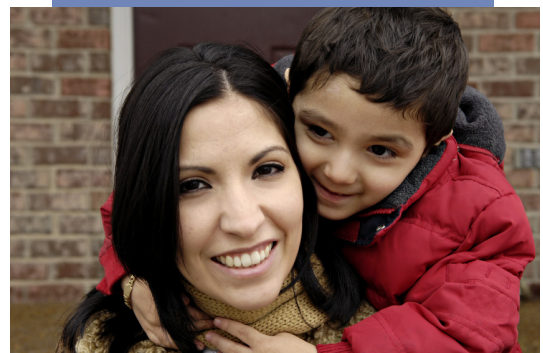# ASSESSING THE HEALTH CARE NEEDS OF RESIDENTS OF PUBLIC HOUSING

A RESOURCE TOOL KIT FOR HEALTH CENTERS

National Center for
Health in Public Housing

A project of **NORTH AMERICAN MANAGEMENT**

INTRODUCTION

Health disparities among the nation's low-income and vulnerable population are well documented. From the disproportionately high-incidence of asthma, lead poisoning and obesity in children to the alarming increase in diabetes, cardiovascular disease and cancer among adults, access to quality health care prevention and treatment is especially challenging for residents of public and subsidized housing.

Historically, public housing residents have been plagued by high unemployment coupled with limited financial resources, crowded living conditions and complex family situations. These conditions are often exacerbated by isolation and neighborhoods located in high-crime areas. Additionally, the current financial crisis and deepening recession have increased reports of chronic stress, as well as increased incidents of mental and behavioral health-related disorders among residents.

Initially funded in 1990, the Public Housing Primary Care (PHPC) program was launched to address health disparities in public housing communities by providing "high-quality, comprehensive, case-managed and family-based primary and preventive health care services" to public housing residents across the nation. The PHPC funded health centers are required to locate on or near public housing developments and are located in urban, rural, on-site and clinical settings.

The National Center for Health in Public Housing (NCHPH), a project of North American Management and supported in part by a cooperative agreement awarded by the Department of Health and Human Services, Health Resources and Services Administration (HRSA) provides training and technical assistance to the PHPC Health Centers.

NCHPH assists PHPC funded community health centers by:
- Assisting with obtaining needed resources
- Providing training and technical expertise
- Facilitating the collection and dissemination of relevant recent research findings and evaluations pertinent to public housing community health
- Identifying and applying best practices of primary care services for public housing residents

The NCHPH has developed a practical Resident Health Needs Assessment (RHNA) toolkit to assist PHPC health centers with their mission to provide high quality health care to the public housing resident population. A comprehensive resident health needs assessment offers a systematic method for reviewing residents' health and helps identify priorities and resource allocations for both reducing disparities and improving health care services. This data is used to develop a comprehensive public housing primary care health center responsive to identified health needs of the public housing community.

This RHNA can contribute to the following improvements:
- Meaningful reductions and eventual elimination of identified resident health disparities
- Strengthened community engagement
- Improved collaboration and successful partnership with stakeholders
- Professional development and skills enhancement of clinical staff
- Capitalization of resources and elimination of wasteful duplication

The principal components of a needs assessment include a survey of community demographics, evaluation of community involvement and leadership, assessment of range and accessibility of services, and identification of barriers, challenges and resources (including financial). NCHPH encourages each health center to include information from residents and their family members, advocates, other service providers, community assets, gaps in services, and barriers to receiving quality prevention, treatment and recovery-oriented health services.

Divided into six modules, this resource document is a framework that can be adapted to meet specific needs of each health center and its focus community. Sample surveys and questionnaires are provided along with other tools and worksheets to assist in applying the module directives to individual practices.

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MODULE I – Defining Your Community

Determining the health care needs of the community requires a thorough knowledge of the focus population. Public housing residents and staff indigenous to the community provide invaluable content to this knowledge base. Identifying major stakeholders in the community, taking inventory of community resources, and determining risks and challenges will impact the success of an effective, viable community driven health care center. The assessment team should incorporate the following steps to define the characteristics of the community. Once completed, data collection tools and techniques can be structured based on the defined community needs.

