.

General Population Survey

All measures included in the General Population Survey which related to the problem area were presented showing top-two box percentage scores and quartile rankings. When appropriate, scores for key target groups were similarly given. Percentages of respondents

rating these as serious problems were presented to convey a sense of *numbers* of respondents rating this as a serious problem (i.e., in the following example more than one out of three respondents from the public at large felt unemployment is a serious problem), as well as *relative value* (i.e., among the top concerns of all problems rated, problems related to finding employment emerge in the first and second quartile).

The following excerpt shows comments reported in the Employment profile and the accompanying table:

- Three of the nine survey measures related to employment ranked in the first quartile, with greatest concern shown for access to decent paying jobs (Employment Profile, p. 87).

Figure 4

Employment: General Population Survey Seriousness Ratings

	Percent	Quartile
Finding jobs with a decent level of pay	44.5	1
Need for job training	37.6	1
Need for help to get a job	36.8	1
Having limited or no work experience	36.5	2
Stress in family due to unemployment	36.0	2
More sheltered employment for handicapped	29.9	3
Adults with such low reading or math skills they can't get job training	26.9	3
Need for basic education for adults	26.1	3
Discrimination in employment	19.5	4

Key Informant Survey

Top-two box Key Informant Survey percentage scores with quartile rankings were presented in this section in a chart like the one shown above for the General Population Survey. In addition, to determine whether these two surveys obtained consistent results, a graph was constructed to compare scores obtained on similar variables.

When only a single measure was obtained in the General Population Survey and multiple measures were obtained from key informants, (and when the ratings on these measures were similar), an average was taken to create a single statistic for this graph. When very different ratings were obtained on these multiple measures, the variables were assumed to be measuring different concerns, and an average was not used. This "average" score would have *understated* the concerns expressed on those variables rated as *serious* and *overstated* the concerns expressed on those variables rated *not very serious*, misrepresenting opinions on both counts.

These graphs were produced using LOTUS, which produces satisfactory graphs but is not very flexible in labeling. As is shown in the following table taken from the Basic Needs profile, it is difficult to understand the labels without being familiar with these measures which would have been described in an earlier part of the problem profile. However, in terms of visually representing the relative order of importance of these concerns, the graph is an effective tool.

I selected this graph to present here to illustrate another problem with synthesizing these findings, making decisions about what issues relate together conceptually. Selecting appropriate variables to create an issue (in this case, *Basic Needs*) involved having an understanding of what we generally *mean* in this society by "basic needs" (e.g., food, clothing, shelter) and what it normally *takes to achieve* these minimum standards (i.e., employment, adequate health care, protection of property and opportunity, transportation, effectively managing one's resources, obtaining appropriate assistance).

Issues that appear on this graph include seriousness measures on each of the following concerns:

- *Health and dental services* (and finding *affordable* health care)
- *Employment* (for most people, the means to establishing financial security)

- *Legal assistance* (an important tool for protecting one's rights [including protection from discrimination in employment], intervention before loss of property and housing, assistance in obtaining child support, etc.).
- *Housing* (finding affordable, "decent" housing; protection from discrimination in housing).
- *Money management* (with insufficient resources, problems are exacerbated when individuals do not know how to negotiate credit, how to "stretch" those limited dollars, how to decide which bills are most important to pay).
- *Not qualifying for assistance* (help from voluntary and public agencies is a way to meet basic needs, yet many "in need" do not "qualify" for assistance).
- *Transportation* (access to transportation provides a means to obtain assistance, employment, etc.).
- *Asking for one kind of help and receiving something else* (seeking and receiving/or failing to receive assistance with meeting basic needs often involves intrusions into many aspects of one's life, touching on areas that may or may not pertain to the request at hand and representing a barrier to people's seeking help).

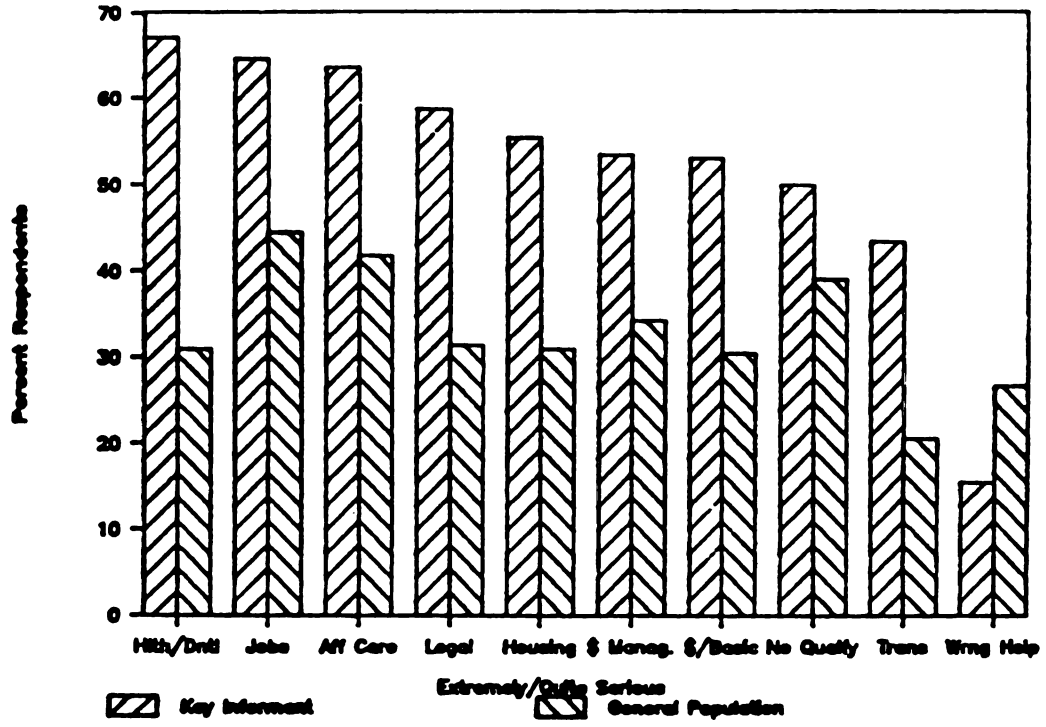
Selecting variables for this particular problem area was one case where as lead staff on the project, I took the prerogative of that position to override the opinions of other staff whose inclination was to define "basic needs" more narrowly. Our knowledge as sociologists gives us some license to do this, yet a case could be made for other configurations. Here, as in countless other situations, judgment calls had to be made.

This table illustrates a general finding in the study, that key informants tended to rate problems as more serious than did the public at large, but that the rank order of concerns between these two populations was "fairly" consistent.

Receiving the wrong kind of help from agencies represents one of the few variables studied where the public saw this as a more serious problem than did key informants. The table as reported in the Basic Needs Profile (p. 7) is shown below.

Figure 5

Basic Needs: Key Informant versus General Population Seriousness Ratings



Service Recipient Interviews

This section summarizes, in the form of bullet points, problems mentioned by service recipients when asked to describe what they see as the most serious problems facing their communities. These respondents were asked to give free or "open" responses as opposed to simply rating problems "neatly" listed in the closed-end surveys. The *expressions* respondents used, *descriptions of problems*, and *issues named* were important in giving more *specific definition* to related seriousness ratings given in the General Population and Key Informant surveys. For example, the problem of *substance abuse* emerged as a serious community problem, yet from these interviews, it appears that "enforcing drunk driving and other violations" is one aspect of that problem.

Importantly, because of the open-end nature of these questions, notions that emerged here as community problems were often not found in other aspects of the research, and this listing was a way of giving voice to these concerns.

Following is an excerpt of such problems as reported in the Legal Problem Profile (p. 194):

- Vandalism and violence
- Need to improve police department/improved relations with police
- Traffic control
- Need to enforce drunk driving and other violations
- Problems of rape and prostitution
- Need for legal counseling for low income residents
- Employment, racial, and agency discrimination

Client Focus Groups

This section describes ideas that emerged when participants were asked to describe obstacles they perceive to achieving their goals for themselves and their communities. These descriptions and many others gave concrete meaning to the measures rated as *serious community problems* in the quantitative surveys.

These "stories" were not quantified, as their value was in helping those planning for solutions understand how these problems feel to those for whom the community's minimum values are not being realized. Following are some of the issues that emerged from these focus groups which touch on problems related to *housing* (i.e., substandard housing conditions and lack of available housing) and difficulties in obtaining *help* (i.e., insensitivity of caseworkers, lack of available services, waiting lists) (Problem Profiles):

- Rat-infested apartment buildings where teenage mothers can't leave their babies in their cribs for fear of their being bitten; shortage of rental housing for families.
- Teens and parents not being able to talk with each other without getting into fights.
- It is difficult to get good service availability information over the telephone. The workers are usually impolite and tend to give the caller the impression that they called at an inconvenient time. I am constantly put on hold.
- Lack of available services for specific groups such as insufficient in-home health services for the elderly, waiting lists to get into nursing homes, lack of employment for Black teens, lack of affordable day care to allow single parents to take minimum wage jobs.
- Absence of substance abuse treatment beds for people without insurance, virtually no routine community services for the deaf community (i.e., legal aid, substance abuse treatment, translators to assist in obtaining medical care).

Expert Commentary

The expert focus groups were a particularly valuable aspect of the research in that these practitioners had a deep understanding of the issues (i.e., "typical"" clients, problems in providing appropriate services, ideas for how to better meet the needs, awareness of trends in problem incidence, and anticipated directions in funding for this problem).

A key purpose for conducting these groups was concern that the results (including the overall description of the problem) would be credible to this potentially "hostile" audience. If our framing of the issues were off-target, we wanted a chance to reshape problem descriptions to more accurately describe the problems so that practitioners would not reject the findings out of hand. In addition, while some "ideas for change" had emerged from other aspects of the research, they were not coherent enough to present as solutions without further elaboration.