1. DETERMINE GEOGRAPHIC/SERVICE AREA

Factors to consider in defining the surveyed service area include:
• Availability of essential health services within the defined service area as well as adjacent areas.
• Access to services-transportation, presence of natural barriers such as highways and rivers.
• Provider choice: availability of culturally/ethnically competent primary health care providers and specialists.
• Language, culture and literacy needs of the community, presence of ethnic neighborhoods.
• MUA/HPSA status which identifies areas of greatest health needs. Federally qualified community health centers (FQHCs) are located in HPSA or MUA designated geographic areas.

> **MUA's (Medically Underserved Areas)** are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty and/or high elderly population.

> **HPSA's (Health Professional Shortage Areas)** are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

2. DETERMINE IMPORTANT SOCIO-DEMOGRAPHIC CHARACTERISTICS WHICH MAY IMPACT THE HEALTH CARE NEEDS OF YOUR RESIDENT COMMUNITY

• Socio-economic Data – Age, race, gender, ethnicity, income, employment status, insurance, education.
• Cultural Diversity – Religious/ethnic beliefs that impact behaviors, sexual orientation, language barriers, regional differences in population, family and household structure.
• Housing Status – Section 8/Housing Choice Vouchers or traditional public housing, scattered developments, mixed income housing developments, rural vs. urban, physical and social isolation.
• Environmental Hazards – Gangs, violence, availability of safe playgrounds, walking routes, grocery stores.

3. IDENTIFY DETERMINANT FACTORS AFFECTING RESIDENT HEALTH

Conduct a review of health research for the defined demographic and geographic areas of the focus populations. There are many available tools to capture this data (see resource section). CDC MMWR publishes morbidity and mortality reports by location or disease states. The National Minority Quality Forum partnered with Z-Atlas which provides on-demand capacity for exploring the incidence, prevalence and cost associated with identified chronic diseases nationwide, by state, and by legislative district. Zip code based maps may be produced by race/ethnicity (white non-Hispanic, black non-Hispanic, Hispanic, and other), age (18–49, 50–65, and 65+) or gender.
• Health Indicators – Mortality and morbidity rates, prevalence of significant health issues, chronic health conditions and health disparities.
• Environmental Hazards including gangs, violence, lead poisoning, and poor outdoor and indoor air quality (mold, smoke, asbestos, pest management, pollution).

4. MAPPING COMMUNITY ASSETS: RESOURCES AND SERVICES

Determine the range and accessibility of community services available through the public and private sectors that could support health care center services. Asset mapping develops awareness of local resources, recognizes and values the gifts within the focus community, and integrates resources in health improvement

activities. Results of asset mapping can be used to create a community resource directory to share publicly with residents and stakeholders.

Assess potential valuable resources including:

• Extent of involvement and support from the local Housing Authority.
• Existence of a strong, proactive Tenant Management Organization and Board.
• Level of cooperation and support from tenant managers and other management staff.
• Formal community based groups as well as informal peer/support groups and service organizations.
• Access to supportive services and public infrastructure such as grocery stores, public transportation, schools, child care, libraries, hospitals and health care providers, recreational facilities and fitness centers, emergency preparedness.
• Level of community support from local businesses, schools and churches that may provide health related services, ex. immunization clinics, health seminars, pharmacies.
• Access to in-kind and pro bono services and primary health care providers and specialty care providers.
• Extent of political support from local and state elected officials.
    - Access to employment and educational services and training.
• Accommodations for seniors physically challenged and developmentally delayed residents.
• Access to primary and preventative health care including:
    - Hours of operation to include late evening and weekends
    - Co-pay/sliding fee scale cost for office visits and prescriptions
    - accepted insurance plans including Medicaid and Medicare
    - availability of other health services: Dental, mental health, physical therapy,   optometry, and pharmacy services
    - Specialty care services – on sliding fee scale
    - Hospice care, nursing homes, home health services for the elderly and disabled

Here is an example of a Community Asset Map that affirms the community's gifts on all levels: Institutional, Community, and Individual.

http://www.connectccp.org/resources/27community.pdf

5. IDENTIFY BARRIERS AND CHALLENGES TO CONDUCTING A RESIDENT HEALTH NEEDS ASSESSMENT

Determine what obstacles and challenges exist in the community that may prevent residents from receiving appropriate health care services. These same challenges may affect the ability to conduct an effective resident health needs assessment.

• Relationship with local public housing authority (PHA). Fostering a partnership between the health center and the local PHA will provide additional insight and access to the focus community.

• Hard to Reach Groups such as teenagers, men, racial and ethnic minorities and "unofficial" occupants residing in public housing units. Using representative staff such as teen peer counselors, college students, male staff or members of the racial or ethnic community on assessment team may help to establish trust and rapport and avoid any unintentional offensive actions.

• Immigration status – prevalence of undocumented workers.

• Migrant/seasonal/day workers - transient nature of their employment and residence.

    • Language and literacy barriers - may limit residents' ability or willingness to complete surveys.

- Scattered site locations. Some residents may be difficult to reach because they are dispersed throughout a community or reside in isolated areas, especially Section 8/Housing Choice Voucher residents. Enlisting the collaboration of the local housing authority may be necessary to reach this population.

MODULE II –Structuring a Health Care Needs Assessment Tool

An accurate needs assessment of the resident community involves contributions from a range of stakeholders including surrounding businesses, schools, non-profit organizations, churches, and multidisciplinary health care providers from the local public and private sectors. These stakeholders often have detailed first-hand knowledge of community needs and are aware of gaps in service provision. They can facilitate exchanges with local communities and groups and identify those who may not have the capacity to make themselves known to services. Incorporating the entire community in the assessment process, including tool design, content, use and feedback contributes to a tailored needs assessment of the focus population.

1. KEY COMPONENTS TO DEVELOP A NEEDS ASSESSMENT

- Identification of Key Community Leaders to validate that the tool is culturally and linguistically appropriate.
- Clarification of Goals and Objectives of all stakeholders impacted by the health needs of the focus community. This process should be developed in collaboration with community leaders and serve as a guideline for developing survey questions.
- Clearly Defined Methods and Parameters for Data Collection with outlined timeline for the needs assessment process with specific limits for each major step: defining the community, structuring the needs assessment tool, collecting data, compiling and analyzing data, and developing a presentation of the outcomes of the assessment.
- Skilled, Trained Data Collectors who are connected to the focus community.
- Key Quality Characteristics of expectations of services to be offered including wait time for an appointment, cycle times (time interval between patient arrival to completion of patient care), quality of staff, confidentiality, and satisfaction with the outcome of treatment or intervention.
- Focus Groups - Representative community members and stakeholders that can provide feedback and guidance on the needs assessment tools and data outcomes.

2. IDENTIFYING THE SITE AND POPULATION TO BE SURVEYED

Clearly define the focus population including any subpopulations (e.g., elderly, disabled, children under five and their families living in a particular building or complex). Identify significant characteristics that contribute to increased need for health care services.

- Determine the appropriate sample size needed to get representative feedback for each of the subgroups within the focus population.

- Identify any health disparities in focus population and how they may relate to national, regional and local priorities for improving health and reducing disparity.

- Investigate existing policy directives and priorities related to the focus population and outside agency involvements.

3. SELECTING DATA COLLECTION METHODS

Methods for obtaining data should provide specific relevant data that contributes to the targeted design of resident community health services. A health center may want to use both quantitative as well as qualitative data collection methods.
Quantitative methods collect and analyze numerical data. The most common tools for collecting quantitative data include survey and questionnaires as well as the secondary analysis of statistical data. Frequently used sources for quantitative data include the CDC, the census bureau, and statistical reports from state and local government health departments that can be accessed by submitting a public records request. General public or health/medical libraries and various internet sites are also good sources for records and statistics (see resource section).

Qualitative methods emphasize personal experiences with a focus on a far broader spectrum of experiences. The most commonly used methods for qualitative data collection are the use of focus groups and participant observation.