A one-page narrative presented in this section summarized the ideas and themes that emerged from these groups. To illustrate the kinds of discussions which were presented, following is an excerpt taken from the Housing Problem Profile (pp. 168-169):

> Overall, the decline in housing particularly in urban neighborhoods, is expected to increase. A number of factors contribute to deterioration of area housing. Failure of landlords to bring buildings up to code is attributed in part to the high cost of renovating and rehabilitating older buildings and the absence of incentives for improving the property. City of Cincinnati and Northern Kentucky urban centers are particularly vulnerable with their large supply of aging housing stock...
>
> While homelessness in the region has captured considerable attention during the past several months, there are uncounted number of 'hidden homeless,' families who have moved in with friends or relatives temporarily, waiting to find affordable housing.

In order to provide directions for action, these Expert Focus Groups were essential for providing *specific* ideas for change. Some examples of a few of the suggestions that emerged in the area of *Housing* needs include the following (Housing Problem Profile, p. 169):

- Promote low income housing in conjunction with community development (e.g., blending of housing of different income levels in communities).
- Through long-term housing strategies in neighborhoods, build equity in local housing stock.

- Develop transitional housing for people who may not be eligible for emergency housing but need assistance until they can afford permanent housing (e.g., may be involved in separation or divorce, participating in employment training, or working toward self-sufficiency in low-paid employment)

Needs/Gaps in Services

General Population Survey

Projections of need were extremely important for the credibility of this report. In response to the demand for "hard numbers," two research efforts were undertaken. The *primary* research effort, in the form of the General Population Survey, provided data to make household population projections. Secondary statistics were obtained through extensive (and sometimes creative) search for information from agencies, other research, and the Census. These data were sometimes household, sometimes family, sometimes individual data, and many were "estimates" themselves. However, in spite of any shortcomings, they represented an important anchor for checking and balancing the findings obtained in our needs assessment survey effort.

These findings were combined in the form of a chart to describe the numbers of households or individuals affected by the problem. The following chart taken from the Basic Needs profile shows survey projections and Census data related to low income and poverty (Basic Needs Problem Profile, p. 11):

Figure 6

Low Income and Poverty Projections

	General Population Survey		Secondary Data		
County	Low Income[1] Incidence	Projected Households	Poverty Incidence	In Poverty	Income Under 10,000
Base	100.0	486,750	100.0	1,304,000	1,304,000
Brown	29.4	3,500	34.8	4,800	4,100
Clermont	24.3	11,600	20.3	11,400	11,000
Hamilton	24.8	81,400	28.4	95,600	93,400
Boone	17.6	3,000	19.6	3,200	3,400
Campbell	19.8	5,800	28.5	8,000	8,400
Kenton	25.8	13,300	28.4	13,700	14,600
Total	24.5	119,300	27.7	136,600	134,900

[1]Average household income = $12,700

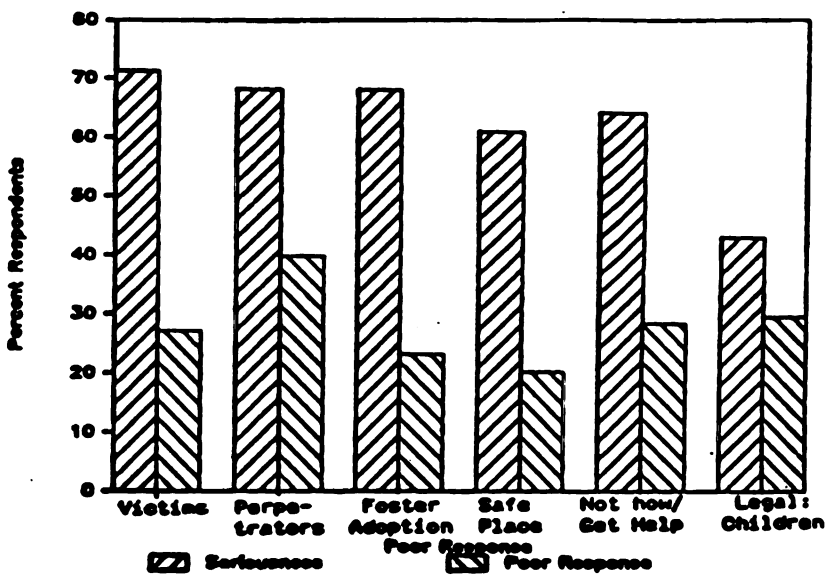
Key Informant Survey

In this section, Key Informant *poor response bottom box* and *quartile rankings* were shown for each of the relevant measures, along with a graph summarizing *seriousness* and *poor response* measures graphed against each other. The purpose of this graph was to demonstrate visually issues which key informants rated as serious and which they believed were receiving inadequate community effort. This would be a *strong indicator* of issues in need of attention.

As is shown in the following table taken from the Children's Problem Profile, the most serious need not currently receiving adequate attention appears to be services related to *treatment of perpetrators*, those adults who commit child abuse (Children's profile, p. 47):

Figure 7

Child Abuse: Key Informant Seriousness versus Poor Community Response Ratings



Additional comments emerging from open-end Key Informant Survey data were reported here as well. With respect to child abuse, for example, excerpts from the Children's Problem Profile describe the need for increasing public awareness, improving prevention efforts, and improving inter-agency cooperation and outline the following recommendations (Children's Problem Profile, p. 47):

- Stronger communications within the public schools and other organizations about child abuse.
- Expand existing services; publicize availability of services.
- Increase outreach.
- Establish an institute for treatment of abuser and develop other prevention strategies to break the cycle of child abuse.
- Improve coordination among police, health services, and school on procedures; improve information-sharing.

Service Recipient Interviews

In this section, suggested *ideas for improving services* in the community were listed in the form of bullet points as given in this excerpt from the Basic Needs Profile (p. 14):

- Reducing bureaucracy and red tape in applying for and receiving help
- Increasing emergency services
- Increasing services for people who are working but who do not qualify for assistance under current guidelines
- Increasing assistance for children
- Changing regulations to allow people to receive help longer

In addition, when data were available, incidence of problems within target groups was also reported to help illustrate the relationships between one *problem* or *need* and others. As is shown in the following table which describes households with *substance abuse* in the home, problems with *unemployment* are key issues in these homes, with *two* out of *three* substance abuse households indicating this is a problem for them.

Problems such as not having money for *health* and *dental care*, needing help with *managing their money*, not being able to *pay for utilities* all take their toll. One out of two of these respondents with *substance abuse* in the household reported *adults and children not communicating*, and almost as many indicated large numbers of *family fights*. (Substance Abuse Problem Profile, p. 244):

Figure 8

Service Recipient Survey: Problems Experienced Past Year by Substance Abuse Households

	Percent Substance Abuse Households
Base	(53)
Not enough money for food, clothing, shelter	66.0
Needed help to get a job	62.3
Been unable to afford dental care	62.3
Had problems with budgeting or managing money	60.4
Felt stress in family due to unemployment	60.4
Been unable to afford health care	54.7
Had problems paying for gas or electricity	54.7
Adults and children not communicating w/each other	50.9
Large numbers of family fights	45.3
Transportation to get to social/health services	41.5
Been unfairly treated by the law	41.5
Serious problems with your marriage	30.2
Been without a home or a place to stay	26.4
Been the victim of a violent crime	17.0
Dropped out or were expelled from school	15.1
Needed someone to take temporary custody of your child	15.1
Teen pregnancy (son or daughter)	11.3

Client Focus Groups

To help describe gaps in services, this section summarized ideas emerging from Client Focus Groups where clients talked about the kinds of services they believe are needed. While many praised the efforts and services provided by agencies, they also shared concerns about problems they experienced. These "weaknesses" were included in the overall understanding of "gaps in services."

A narrative description of the focus groups discussions was included to give a feeling for the client perspective. The intention was for those individuals reviewing these findings to understand the *nature of their struggle*, appreciate the *pressures* and *pain* associated with these problems, and through this understanding, to *feel compelled* to participate in taking action to address them.

The following excerpt is taken from the Teens Problem Profile Client Focus Group (pp. 258-259):

> Central to many of the problems they discussed were difficulties in resolving problems, either by themselves or through working with available local services. They described the feeling of no one to turn to for help in a personal crisis and getting into trouble as a 'cry for help.'

> However, they indicated frustration with a system that defines them as too young to make their own decisions or hold a job, doesn't allow their input in such important areas as their placement in foster care, and excludes them from participation in many decisions affecting their own lives. They characterized detention facilities as 'inhuman' and courts as unwilling to listen to perceptions and views of children like themselves.
>
> Economic problems in the home, making bad grades at school, and having to choose between their parents when there is a divorce or separation were among the problems named by focus group participants. These, along with peer pressure, were cited as contributing to their involvement with drugs and getting into trouble...They expressed fear of being rejected and unwanted and not caring enough about themselves to care about others. Importantly, they described their central dilemma...knowing things are wrong but not knowing how to change them.

Secondary Data

Availability of Services:

United Way & Community Chest produces a directory describing human services available in Greater Cincinnati and Northern Kentucky. A computerized sorting from this directory was used to list agencies providing services to address any of the twelve problem areas or target groups identified in the study. These were broken down by county, and a rough index of services was created for each of the six counties studied by dividing the number of agencies in the county by 1000 households per county.

The purpose was to indicate penetration of services and to give a tool to evaluate a county's services relative to the region as a whole. For example, if a county's "index" were significantly below the average for the region, one could use this information to support the argument that there are *insufficient* services in the county. To illustrate, the following chart shows the "service availability index" which was reported in the Housing Problem Profile (p. 176):

Figure 9

Service Availability Index for Agencies Serving the Elderly

Number of Housing Agencies

County	Number of Agencies	Agencies/1,000 Households
Brown	1	.08
Clermont	4	.08
Hamilton	55	.17
Boone	2	.12
Campbell	1	.03
Kenton	6	.12
Total/Average	69	.14

Facts and Figures

The focus of this study was in the collection and analysis of *primary* data, and the secondary findings were seen as a backdrop to the primary efforts. As such, while the secondary data search was important, we did not engage in a critical "analysis" of the data selected. We reported these findings as isolated "facts," generally without commentary or referencing the source. This was a weakness in the study, but with hundreds of sources for this information and time constraints, we did what was expedient.