Data sources may include a combination of analyses of routinely collected data and acquisition of information from local informed sources, as well as primary interactive data sources, such as rapid and participatory appraisals, surveys, questionnaires, suggestion boxes, polls, personal interviews, and focus groups. Interactive data collection methods engage and educate participants, shorten the learning curve, and increase "buy-in" to assessment results. Although data collection methods may vary, they should be consistent and evenly applied.

4. DEVELOPING DATA COLLECTION TOOLS

The main outcomes of the resident health needs assessment survey should be a list of the primary health conditions and determinant factors. This list will be used to plan health care services. A well-designed survey is the launching pad for an effective analysis in which data becomes meaningful information. A standardized data collection tool should incorporate the following information:

• Who is the target audience? Who will use the results of the survey?

Data from community surveys can be used as an influential tool to garner support for health service initiatives as well as grant funding applications. Carefully drafted questions will reveal pertinent, insightful information.

• Does the information needed already exist?

Utilize information available through public records or catalogued research data sources such as census data, health indices data, child protection lists, emergency calls, emergency room visits and hospital stays among the myriad of comparative data to support health needs assessments. Available data may not be specific to the focus community and creating a customized survey will provide resident specific information.

• Why is this question being asked on the survey?

Develop targeted need specific survey questions and avoid questions that appear irrelevant, unduly invasive, frivolous, and time consuming to the survey respondent.

Link to sample questionnaire

• Maximize the benefit of focus groups. Focus groups typically involve posing 6-10 questions to 10-20 respondents during a 60-120 minute session. Focus groups can be used to help develop issues for questions on a questionnaire type survey or used later to refine the responses received from a questionnaire survey. An advantage of focus groups is that they can be directed to focus on a particular subgroup based upon gender, age and other characteristics. The focus group should have one person facilitating the group and one person taking notes of comments and feedback from the discussion.
Draft a written summary analysis based on the session feedback from focus group.

Link to sample focus group questions

• Personal interviews of community members provide an intimate view into the community and may give insight about issues not identified by surveys. Their disadvantage is that they can be time consuming and less focused on the assessment objectives.

• Individual surveys are paper/or electronic questionnaires that are answered by individuals independently and anonymously. These are brief surveys and fewer staff is needed to distribute and collect the

surveys. Survey questions must be written in a basic simple format at less than fourth grade literacy level. Electronic online surveys may bias sample by excluding those without access or comfort with computers, which may include seniors and disabled residents who are often underrepresented in surveys.

• Interview surveys are designed so that an interviewer asks a resident each question from a questionnaire and records the response. The major drawbacks to this type of survey are lack of respondent anonymity, increased time intensity, and the training investment in interviewers. There is a greater probability that that every question will be answered and illiteracy or language and culture barriers can be alleviated with a trained, language proficient interviewer.

• Language proficiency - Surveys should be translated into appropriate languages and interviewers should be able to converse in the primary language as needed.

5. GUIDELINES FOR FORM DEVELOPMENT

Form should be user friendly with clear simple directions at the top of page.

Include the intent of the survey, noting that participation is **voluntary** and all answers are **confidential** and will not impact respondent's ability to access services. Include statement on form directing respondent not to write name on survey.

Sample

We are constantly working to deliver the best services possible to our community. Please help us serve you better by taking a few minutes to tell us about you and your community and what type of services you have received. The goal of the survey is to improve our services to you. Your participation is completely voluntary – your housing and your ability to receive health care will not be affected if you choose to participate or choose not participate in this survey.

This survey is **anonymous***, so please*

DO NOT PUT YOUR NAME ANYWHERE ON THE PAPER.
Thank you for your feedback!

Organize form in sequence which reduces the possibility of data being recorded in the wrong column or not being recorded.

Create a format that gives you the most information with the least amount of effort (i.e., recording responses using only a check mark, slant mark, number, or letter).

Provide enough space for the respondent to provide complete answers.

Designate a place for recording the date and time the data were collected.

Provide a place to enter the name of the individual collecting the data.

Allow enough space so data collectors can write in comments on unusual events.

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6. PILOT TEST

Perform a pilot test on 10-15 sample participants or identified focus group to ensure that process runs smoothly before conducting a full needs assessment. Pilot tests assess these questions:

• Do the questions provide useful information?
• Does the questionnaire provide quantitative and qualitative information?
• Was the question non-biased?
• Was the question answered adequately?
• Was the questionnaire written at the appropriate literacy level?
• Should the question be broken down or simplified to get a detailed response?
• Does survey need to collect additional information to meet the objectives?
• Is the questionnaire too long or too complicated to be completed?
• Can the information be easily managed for report analysis?

7. ADDRESSING SAFETY ISSUES

The safety of both surveyors and respondents should be paramount. Questions regarding violence in the home or community may raise serious concerns for the survey respondent and interviewer. Consider safety when deciding where to administer surveys. Questions of home-life conditions may best be asked away from the home, with confidentiality ensured. Surveys may be conducted onsite of the public housing complex in public meeting rooms or during community recreation functions or at local community centers, grocery stores, library and places of worship.

Interviewers may consider calling a tenant or tenant manager in advance to let them know when they are coming. The interviewer may also set up a system of routinely "checking in" and "checking out" with the tenant manager's office. All interviewers should wear ID badges or other forms of identification. Interviewers should be familiar with the neighborhood they are in or have maps of the area. Interviewers may want to travel in pairs if going door-to door, particularly in isolated housing areas that may be scattered throughout the service area.

8. SURVEY OUTREACH

Depending upon whether the targeted population is scattered throughout the community (as is common with Section 8/Housing Choice Vouchers) or not you may consider the following contact and survey methods:

• Telephone interviews – not as personal as direct interviewing on site.

• Mailed surveys –This contact method often has a very low response rate.

• Use multiple-choice formatting with checkbox or circles. Respondents tend to skip questions that require a written response.

• Use trained interviewers to administering the tool, reading aloud questions to the resident and recording responses to accommodate individuals with reading difficulties.

• Interview patients in the community health center's waiting rooms or other sites where people tend to congregate.

• Provide transportation tokens or other incentives for completing the survey.

9. ANALYZING AND DEVELOPING COMPARATIVE DATA

Data analysis provides the opportunity to examine needs, both real and perceived by examining data trends, levels and patterns. Analysis puts data into context which helps shape a strategic plan for program development. Organize data by developing spreadsheets using statistical software programs or Microsoft Excel for data management and computation. Include census data, health indices data, child protection lists, emergency calls, emergency room visits and hospital stays among the myriad of comparative data to support data collection. This is an opportunity to enlist volunteers/students from the community and from schools of medicine, nursing and public health to help with data management and save your organization time and resources while engaging the local community assets.

10. DETERMINING METHODS FOR DISPLAYING AND SHARING RESULTS

It is important to share the needs assessment results with survey participants, residents, stakeholders, and the general community to engage them in contributing to focused problem solving efforts and inform them of identified existing community assets. Published public reports should be clear, concise and data driven. Reports can include a current inventory of resident community programs, resources and services in the form of a Community Resource Directory. All reports should be drafted to support decision making, priority setting, and coordination and mobilization of resources. Community report cards are an effective public relation tools for informing residents and stakeholders about assets and challenges identified by the needs assessment. Reports cards should summarize and explain results of needs assessment to engage community input and relationship building. Community report cards communicate the health status of the focus community by grading a limited number of indicators, or key areas of concern in the community.
NCHPH supports and encourages data sharing among participating centers in accordance with federal guidelines. OMB Circular A-110 provides guidance for federal awarding agencies to ensure that all funded grant applications must be made available to the public through procedures established under the Freedom of Information Act (FOIA).

Module III – Staffing the Assessment Team

1. SELECTING STAFF

Appoint a Project Leader or Facilitator with strong management skills and experience with both patient care and public housing. Utilize resources including strategic managers at regional and local levels, facilitators, and practitioners in primary care trusts, local government and the voluntary and community sectors to support and complete the assessment team. Include community members who are an integral part of the neighborhood and have a thorough understanding of the focus population and general community culture. These individuals can gain the trust of community residents and motivate participation in assessment process. Recruiting community members with either a background or interest in health care may lead to future positions as community health workers (CHW) or health center staff.