Selection of secondary information to report was a monumental task, with the *range* and *quality* of information uneven across problem areas. They were summarized in the form of bullet-points, charts, and graphs. Included were a potpourri of local and national statistics, agency service statistics, Federal poverty guidelines, other research findings, and general information about these issues.

Maps

Although the level of analysis was the region, and to some extent, county, there was much interest in providing neighborhood level data regarding community needs. It was not in the scope of this study to provide such detailed information, yet population maps were seen as a possible tool to address this need.

In consultation with University of Miami, 1980 Census population maps for this metropolitan area were included to show concentrations of populations potentially in need (i.e., elderly, families on public assistance, individuals living in poverty). Narrative in the report included discussion of specific neighborhoods or areas in the communities that appeared particularly vulnerable.

To illustrate, following are two maps which were included in the Basic Needs profile. The first map (Figure 10) shows high concentration of poverty in Brown County, yet the second map (Figure 11) shows that virtually none of these residents is receiving public assistance (Basic Needs Problem Profile, pp. 26-27). This inconsistency between what would be expected and what was observed was noted in the report. Clearly many residents of Brown County are "in need" of help, yet they are not receiving help in the form of public assistance.

Figure 10

Percent of Households with Income Below Poverty Level

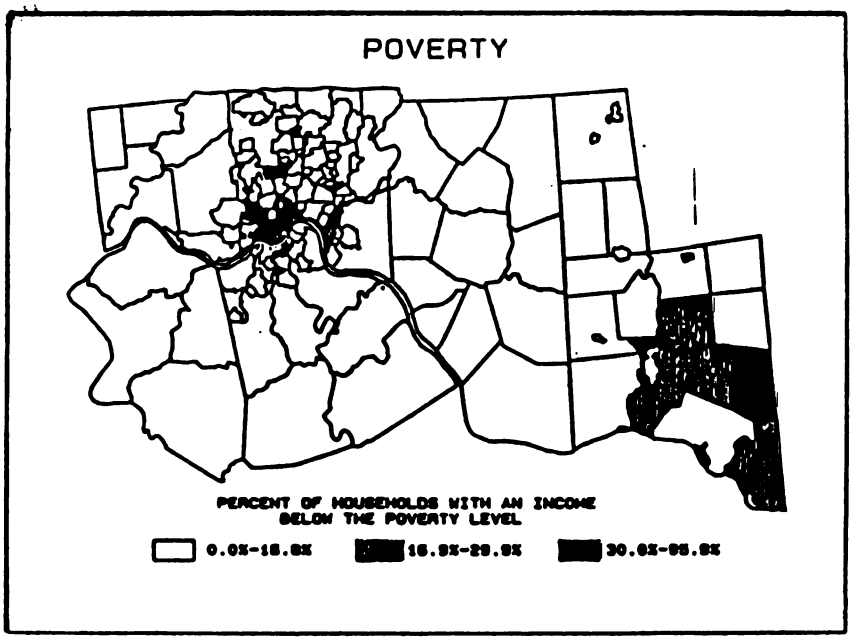
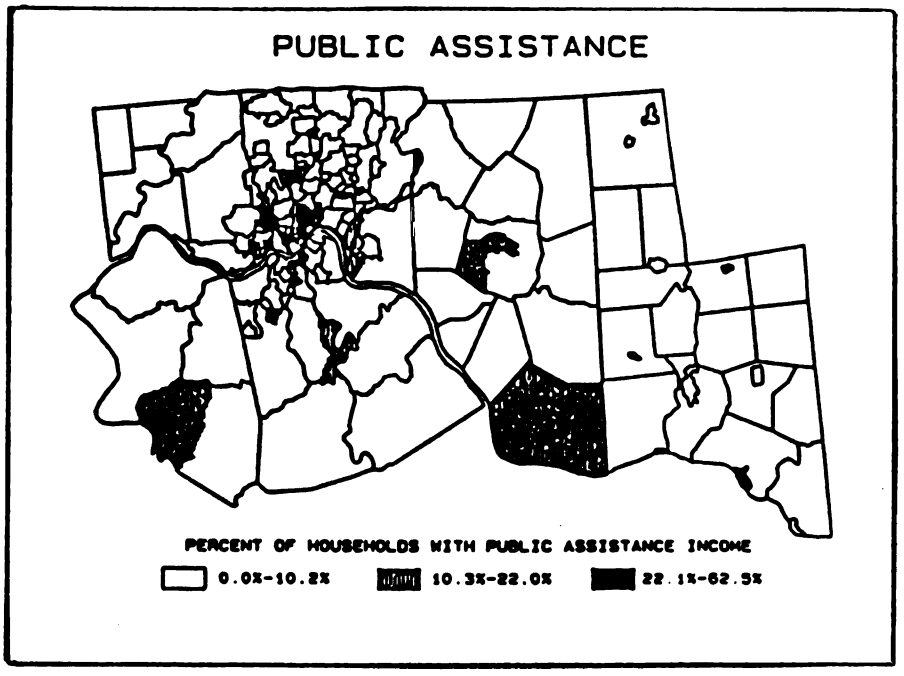


Figure 11

Percent of Households with Public Assistance Income



Analysis of Unmet Need

This final section of the Problem Profile was the most difficult, in that the goal was to bring together all the findings, incorporating *primary* research and *secondary* data, to *draw conclusions* on needs. Since the demand for "numbers" had been made explicit early in the project, it was certain that we would make some attempt to arrive at projections of need.

Based on our overall understanding of the problem, we made estimates of where the needs are greatest for *direct services* (based on General Population Survey household projections and secondary statistics) and for *preventive services* (based on populations likely to be affected by the problem projected to Total area households).

In the example which follows, *orientation to work* and *obtaining skills* to work represent tools to prevent unemployment, and could conceivably be appropriate strategies to address to the 383,100 area children and the 104,500 area teens. Direct services would be appropriate for the estimated numbers of individuals and households currently out of work. Following is an example of these estimates (Employment Problem Profile, p. 107):

Figure 12

Employment: Estimated Individuals in Need

Direct Services: 95,900 - 200,000 unemployed or underemployed households
Prevention: 383,100 children; 104,500 teens

Conclusion

Finally, a *conclusion* section was provided to give a brief summary paragraph describing the problem and outlining the key *Ideas for Change* that emerged from the research. The purpose was to provide a thumbnail sketch of the problem and suggested directions for action. The following excerpt from the *Management Summary* summarizes the problem and outlines specific action recommendations related to needs of the human service delivery system itself (Service Delivery Profile, Management Summary, p. 31):

Figure 13

Service Delivery: Conclusion and Ideas for Change

Conclusion

There are 456,750 households in the Greater Cincinnati area. All households are at risk of needing some community resource to help with a problem... counseling to help a family cope with cancer or some other catastrophic illness, intervention in abuse or neglect situations, employment training and placement, emergency housing, child care referral, teenage pregnancy, or human contact to deal with loneliness and isolation.

This research indicates that **there is a need to expand community awareness of a centralized source of information**, such as United Way & Community Chest's Information and Referral. When a crisis occurs, people are confused about where to turn for help, and many become frustrated by the maze of agencies and services in the community. Others may not even seek assistance, believing that no help exists for them.

With limited human services resources and trends toward decreased funding, the need for **coordination and cooperation** is even more acute than in the past. The study indicates there is a need to improve cooperative planning and programming to allow agencies to **increase their capacity to serve community needs, build public support for increased funding, and engage in more effective prevention efforts.** Human services funders, agencies, businesses, and concerned citizens can play a key role in improving opportunities and hope for area residents.

Ideas for Change

The following ideas for change emerged:

- **Develop strategies among agencies and institutions for joint programming and sharing of resources, better coordination of services and reduction in duplication of services**
- **Support humanization of agencies; ensure that clients are treated with respect and allowed to participate in solving their own problems; increase flexibility in operations; improve volunteer and staff training; increase outreach efforts**
- **Engage in more aggressive use of media about programs and services to more effectively reach those potentially in need, expanding centralized information and referral**
- **Support changes in public assistance policies and fund human services programs that assist individuals and families to become independent**
- **Encourage clients, neighborhoods and volunteers in direct service and advocacy efforts**
- **United Way & Community Chest convene representatives from agencies, businesses, government and the community-at-large to form a body to develop ways to improve overall human service delivery system in the region**

These Problem Profiles, representing the full report of findings, were summarized in an 83-page document, *Regional Needs Assessment Management Summary*, which provides two-page summaries outlining key findings and recommendations for each of the twelve problem areas.

CHAPTER 5

REFLECTIONS AND RECOMMENDATIONS

REFLECTIONS

Accomplishments

This study represented a major undertaking as the first *comprehensive needs assessment study* ever conducted in Greater Cincinnati and Northern Kentucky. Its contributions to helping the community focus on and understand community needs were considerable. The United Way & Community Chest organization and the volunteers who managed the project have received public acclaim and recognition for the thoroughness and expertise contained in this research effort.

The findings have been quoted extensively in the media and by human services and government agencies, and the design promoted as a model needs assessment study by research and community problem-solving experts at United Way of America. In 1988, the study was replicated in a neighboring community under the direction of the Warren County United Way, and by collecting comparable data, comparisons were made to results obtained in this Regional Needs Assessment Study.

In spite of the difficulties and expense of carrying out such a comprehensive needs assessment study, the rewards were great in terms of:

- Providing the community with a *focus for program development, joint ventures,* and *community problem-solving.*
- Providing research on community needs of a *higher quality* than most agencies could have undertaken on their own.
- Providing current local data which area agencies used for *strategic planning, priorities-setting,* and *grant-writing.*

- Organizing extensive survey data and secondary information on human needs and general socio-demographic data to serve as the basis for a *single source document*.
- Producing a readable *Management Summary* report which was widely utilized by public, private and voluntary agencies.
- Giving a *perspective on community issues* and problems which incorporated the views of the public, service providers and clients alike, a *truer* and more *credible* picture than would have been obtained from any one of these sources alone.
- Providing *direction on how to respond* to identified community needs.
- Providing *current local incidence statistics* on problems experienced in area households, data which were not available through other sources.
- Providing a *research model* for assessing community needs.

Shortcomings

However, any research is bound to have some shortcomings. The following comments outline some of the key weaknesses in this study and recommended changes.

1. Research Instruments Design and Analysis

While the research instruments used in this study were intended to be compatible with each other (and generally were), they were designed by committees of 10 to 12 people each, not a small study team with design oversight responsibilities. In spite of strong staff support, it was considerably easier for these committees to frame questions than to contemplate the task of integrating and making sense of the results from the various research efforts. It goes without saying that it is far better to anticipate at the beginning of a study strategies for managing and interpreting the data than at the end of the project, seeking to find ways to make use of the information that was collected. The lack of compatibility among these instruments made the task of analysis and integrating the findings particularly difficult.

In addition to having a small study team responsible for coordinating and approving the design and analysis plans *for each of the components* and for integrating the findings *across the components*, the following specific changes are recommended to improve the quality of the research.

Key Informant Survey

This component of the study obtained extremely valuable information providing both *quantitative* and *qualitative* data. This survey effort represented our most *thorough* examination of problems and needs and was critical for ranking community problems. The Key Informant Survey should be retained in a comprehensive study of community needs, with the following improvements.

Recommendations

- The survey should retain *quantitative* measures for rating of problem *seriousness*, adequacy of *community response*, and as many as three *open-end questions* to provide elaboration and discussion of *problems*, *target groups*, and *solutions*.
- Increase *sample size* by improving quality, appearance, and lay-out of survey and doing follow-up to encourage survey completion. Consider telephone rather than mail survey if the length of the survey can be sufficiently reduced.
- *Refine and shorten the instrument* by identifying highly correlated measures and dropping those that provide no additional insight. Some measures were essentially duplicates of others and simply lengthened an already long survey.
- Provide *10-point rather than 4-point rating scales* to obtain greater discrimination in ratings. Most problems will not be rated "10" (extremely serious), and most will not be rated "1" (not at all serious), and the remaining 8 points will allow respondents to make fine distinctions between problems.
- Make greater use of *multivariate statistical techniques* for more efficient data analysis (i.e., factor, discriminant, cluster analysis; perceptual mapping). It would probably be more efficient (and less costly) to use *outside resources* to analyze a study of this scope. While many personal computer-driven statistical packages (such as Stat Pak Gold) can handle these kinds of analyses, the combination of *numbers of variables* and *numbers of respondents* can be beyond their limits.
- Even if data are analyzed internally, arrange for data processing through an external processing firm with *survey research reporting capability* who typically have superior software packages for presenting cross-tabulations and tables summarizing coded data.
- *Limit the purpose* of the study. Specifically, do not include "Request for Proposal Ideas" in the same research instrument.
- Include select *respondent demographic questions* to examine differences in perceptions among various population segments.

General Population Survey

On the whole, this component of the research was well-executed, producing usable, reliable results. With the following changes, this *random sample* General Population telephone survey should remain a *centerpiece* of any comprehensive needs assessment study.

Recommendations

- Establish screening procedures to assure *adequate representation of key populations* in the communities studied. Underrepresentation of black households required weighting of Cincinnati/Hamilton County data, a procedure that could have been avoided if ethnic group had been tracked during interviewing.
- Include questions related to *seeking and obtaining of community services* so that findings related to the broad human service delivery system can be projected to the larger community. Projectable *impact findings* can also be obtained by including questions related to perceived impact of services.
- *Increase sample size* to improve reliability of findings related to target group households where incidence is low (i.e., homeless past year, victim of child abuse, etc.). Consider "over-sampling" to obtain adequate numbers of targeted populations (a number of possible approaches can be used). However, include these "over quota" respondents *only* under "sub-population" banner points and *do not include their responses* in the Total. (This is to protect the validity and reliability of the *random sample*.)
- Use changes in *incidence measures* between the base study and a re-test as a tool to broadly assess *service impact*. In principle, if considerable community effort has been directed toward addressing a given problem or need, there should be some measurable *decrease in the problem* over time. This problem incidence data measured at wide time intervals (2 to 3 years) also allows tracking of *trends in need areas*, again an extremely useful tool for seeing whether specific problems (and opinions about them) are *growing* or *declining* generally.

Client Focus Groups

The underlying reason for conducting Client Focus Groups was more *methodological* than *substantive*. The study team believed it was important to talk with clients and potential clients in unstructured settings but was less definite about *the kinds of information or insights* that were being sought through this approach.

The technique used by the firm which conducted the focus groups was a *small-group consensus-building process* rather than *an exploratory moderator-led discussion*, which is more typical of the focus group research technique. As a result, participants were less able to tell

their own stories and share their insights about human needs in the community. Summaries that were provided were sparse in terms of including direct quotes and providing interpretation of themes, which typically represent the primary value of this type of research.

Recommendations

- Define more clearly the *purpose for conducting these focus groups* and adjust the *timing* to reflect the goals selected. If the goal is *exploratory* (to provide insights for identifying and framing community issues), these groups should *precede* the quantitative surveys and be used in their design. However, if the goal is *explanatory* (to provide understanding and elaboration of the problems identified), they should *follow* the quantitative surveys and take their direction from the quantitative findings.
- So that findings relate *more directly* to the other research efforts, develop moderator guides that link the focus groups to the other research efforts. Frame issues to be discussed around the central research issues of the needs assessment study: problem identification, problem seriousness, groups most affected, effectiveness of community response, ideas for change.
- Use professional focus group moderators with experience in this research methodology.
- To make full use of these findings, complete a *formal analysis of findings* including detailed discussion of themes and ideas, with liberal incorporation of direct quotes, as is normally done in focus group analyses.

Service Recipient Interviews

Although this component of the study represented a substantial allocation of staff and agency resources, and respondent participation was *enthusiastic*, this effort was disappointing in terms of providing usable results. This was because of a *fundamental incompatibility* between this survey and the two other major *quantitative* efforts.

The *issues* included in the Service Recipient Interviews were roughly the same as those measured in the General Population and Key Informant surveys, yet the *measures obtained* were substantially different. Service recipient respondents were asked to indicate whether they had *experienced the problems surveyed* (i.e., incidence measures) as opposed to *rating the seriousness of these problems* (i.e., opinion measures). When compared to random sample General Population Survey findings, the "incidence" statistics obtained in these surveys showed *lower incidence* in specific problem areas. It was simply not credible that

"troubled" populations (such as were represented in these groups), had *lower levels* of household problem incidence than the public at large.

Further, since *opinion data* were not gathered on the 60 problems listed in the General Population Survey, service recipient responses could not be compared or incorporated into the General Population Survey results. As a result, *perceptions about community services* were among the limited uses for the *quantitative* data collected. By ignoring Total column information, however, it was possible to complete an analysis of target groups, exploring *interrelationships* among problems. Rough "risk factor" estimates were calculated (i.e., likelihood of households with one problem also experiencing some configuration of additional problems) which showed some *explanatory* promise. This goal of *quantifying such interrelationships* was a worthy one, and alternative approaches to achieve this goal should be explored.

Recommendations

- Determine the *purpose* for this component of the research as providing *similar data* to Client Focus Groups or *supplementing and improving target group bases* for the General Population Survey.
- As with the Client Focus Groups, these interviews should *precede* the quantitative effort if their purpose is to identify important issues that might otherwise be overlooked. They should *follow* the quantitative efforts and provide ample opportunity for open-end responses if they are intended to provide *elaboration* and *greater understanding of the problems identified.*
- If they are intended to provide *additional sample of target group* households to improve the reliability of findings in the General Population Survey, they should be conducted *concurrently* with that research. This component would then use the General Population Survey as the base research instrument and include additional questions *tailored for service recipients*. It might be possible to incorporate the specific questions on *experiencing problems* that were contained in the current Service Recipient Survey into the General Population Survey. This would allow *projectable conclusions* about *problem interrelationships*. The power of these projections is a compelling reason to consider this approach.
- Because of the difficulty of obtaining a *representative sample* of service recipients, this component (as a separate research effort) should be considered carefully before assuming that it must be included in a comprehensive study.

Expert Focus Groups

These groups were conducted as an addendum to the original research design. After all of the *primary* and most of the *secondary research* had been conducted, pressures mounted from staff and Board members to provide specific *action recommendations*. *Opinion* data, *incidence* projections, and *secondary* data were insufficient to provide such recommendations, and Expert Focus Groups were conducted primarily to provide this input. They represented an important component of the study, and bringing together experts in these areas provided important benefits. It allowed the Research Committee the opportunity to:

- *Share preliminary findings* with the audience likely to be most critical.
- *Refine discussions of identified problems*, incorporating expert perceptions prior to issuing the final report.
- *Develop more precise solutions* ("ideas for change") which had already been endorsed by service providers.

Recommendations

- *Include this component* in the initial study design and invite participants early enough in the process that the "right" people will be able to attend.
- When formulating the purpose for these groups, make certain that this effort *supplements* and does not *duplicate* the Key Informant Survey.
- As was done in this study, provide some background materials to participants *prior to the session* so they can come prepared with specific suggestions. Developing *action recommendations* in brainstorming sessions such as these can be productive and on-target. However, *top-of-mind* suggestions might not represent their best thinking nor the best ideas of the agencies and groups that they represent.
- *Representativeness* is always a problem in such groups, so make every effort to be *inclusive* while not making the groups unmanageable.
- Design *formal moderator guides* to be followed closely, particularly when volunteer rather than professional moderators are used. If possible, use professional moderators, whose skills in conducting these groups and analyzing the findings is likely to provide a *higher quality* of information and *greater consistency* across groups.