Members' skills should include:

• planning
• team building
• report writing
• data gathering
• population profiling
• interviewing
• respect and confidentiality

2. TRAINING STAFF

A well-designed training program should motivate the assessment team to complete data collection and educate participating residents during the assessment survey process to elicit complete responses. PHPC Centers and those providing health care to resident in public housing should provide mandatory training for the RHNA team members. Training should make distinctions among data collection methods used for focus groups, personal interviews, interview surveys and individual (written) surveys. Surveyors should receive intensive training to ask non-directive interview questions and

provide assurance of confidentiality. Tailor training with focused attention on effective techniques for data collection and assessment tools with elderly, disabled and other special needs populations including limited English or literacy proficiency.

Key Training Considerations

Adult Learning Needs – The training needs to be self-directed and capitalize on staff experiences and immediate learning needs. Develop training with understanding of staff background and cultural differences. Incorporating opportunities to discuss these differences helps the learners learn from each other.

Site Selection – In order to maximize participation from the community, the training site needs to be on neutral territory. Public housing residents are frequently reluctant to attend training if these sessions are held on the premises of another public housing complex.

Training Hours and Duration – Training hours should be flexible and accommodate the needs of the trainees. If the group consists primarily of parents with young children, the training should be held during the day before children get home from school. If primarily working adults, then evening classes are better or if older adults, early morning is generally preferable. The length of the training session depends on the diversity of the focus population. Generally, training should cover at least one 8 hour session.

Training Content – The training content should include background information about needs assessment process and objectives, the data collection method and specific instructions for administration of data collection tool. Training should address barriers and challenges identified such as English language proficiency, ethnic/cultural differences, scattered sites, safety issues, special subpopulations. Keep curriculum content simple and culturally appropriate.

Training methods should be based both on the trainer and trainee's needs and skills and the class size. Some of the most commonly used methods include:

Role Play/Simulation Games - In this method the trainees assume various roles and act out the different scenarios they are likely to encounter in the field. Trainees get to practice different approaches and experience different reactions without negative impact. At the end of each role play session the "observers" should be invited to provide constructive suggestions and observations. This is a very effective method for community health workers who have never done door-to-door outreach or interviewing and for those wanting to practice their "people" skills.

Audio Visuals – Facilitator needs to develop a power point presentation or use simple overhead visuals to highlight key aspects of data collection. Hand out sample materials of all survey tools to be used for reference during training session.

Question and Answer Sessions used to complete training session and reinforce learning.

On-the-job Training – Although this method is frequently used, especially in organizations that have very few training resources, it is most effective when paired with one or more of the other methods. In this method, the trainee is placed in the job and learns through observing, shadowing and direct instruction from the supervisor or their designee. Learning can be enhanced if the trainee is assigned a mentor who can serve as a role model and assist the trainee as needed. This method is especially effective when used with outreach workers and community health workers, who need to do field work, make home visits or any work outside the agency.

Module IV – Evaluating the Needs Assessment Process

The RHNA evaluations can provide valuable data to establish credibility and accountability for funds and resources devoted to the needs assessment process as well as provide valuable feedback for improving any future needs assessment implementation efforts. Evaluating the planning, training, implementation, and data analysis process will help streamline process for subsequent assessment projects and address and circumvent any previous challenges encountered. The recommended evaluation design for a needs assessment should be comprehensive, yet brief and simple and cover the following program components:

Input – What, how many and how much of resource/s used?
Process – How was the assessment implemented?
Output – What was the productivity, the utilization of service generated?
Outcomes – What has been the impact for the community?

The RHNA must have clearly established milestones at interim points for project review and evaluation. At a specific time interval, compare results of survey to actual clinical outcomes in key chronic health areas to obtain qualitative and quantitative assessments of patient needs. After the completion of the needs assessment, determine if there were any glitches in the process, which may have affected the results and whether the documented goals and objectives were met.

 Major types of program evaluations:

Goals-Based Evaluations – Measures whether the program's established goals and objectives have been met.

Process-Based Evaluation – Assesses how the program operates.

Outcomes-Based Evaluation – Measures the impact and benefits for focus population.