2. Client Focus

Another shortcoming in the study is that the Board of Trustees did not provide the Research Committee with a "client representative" (e.g., a team of Board volunteers) with whom the project could actively consult during the course of the study. Meeting with United Way & Community Chest Board members at the beginning of the project was

extremely important for clarifying what the study could accomplish and for establishing *realistic expectations* for the Board of Trustees. However, expectations shifted over the eighteen months it took to complete the research, which created frustration both for the *volunteer committee* managing this study and the *staff* as well. Good research requires tailoring the full report as well the "*executive summary*" to meet the needs and expectations of the client. Without a "client" with whom to discuss reporting strategies, the study team had little feedback until the final product was virtually completed.

Also, because the study was sponsored by United Way & Community Chest alone, no formal direction was given by the study's "secondary" clients (i.e., external funders, planners, and community organizations) who would be key "consumers" of the research findings. Since these other bodies did not formally *sponsor the study*, they were not in a position to provide input to assure that the study served their *planning* and *strategic* needs.

Recommendations

- Establish a *consortium of sponsors* (including the Gannett Foundation, Cincinnati Foundation and other potential funders) to jointly fund and manage the research effort. These organizations would otherwise engage in their own needs assessment efforts, an *unnecessary duplication* if coordination can be achieved. This kind of joint sponsorship broadens the reach of the research and establishes early "buy-in" for accepting the results. It also increases the likelihood that individual sponsors will follow up with *strategic planning, program*, and *funding directions* once the study findings are released. Obtain approval from this body on study objectives, research design, study implementation, and reporting.
- Organize a small committee of this body to serve as the primary "client," with *authority* for interacting with and approving activities of the study team and *responsibility* to keep the full consortium aware of study progress.
- Through the consortium, obtain *media support* to make the public aware of the study. This should have the effect of increasing community participation and respondent cooperation. Support of the local media is more easily obtained when the needs assessment study has *broad community sponsorship*.
- Keep the study sponsors *informed* throughout the research project so that adjustments in design, execution, and analysis can be made to maximize client satisfaction.

3. Marketing of Findings

A full analysis was vital to provide the necessary backup to the conclusions contained in the *Management Summary*. It was difficult to strike a balance between *thoroughness and depth*

of analysis and what would be *practically used* by planners and decision-makers. The solution was to create individual analyses for each of the twelve problem areas identified in the study. In spite of the considerable effort to complete these profiles, they:

- Were not bound into a single *complete volume* to describe human needs in Greater Cincinnati and Northern Kentucky, which reduced the study's impact as a major human services source document.
- Were not *widely distributed*; therefore much useful information did not find its way to decision-makers and planners.
- Did not have the *professional appearance* of the high quality study that this research represents, which undermined their credibility.
- Were written to be distributed in *modules*, yet individual profiles did not have a *formal introduction* describing the full study, *table of contents* outlining what was included in the profile, nor *subject index* covering all profiles to facilitate locating facts reported in the complete study. This incompleteness reduced their impact and effectiveness as planning tools.

While additional analyses had originally been planned, with a few exceptions, the study did not provide detailed analyses by *target group* or *county*. Although some data were available, neither clients nor resources were identified to complete these aspects of the analysis. This represents a missed opportunity to provide more focussed information.

A videotape describing the key findings was made by a local television station with production direction by J.J. Johnson Jio Ducci of the United Way & Community Chest staff. Change in staff and volunteer leadership resulted in very limited showing of this tape, a potentially effective tool for mobilizing the community to respond to the identified needs.

Recommendations

- In addition to the *Management Summary*, produce the full report for distribution as a *comprehensive document on community needs*.
- Produce more *complete and professionally executed* "modular" documents to be distributed as Problem Profiles.
- Develop and carry out a plan for *marketing* the study findings, utilizing the staff and volunteer resources of sponsoring agencies.
- Position the findings as an *impetus for action*. As a tool for planning, community problem-solving, and priorities-setting, it is not necessary to have developed the *planned response* prior to releasing the findings.

RECOMMENDATIONS

Value of Needs Assessment Research

Even if needs assessment studies were not required by Federal legislation or by other funders, they remain an important undertaking for a community for *establishing consensus* about community needs and *organizing to make positive change*. Ideally, they should be funded and conducted by neutral bodies (i.e., United Ways, news media, universities, government and public institutions) who may be able to respond to identified needs but who do not have a stake in promoting any particular needs as the most critical.

Needs assessment research is the human services equivalent to marketing studies, and these studies represent significant tools for helping agencies:

- Re-examine their agency's *services and mission* in the context of a broad range of community needs.
- Understand the *importance to the community* of the issues their agencies are in business to address.
- Obtain *feedback from clients* on current services, barriers to making use of them, and ways services might be made more responsive to client and community needs.
- Obtain *"objective" support* for issues of greatest concern to their agencies and for the recommended strategies to address them.
- Identify opportunities for *joint action with other community agencies* including program planning, coordination of services and resource development.

The Issue of Co-optation

A central, though often unspoken, issue in needs assessment research is the problem of *co-optation*. As sociologists, we face an ethical dilemma when involved in studies which implicitly offer the *promise* of "giving voice" to community problems, yet whose real goal is to serve as a *safety valve*, reducing community tension while "buying time" for changes that are unlikely to come.

In reviewing needs assessment studies in general, and even in reflecting on this study, it is difficult to avoid the problem of co-optation. The risk for us in conducting needs assessment research is that we play a significant role in giving people *the sense that they are being heard*, and bear a responsibility as researchers to assure that their views *are indeed*

heard. My own conviction is that if there is no *change in policy*, no *reexamination of programs*, no *reshaping of priorities*, no *greater understanding* that makes any difference, then needs assessment studies are *indeed* a form of co-optation.

So that our ethics as researchers are not compromised, we can do two important things to assure that this does not happen:

- In framing the research objectives, clarify *up front* how the sponsors plan to use this research as a tool for strategic planning, program development, and funding. Stress the importance of not doing the research *unless* there is some purpose beyond data collection. Design the study to directly serve those *decision goals*. In the *executive summary*, present clear *recommendations* which address those goals. Encourage broad *dissemination* of that executive summary.
- So that *study participants* are not co-opted, make certain to provide *realistic expectations* on the intended use of these findings, including whom to contact for information on study results.

Finally, in walking the tightrope between *objective* presentation of data and taking an *advocacy role* in sharing and promoting the findings, our responsibility is to openly discuss *contradictions in findings*, offer our *judgments* on how these should be interpreted, and demonstrate that the recommendations emerging from the study are *grounded in the findings* themselves. Our responsibility to those respondents who shared their views, concerns and experiences is to *articulate these* in a way that fairly represents them. With clarity and objectivity, we have an obligation to present the *human issues* around which needs assessments are focussed, *reflecting* what we heard about *pain, outrage,* and *disappointment* as well as what we heard about *satisfaction* and *progress*.

Ideal Methodology

While the effort to obtain opinions from different segments of the community is more demanding, the benefits in richness and completeness of findings warrant making the commitment to do so. For findings to be accepted as *objective* and *balanced*, it is critical to obtain "facts" through secondary sources as well as views and information from:

- The public at large (*Quantitative random sample* opinion data so that findings are projectable, including *incidence data* to provide concrete numbers on the extent of the problems).
- Community leaders and service providers (*Quantitative data* from a broad representation of the community to put problems in perspective to each other, and

qualitative data to gain an understanding of the *complexity* of the problems and *directions* for solutions).

- Clients and potential clients (*Quantitative data* consistent with general population research to increase *reliability* of target group findings and projections, and *qualitative data* to understand problems as they are *experienced* for developing more *sensitive* and appropriate community response).

The most extraordinary finding in this study came not from the public at large or from community leaders but from clients themselves. Their input was that they did not expect the community to *solve their problems*, but to give them a *helping hand* (a concept very basic to the United Way ethic) so that they could solve their problems themselves. This finding, so central to reducing human suffering, was obtained *only* from having talked with and listened to those suffering the most. Needs assessment research, with its roots in planning processes, can play an important role in giving voice to those in need, allowing them to create community solutions by sharing their ideas about what works and what does not, what is needed and what is not.

The challenge for those conducting such studies is to follow the rigorous methods used in carrying out any social research:

- Formulating study *objectives*.
- Developing appropriate *research instruments*.
- Following sound *sampling* procedures.
- Conducting the research with attention to *reducing bias*.
- Engaging in *analytical* approaches that provide for greater understanding and elaboration of community needs.
- Presenting the findings with *objectivity*, but retaining the element of *passion* when describing issues and problems related to a community's human needs.

These are all necessary for needs assessment research to have impact. Institutions will not *reorder priorities, set new directions*, or make *fundamental shifts in policies or procedures* based on needs assessment research unless convinced that the research is objectively sound. Nor will they make such shifts based on *quantitative* findings alone. It is the supporting *qualitative* findings, that *humanize* and *bring reality* to understanding human suffering, that are vital for needs assessment studies to *compel* and *inspire change*.

APPENDICES

APPENDIX A

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APPENDIX B

Seventeen Approaches to Needs Assessment: Summary of Advantages and Disadvantages

APPROACHES TO NEEDS ASSESSMENT	ADVANTAGES	DISADVANTAGES
1. General Population Survey	• Relatively high level of validity and reliability	• Relatively costly
2. Survey of Subpopulation(s)	• Relatively high level of validity and reliability	• Relatively costly • Not all subpopulation groups are amenable to survey • Potential problems of cultural and language barriers
3. Survey of Key Informants	• Politically sensitive • Relatively inexpensive	• High probability of bias • Difficulty in selection of key informants
4. Survey of Service Providers	• Relatively inexpensive • Involvement of providers • Higher probability of obtaining data on certain social problems	• Higher probability of cultural and class bias and bias in favor of provider's own services • Greater familiarity with problems of service than nonservice population
5. Survey of Service Recipients	• Provides data on the problems of service population —Problems in service acquisition —Perceptions of service effectiveness	• Selection of survey sample • Confidentiality • Does not provide data on needs of nonservice population • Can be costly
6. Organized Public Meetings	• Community relations aspects • Opens up the process to community at large • Relatively inexpensive	• Nonrepresentative • Testimonies could be self-serving
7. Group-Think	• Relatively inexpensive • May provide clues for further research directions	• Very limited scope • Inadequate, if used as a sole approach
8. Teledemocracy	• Potentially very effective	• Untried and can be initially costly
9. Needs Assessment Week (NAW)	• Reveals public perceptions of community needs • Good public education tool • Could generate public support for human services	• Untried • Nonrepresentative • Validity, reliability problems
10. Donor Plebiscite	• Involves prospective donors in needs identification • Relatively inexpensive • Can improve fund raising	• Donors do not necessarily represent the total community • Validity, reliability problems
11. Epidemiological Studies	• Relatively inexpensive	• Inadequate, if used as a sole approach
12. Service Statistics	• Relatively easy access to data • Relatively low cost	• Not helpful for unmet needs of nonservice population
13. Social Indicators	• Relatively easy access to data • Relatively low cost • Built-in design flexibility	• Heavy reliance on ecological determination • Personal and class bias enter into social indicators construction
14. Projections of Economic-Demographic Data	• Potentially a highly promising approach	• Developmental approach—no current evidence of effectiveness • Initially costly

APPENDIX B (Continued)

15. Inventory of Resources	• Provides under and over utilization data • Unnecessary duplication, overlapping data • Clues for improved access and coordination	• Inadequate, if used as a sole approach • Requires a common language • Requires full cooperation of all resource providers
16. Needs Data Identified by Other Planning Systems	• Relatively easy access to data • Relatively inexpensive	• Inadequate, if used as a sole approach • Good only for narrowly focused studies
17. Review of Budgets	• Relatively easy access to data • Relatively inexpensive	• Inadequate, if used as a sole approach • Good only for narrowly focused studies

APPENDIX C

Summary of Weighting Procedures and Confidence Range

General Population Survey

Appendix 1: General Population Survey Seriousness Measures, Ranked by Seriousness

This table shows ranking of problems or needs by percentage of total respondents who rated the problem as extremely or quite serious. The top line shows number of respondents interviewed, weighted to number of households in the region. This weighting was done so that opinions averaged into the total would take into account numbers of households in each of the counties. Actual sample sizes of about 300 per county were obtained so that county projections could be made with confidence. However, about 600 interviews were completed in Hamilton County, the county with highest population in the region.

Weighting affects the numbers which appear on the tables, but the percentages remain the same, except for the total column, which when weighted, more accurately reflects opinions in the region.

Error ranges are applied to actual numbers of respondents interviewed, not to the weighted samples.

General Population Survey

Base Respondents	Actual	Weighted
Brown County	301	51
Clermont County	302	302
Hamilton County	605	1,413
Cincinnati	265	681
Remaining Hamilton	340	732
Boone County	301	74
Campbell County	303	126
Kenton County	291	221
Total Completed Surveys	2,103	2,089

General Population Survey Error Change

Sample	Sample Size	Error Range
Region	2,100	(+) or (−) 2 percent
County	300	(+) or (−) 5 percent
Some Target Groups	50	(+) or (−) 12 percent

APPENDIX C (Continued)

Appendix 2: General Population Incidence Data: Household Projections

To obtain incidence data, the General Population Survey asked respondents whether they or anyone in their household is experiencing any of a number of problems. This table presents a summary of household incidence and projections of numbers of households affected.

The top number shown across the table shows estimated households for the region. Below are the numbers of respondents weighted to total number of households.

In the first column are percent of respondents who indicate that they or a household member has this problem. The number to the right is this percentage applied to total households.

Example: 486,750: total households in the region

2,089: number of respondents interviewed (weighted)

24.6: percent of respondents indicating having elderly member in household (aged 60 or over)

119,741: projected number of households in the region with elderly member

Error ranges, as indicated for Appendix 1 table, would be (+) or (−) 2 percent for the region as a whole, and (+) or (−) 5 percent for each of the counties.

Key Informant Survey

The Key Informant Survey presented 125 different problems or needs which respondents were asked to rate in terms of seriousness and in terms of how well the community is responding to those needs. Three summary tables from the Key Informant Survey are presented. Each table shows percent of key informants who rated each problem or need as extremely or quite serious and percent of respondents who rated the community response as poor.

These tables were also weighted to total households in the region.

Key Informant Survey

Base Respondents	Actual	Weighted
Brown County	48	13
Clermont County	79	54
Hamilton County	337	372
Boone County	19	19
Campbell County	25	33
Kenton County	42	58
Total Completed Survey	550	549

APPENDIX D

Table 1

Key Informant Seriousness and Poor Community Response Measures, Ranked by Seriousness

Appendix 3: Key Informant Seriousness and Poor Community Response Measures, Ranked by Seriousness

Seriousness

Quartile	Rank	Variable Number	Problem Description	Category	Regional Average Poor		Brown County Poor		Clermont County Poor		Hamilton County Poor		Boone County Poor		Campbell County Poor		Kenton County Poor	
					Serious	Response	Serious	Response	Serious	Response	Serious	Response	Serious	Response	Serious	Response	Serious	Response
1	1	21	MISUSE DRUGS: TEENAGERS	HEALTH	86.2%	21.7%	73.9%	36.2%	89.0%	17.4%	87.8%	20.5%	66.6%	25.0%	90.9%	36.4%	81.1%	20.5%
1	2	23	MISUSE ALCOHOL: TEENAGERS	HEALTH	82.8%	26.3%	84.8	32.6	86.5	27.9	81.9	25.2	77.8	25.0	95.7	30.4	80.0	28.2
1	3	41	PREVENTION TEENAGE PREGNANCY	FAMILY	82.8%	40.4%	68.0	46.7	81.8	43.5	86.1	40.1	47.0	18.8	86.9	50.0	76.3	40.0
1	4	22	MISUSE ALCOHOL: ADULTS	HEALTH	80.1%	17.7%	75.6	28.3	92.1	18.6	80.0	16.6	76.4	18.8	86.9	17.4	69.2	21.1
1	5	20	MISUSE DRUGS: ADULTS	HEALTH	73.2%	20.3%	63.0	34.8	74.0	10.6	73.4	20.0	58.8	31.3	91.3	34.8	69.4	15.8
1	6	24	NOT ABLE TO AFFORD HEALTH CARE	HEALTH	72.5%	31.2%	75.6	40.9	86.5	35.8	70.9	30.5	75.0	26.7	91.6	41.7	58.6	25.0
1	7	42	SERVICES: VICTIMS OF CHILD ABUSE	FAMILY	71.4%	27.2%	56.4	50.0	71.0	34.9	72.6	26.9	36.9	16.7	82.6	18.2	73.7	26.2
1	8	54	TROUBLED TEENS: FOSTER CARE/ADOPTION	FAMILY	71.0%	28.1%	62.8	47.6	86.6	34.4	72.5	25.3	33.3	17.6	76.2	31.8	58.9	36.8
1	9	51	HELP FOR ADULTS COMMIT CHILD ABUSE	FAMILY	68.3%	39.9%	62.8	57.5	73.9	51.7	70.1	35.6	25.0	46.7	78.2	54.5	62.8	42.1
1	10	53	ABUSED/NEGL CHILDREN: FOSTER CARE/ADOPTION	FAMILY	68.2%	23.3%	57.2	39.0	77.3	29.5	70.0	19.8	38.9	11.1	71.4	33.3	60.0	35.0
1	11	32	DAY CARE: INFANTS	FAMILY	68.1%	34.8%	63.0	48.9	74.2	41.3	68.9	34.0	52.6	22.2	69.5	43.5	64.1	30.0
1	12	36	TEEN MOTHERS: COUNSELING	FAMILY	68.1%	21.1%	48.9	30.2	76.1	21.0	70.5	19.8	38.9	17.6	50.0	27.3	70.2	25.0
1	13	37	TEEN FATHERS: COUNSELING	FAMILY	67.3%	34.6%	44.6	47.6	75.8	27.1	68.8	34.4	38.9	29.4	59.1	45.5	70.2	35.0
1	14	126	NEEDS GREATER THAN AVAIL RESOURCES	SERVICES	66.6%	32.8%	63.0	40.5	87.8	33.8	65.6	32.2	44.4	31.3	61.9	33.3	64.8	34.1
1	15	83	FAMILY STRESS CAUSED BY UNEMPLOYMENT	EMPLOYMENT	66.3%	33.1%	74.4	50.0	82.6	52.5	68.1	29.0	29.4	53.3	70.0	40.0	48.5	27.0
1	16	33	DAY CARE: CHILDREN/TODDLERS	FAMILY	66.2%	25.5%	54.5	31.8	73.9	34.9	67.1	22.2	47.3	22.2	65.2	34.8	64.1	32.5
1	17	68	YOUTH DROP OUT OF HIGH SCHOOL	EDUCATION	66.6%	30.3%	53.3	44.4	72.5	30.5	65.4	28.0	42.2	22.2	66.7	39.1	71.1	39.5
1	18	92	MINORITY YOUTH: EMPLOYMENT ASSISTANCE	EMPLOYMENT	65.5%	38.2%	16.7	42.2	39.4	42.0	76.3	39.9	22.2	25.0	65.0	26.3	47.2	34.3
1	19	31	MARITAL CONFLICTS	FAMILY	64.9%	19.2%	59.6	38.6	75.4	18.2	64.0	15.4	47.0	23.5	65.2	21.7	69.3	37.5
1	20	19	HEALTH CARE FOR HOME-BOUND	HEALTH	64.9%	22.0%	61.3	37.2	63.4	21.7	67.0	21.4	53.0	18.8	66.7	31.8	57.5	18.4
1	21	95	TRAINING FOR JOBS W/DECENT LEVEL OF PAY	EMPLOYMENT	64.6%	36.8%	60.5	36.6	76.8	57.1	63.6	32.8	47.1	33.3	75.0	33.3	61.1	47.2
1	22	131	ABUSED/NEGL CHILDREN NOT KNOW HOW TO SEEK HELP	SERVICES	64.3%	28.5%	60.0	43.9	71.2	31.1	65.4	27.7	47.1	31.3	57.1	27.3	62.5	27.8
1	23	90	FEMALE HH: EMPLOYMENT ASSISTANCE	EMPLOYMENT	63.5%	29.8%	62.8	39.0	73.1	43.5	62.6	30.1	44.5	20.0	85.0	20.0	55.6	21.6
1	24	49	ISOLATED ELDERLY: PROGRAM	FAMILY	63.3%	29.5%	60.8	45.5	62.3	28.8	66.0	28.9	16.7	26.7	66.6	31.8	61.5	30.0
1	25	10	SERVICES: SUFFERING FROM MENTAL ILLNESS	HEALTH	61.9%	19.1%	54.4	13.0	73.9	12.9	64.0	20.1	29.4	25.0	43.5	9.1	61.0	23.8

APPENDIX E

Table 2

Key Informant Seriousness and Poor Community Response Measures, Ranked by Poor Community Response

Appendix 4: Key Informant Survey Seriousness & Poor Community Response Measures, Ranked By Poor Response

Poor Response

Quartile	Rank	Variable Number	Problem Description	Category	Regional Serious	Regional Poor Response	Brown County Serious	Brown County Poor Response	Clermont County Serious	Clermont County Poor Response	Hamilton County Serious	Hamilton County Poor Response	Boone County Serious	Boone County Poor Response	Campbell County Serious	Campbell County Poor Response	Kenton County Serious	Kenton County Poor Response
1	1	26	LOW COST DENTAL CARE	HEALTH	61.6%	41.6%	51.1%	65.2%	72.1%	42.9%	57.0%	38.3%	80.0%	50.0%	82.6%	47.8%	66.6%	54.1%
1	2	41	PREVENTION TEENAGE PREGNANCY	FAMILY	82.8%	40.4%	68.0	66.7	81.8	43.3	86.1	40.1	47.0	18.8	86.9	50.0	76.3	40.0
1	3	51	HELP FOR ADULTS COMMIT CHILD ABUSE	FAMILY	68.3%	39.9%	62.8	57.5	73.9	51.7	70.1	35.6	25.0	46.7	78.2	54.5	62.8	42.1
1	4	92	MINORITY YOUTH: EMPLOYMENT ASSISTANCE	EMPLOYMENT	65.5%	38.2%	16.7	42.2	39.4	42.0	76.3	39.9	22.2	25.0	65.0	26.3	47.2	34.3
1	5	80	OLD JOB NO LONGER EXISTS: TRAINING NEED	EMPLOYMENT	57.3%	37.7%	65.1	50.0	72.7	61.7	58.5	32.6	14.2	53.3	57.9	50.0	48.6	33.3
1	6	111	SAFE PLACE: HOMELESS ADULTS	HOUSING	45.6%	37.4%	28.0	55.0	51.6	56.9	47.7	34.7	13.4	25.0	39.1	35.0	45.9	38.5
1	7	95	TRAINING FOR JOBS W/DECENT LEVEL OF PAY	EMPLOYMENT	64.6%	36.8%	60.5	36.6	76.8	57.1	63.6	32.8	47.1	33.3	75.0	33.3	61.1	47.2
1	8	114	NOT ENOUGH EMERGENCY HOUSING	HOUSING	51.1%	36.7%	25.6	45.7	60.0	52.5	51.0	32.9	33.3	46.2	54.5	36.4	54.3	41.0
1	9	52	HELP FOR EX-OFFENDERS	FAMILY	53.8%	36.4%	26.1	64.1	47.4	51.1	59.7	35.2	7.1	21.4	38.0	23.8	53.5	36.1
1	10	72	H/s DON'T KNOW BUDGETING/MONEY MGMT	EDUCATION	53.4%	36.2%	65.1	59.5	64.7	51.6	54.9	32.2	27.8	20.0	52.2	47.8	40.5	41.0
1	11	43	DAY CARE: OLDER ADULTS	FAMILY	52.8%	36.0%	59.1	61.9	45.4	52.7	55.2	32.9	29.4	50.0	40.9	31.8	58.4	32.4
1	12	116	TEMPORARY SHELTER: EVICTED FAMILIES	HOUSING	39.7%	35.8%	23.8	52.9	54.5	54.4	39.0	30.3	33.3	58.3	36.4	34.8	38.7	43.2
1	13	109	HOUSING: FAMS/INDIVIDUALS W/NO HOME	HOUSING	34.1%	35.6%	8.1	29.6	50.8	46.0	33.2	34.2	21.4	41.7	28.5	33.3	38.3	35.9
1	14	98	HOUSING FOR MENTALLY ILL	HOUSING	55.6%	35.6%	34.1	36.6	60.0	40.4	57.8	33.4	28.6	38.5	59.1	52.2	50.0	34.3
1	15	73	TOO LOW SKILLS FOR EMPLOYMENT TRAINING	EDUCATION	47.7%	35.5%	48.8	37.5	50.7	42.6	49.3	34.8	5.3	25.0	48.4	28.6	48.6	40.5
1	16	32	DAY CARE: INFANTS	FAMILY	68.1%	34.8%	63.0	48.9	74.2	61.3	68.9	34.0	52.6	22.2	69.5	43.5	64.1	30.0
1	17	37	TEEN FATHERS: COUNSELING	FAMILY	67.3%	34.6%	44.6	47.6	75.8	27.1	68.8	34.4	38.9	29.4	59.1	45.5	70.2	35.0
1	18	85	NO-LIMITED EXPERIENCE: CAN'T FIND JOB	EMPLOYMENT	60.3%	34.5%	69.8	41.5	65.7	47.5	62.2	32.7	29.4	41.2	63.2	26.3	50.0	35.1
1	19	83	FAMILY STRESS CAUSED BY UNEMPLOYMENT	EMPLOYMENT	66.3%	33.1%	74.4	50.0	82.6	52.5	68.1	29.0	29.4	53.3	70.0	40.0	48.5	27.0
1	20	126	NEEDS GREATER THAN AVAIL RESOURCES	SERVICES	66.6%	32.8%	63.0	40.5	87.8	33.8	65.6	32.2	44.4	31.3	61.9	33.3	64.8	34.1
1	21	70	TEEN MOTHERS DROP OUT (NO DAY CARE/HI COST)	EDUCATION	50.6%	32.0%	30.7	36.8	53.2	46.2	53.2	30.8	35.2	42.9	50.0	27.3	42.0	24.2
1	22	57	LEGAL HELP: VICTIMS OF ROBBERY/VANDALISM	LEGAL	49.6%	31.8%	37.3	48.8	61.7	49.0	53.1	29.8	18.8	6.3	45.4	40.9	32.3	27.8
1	23	62	LEGAL HELP: PEOPLE DON'T KNOW HOW TO GET	LEGAL	53.9%	31.7%	56.8	39.0	64.7	36.5	54.0	30.2	41.1	43.8	58.3	37.5	45.2	28.9
1	24	81	NEED/MOVE TO DIFF PART/COUNTRY FOR WORK	EMPLOYMENT	27.6%	31.5%	38.7	52.5	28.3	56.3	29.6	27.5	12.5	41.7	33.4	31.6	13.7	26.7
1	25	24	NOT ABLE TO AFFORD HEALTH CARE	HEALTH	72.5%	31.2%	75.6	40.9	86.5	35.8	70.9	30.5	75.0	26.7	91.6	41.7	58.6	25.0
1	26	25	LOW COST EMERGENCY HEALTH CARE	HEALTH	59.9%	31.0%	49.6	32.6	70.5	39.1	56.4	26.2	60.0	37.5	82.6	43.5	62.5	44.7

APPENDIX F

Table 3

General Population Survey Household Incidence Projections

Appendix 2: General Population Household Projections

	Total		Brown Cty		Clermont Cty		Hamilton Cty		Cincinnati		Remaining Hamilton		Boone County		Campbell Cty		Kenton Cty	
	Incidence	Household Projection	Incidence	Household Projection	Incidence	Household Projection	Incidence	Household Projection	Incidence	Household Projection	Incidence	Household Projection	Incidence	Household Projection	Incidence	Household Projection	Incidence	Household Projection
Base Respondents (actual)	2,103		301		302		605		265		340		301		303		291	
Base Respondents (weighted)	2,089		51		206		1,413		681		732		74		126		221	
Base Households, 1985	100.0%	466,750	100.0%	11,800	100.0%	47,900	100.0%	329,000	100.0%	158,500	100.0%	170,500	100.0%	17,200	100.0%	29,350	100.0%	51,500
Elderly (60 Yrs or Over)	24.6%	119,741	29.4%	3,469	19.9%	9,532	26.1%	85,869	25.0%	39,625	27.3%	46,547	14.9%	2,563	23.0%	6,751	22.2%	11,433
Low Income	24.5%	119,254	29.4%	3,469	24.3%	11,640	24.8%	81,592	33.3%	52,781	16.8%	28,644	17.6%	3,027	19.8%	5,811	25.8%	13,287
Unemployed	19.7%	95,890	21.6%	2,549	14.1%	6,754	21.8%	71,722	27.6%	43,746	16.5%	28,133	14.9%	2,563	15.9%	4,667	14.9%	7,674
Single Parent w/Child	16.4%	79,827	11.8%	1,392	12.1%	5,796	17.5%	57,575	22.9%	36,297	12.4%	21,142	13.5%	2,322	14.3%	4,197	16.7%	8,601
Victim Long-term Illness	15.9%	77,393	17.6%	2,077	16.0%	7,664	16.3%	53,627	17.5%	27,738	15.2%	25,916	12.2%	2,098	15.9%	4,667	14.5%	7,467
Physically Disabled	12.4%	60,357	15.7%	1,853	13.1%	6,275	12.7%	41,783	16.2%	25,677	9.6%	16,368	14.9%	2,563	9.5%	2,788	9.5%	4,893
High School Dropout	8.7%	42,347	9.8%	1,156	9.7%	4,646	8.3%	27,307	11.0%	17,435	5.6%	9,548	9.5%	1,634	8.7%	2,563	10.4%	5,356
From Appalachian Region	4.9%	23,851	13.7%	1,617	8.7%	4,167	3.7%	12,173	3.8%	6,023	3.6%	6,138	8.1%	1,393	5.6%	1,644	5.4%	2,781
Cancer Victim	4.8%	23,364	3.9%	460	4.9%	2,347	5.0%	16,450	40.0%	63,400	5.9%	10,060	5.4%	929	4.8%	1,409	4.1%	2,112
Adult w/Alcohol Problem	4.3%	20,930	5.9%	696	3.4%	1,629	4.2%	13,818	4.3%	6,815	4.2%	7,161	5.4%	929	4.0%	1,174	5.0%	2,575
Mentally Ill	2.8%	13,689	2.0%	236	1.5%	719	3.1%	10,199	3.7%	5,865	2.6%	4,433	2.7%	464	1.6%	470	2.7%	1,391
Adult Victim of Abuse	2.8%	13,689	2.0%	236	1.9%	910	2.9%	9,541	3.8%	6,023	2.2%	3,751	4.1%	705	2.4%	704	2.7%	1,391
Homeless In Past Year	1.9%	9,248	3.9%	460	1.5%	719	2.0%	6,580	2.1%	3,329	1.9%	3,240	1.4%	241	1.6%	470	1.4%	721
Pregnant/Parenting Teen	1.7%	8,275	2.0%	236	2.4%	1,150	1.5%	4,935	1.3%	2,061	1.5%	2,558	1.4%	241	1.6%	470	2.3%	1,185
Teen w/Alcohol Problem	1.5%	7,301	2.0%	236	2.4%	1,150	1.5%	4,935	1.8%	2,853	1.2%	2,046	1.4%	241	0.0%	0	1.8%	927
Child Abuse Victim	1.5%	7,301	2.0%	236	1.0%	479	1.3%	4,277	1.9%	3,012	0.8%	1,364	1.4%	241	1.6%	470	2.3%	1,185
Mentally Retarded	1.4%	6,815	2.0%	236	1.5%	719	1.4%	4,606	1.8%	2,853	1.2%	2,046	1.4%	241	1.6%	470	1.4%	721
Adult w/Drug Problem	1.4%	6,815	2.0%	236	1.5%	719	1.5%	4,935	1.2%	1,902	1.8%	3,089	2.7%	464	0.8%	235	0.9%	463
Teen w/Drug Problem	1.1%	5,364	3.9%	460	2.4%	1,150	1.0%	3,290	1.0%	1,585	1.2%	2,046	0.0%	0	0.0%	0	0.0%	0

NOTE: Error ranges are calculated using base of actual number of respondents, not weighted respondents.

LIST OF REFERENCES

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Aiken, Michael, et al., **Coordinating Human Services: New Strategies for Building Service Delivery Systems:** Jossey-Bass Publishers, San Francisco, 1975

Boulder County United Way, **Boulder County Human Service Needs Assessment Survey: Boulder County, City of Boulder, City of Longmont,** Boulder County United Way: Boulder, Colorado, December 1985

Brazer, George, et al., **Community Organizing,** Columbia University Press: New York, 1987

Carroll, Nancy K., **An Exploratory Study of Social Agency Effectiveness: The Open System Model Applied to A Comparative Time-Series Analysis of Selected Social Agency Performance Data,** Dissertation, Washington University, St. Louis June 1970

Community Service Council of Metropolitan Indianapolis, Inc., **Program Profiles & Policies, Vol. 1 and 2,** Community Service Council of Metropolitan Indianapolis, Inc.: Indianapolis, 1983

Community Service Council of Metropolitan Indianapolis, Inc., **State of the Community,** Community Service Council of Metropolitan Indianapolis, Inc.: Indianapolis, 1983

Dobbin, Donald D. and Kenneth J. Paterson, **Needs Assessment: A Typology of Common Approaches,** ***Report #163,*** Presented at the United Way Biennial Conference, Los Angeles, United Community Planning Corporation: Boston, February 1980

Family Services, Inc. and United Way, **Families of Forsyth, Living and Family Patterns in Forsyth County,** Family Services, Inc. and United Way: Winston-Salem, North Carolina, February 1986

Finsterbusch, Kurt, **Understanding Social Impacts in Assessing the Effects of Public Projects,** SAGE Library of Social Research, Vol. 110, SAGE Publications: Beverly Hills, London, 1980

Goldman, Isaac S., et al., **Priorities for the Support of Human Care Services,** United Way of Chicago: Chicago, 1984

Hage, Jerald and Michael Aiken, Department of Sociology, University of Wisconsin, **Social Change in Complex Organizations,** Random House: New York, 1970

LIST OF REFERENCES (Continued)

Hall, Richard H., **Organization Structure, Process, and Outcomes,** Simon & Schuster, Prentiss Hall, 1987

Health and Welfare Council of Nassau County, **Nassau County - Its People and Their Changing Needs,** Health and Welfare Council of Nassau County: Long Island, New York, February 1986

Heizer,M. Kathryn, Department of Sociology, University of Akron, **Summit County Needs Assessment: A Preliminary Report,** United Way of Akron: Akron, 1985

Human Services Council, **A Human Services Council Report on Human Needs in Butler County,** Human Services Council: Butler County, 1984

Kimmel, Wayne A., **Needs Assessment: A Critical Perspective,** Office of Program Systems, Office of the Assistant Secretary for Planning and Evaluation, Department of Health, Education, and Welfare: Washington, D.C., December 1977

Lawrence, Paul R. and Jay W. Lorsch, **Organization and Environment,** Harvard Business School Press: Boston, 1967

Marcus, Philip M., *Survey of Lansing Employee Perceptions of Capital Area United Way: Report #1: Givers and Non-Givers and Report #2: Users and Non-Users,* Michigan State University: Department of Sociology, May 1973

McMillan, Wayne, **Community Organization for Social Welfare,** University of Chicago Press: Chicago, 1945

Michelson, William, University of Toronto, Editor, **Behavioral Research Methods in Environmental Design,** Dowden, Hutchinson & Ross, Inc.: Pennsylvania 1975

Monette, Duane R., et al., **Applied Social Research, Tool for the Human Services,** Holt, Rinehart & Winton: New York, 1986

Planning and Allocations Division and United Way Institute, **Needs Assessment: The State of the Art,** United Way of America: Alexandria, Virginia, 1982

Shapek, Arymond A., "Problems and Deficiencies in the Needs Assesssment Process," **Public Administration Review,** December 1975, in Kimmel, **Needs Assessment: A Critical Perspective,** already cited

Thursz, Daniel, and Joseph L. Vigilante, **Meeting Human Needs, An Overview,** Sage Publications: Beverly Hills, 1975

United Way of Ada County, **A Summary of Key Findings of Ada County Task Force on Human Needs and Services,** United Way of Ada County, United Way of Ada County, Inc.: Boise, Idaho, May 1985

LIST OF REFERENCES (Continued)

United Way of the Bay Area, *Report on The Health and Human Service Needs of The Bay Area Lesbian and Gay Community*, Agency Relations Division, United Way of the Bay Area: San Francisco, April 1984

United Way of the Bay Area, **Toward Balance and Equity: Report of the President's Task Force on Future Allocations Guidelines**, United Way of the Bay Area: San Francisco, March 1984

United Way of Central New York, **Community Perspectives on Human Needs**, United Way of Central New York: New York, 1984

United Way of Eastern Fairfield County, **A Community Assessment of Need Within the Greater Bridgeport Area**, United Way of Eastern Fairfield County: Connecticut, 1985

United Way of Forsyth County, **Priorities for United Way Funding of Human Care Services Summary**, United Way of Forsyth County: Winston-Salem, North Carolina, April 1978

United Way of Jackson, Michigan, **Jackson County Community Needs Assessment 1984/1985**, United Way: Jackson, Michigan, 1985

United Way of Orange County, **Orange County Needs Assessment**, United Way of Orange County: California, April 1986

United Way of Southeastern New England, **Community Needs Assessment: A Critical Look at the Human Service Needs of Rhode Islanders** United Way of Southeastern New England: Providence February 1983

United Way of Southern Chautauqua County Planning Council, **Needs Assessment Survey of Chautauqua County**, (United Way of Southern Chautauqua County: Jamestown, N.Y.), May 1983

Verenais, Kristina, **Needs Assessment: An Exploratory Critique**, Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, HEW, May 1977, HEW Publication Number 05-77-007, in Kimmel, **Needs Assessment: A Critical Perspective**, already cited

Wilkinson, George, **Assessment of Community Needs and United Way Priorities, 1979-1981**, United Way of Eastern Fairfield County: Connecticut, 1981

Zangwill, Bruce, **A Compendium of Laws and Regulations Requiring Needs Assessment**, Washington D.C., U.S. Department of Health, Education and Welfare, May 1977, HEW Publication Number: 05-77-006 in Kimmel, **Needs Assessment: A Critical Perspective**, already cited