Module V- Community Collaborations

Primary care is considered the backbone of the nation's health care system, but primary care health centers need supportive collaborations and partnerships to meet the critical demand to provide high quality, culturally sensitive equality health care for residents living in subsidized housing. It is especially important for health centers to develop strong partnerships with the public housing authority. Failure to have a formal agreement between the health center and local housing authority may be detrimental to the success of your program. This partnership must be seen as mutually beneficial from the onset. All goals, expectations and methods of communication must be clearly stated, and revisited as needed.

Additionally important are links with community networks and key stakeholders with whom there is a common vision such as faith based communities and nonprofit agencies, local medical, nursing, education and public health schools, and politicians.

The needs assessment process garners an opportunity to inventory community resources and identify collaborative partners that share in the health center's vision. Ways in which collaborations would make significant leeway in reducing health disparities include:

• Common information technology platform for leveraging expertise in health information technology for the benefit of community providers.

• Tighter linkages between teaching programs at academic medical complexes and primary care delivered at contiguous or co-located community health centers.

• Creating and investing in capacity for after-hours care delivery by community health centers.

• Local schools of public health and social work, medicine, nursing

•AmeriCorps and Community Health Corps workers

Module VI - Resources and Attachements

REFERENCES AND RESOURCES

Carlos A. Manjarrez, S. J. (2007). Poor Health: Adding Insult to Injury for HOPE VI Families. Washington D.C.: The Urban Institute.

(2005). Public Health in Public Housing: Improving Health, Changing Lives. Washington D.C.: U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute.

University of Kansas. (n.d.). The Community Toolbox. Retrieved May 15, 2010, from http://ctb.ku.edu/en/tablecontents/chapter3 section18.htm

The White House. (n.d.). Retrieved May 15, 2010, from OMB Circular A10 http://www.whitehouse.gov/omb/rewrite/circulars/a110/a110.html

MUA/HPSA designation information: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx
To find HPSA's by State and County refer to: http://hpsafind.hrsa.gov/
To find MUA's by State and County refer to: http://muafind.hrsa.gov/

The National Center for Health in Public Housing
www.nchph.org

The Public Housing Primary Care Program: Updates and Opportunities NACHC, Special Population Series (May 2007)
http://www.nachc.com/client/documents/publications-resources/sp_9_07.pdf

Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report
http://cdc.gov/mmwr/

World Health Organization http://www.who.int/countries/usa/en/

2008 AHRQ National Healthcare Quality and Disparities Report http://www.ahrq.gov/QUAL/qrdr08.htm
National Minority Quality Forum http://www.nmqf.org/capabilities.aspx
Z-Atlas: America's Health Index http://www.z-atlas.com
Health Disparities: A Case for Closing the Gap http://www.healthreform.gov/reports/healthdisparities/disparities_final.pdf

Healthy People in Healthy Communities: A Community Planning Guide. Office of Disease Prevention and Health Promotion, Department of Health and Human Services. http://www.healthypeople.gov/Publications/HealthyCommunities2001/healthycom01hk.pdf

The Community Guide: What works to Promote Health. http://www.thecommunityguide.org/index.html April 2010.

Partnership for Clear Health Communication (Ask Me 3): National Patient Safety Foundation http://www.npsf.org/askme3/

American Association for Health Education www.aahperd.org/aahe/
Mobilizing African American Communities to Address Disparities in Cardiovascular Health: The Baltimore City CV Health Partnership Strategy Development Workshop Summary Report. http://www.nhlbi.nih.gov/health/prof/heart/other/balt_rpt.pdf

Kretzmann, John, McKnight, John, and Turner, Nicol. "Voluntary Associations in Low-Income Neighborhoods: An Unexplored Community Resource." Evanston, IL: Institute for Policy Research, Northwestern University, 1996.
OMB Circular A10 http://www.whitehouse.gov/omb/rewrite/circulars/a110/a110.html

ADDITIONAL TOOLS

These tools have additional sample surveys and instructions for community assessment of employment, housing, nutrition, education, transportation and health.

University of Kansas. (n.d.). The Community Toolbox. Assessing Community Needs and Resources. Retrieved May 15, 2010, from http://ctb.ku.edu/en/tablecontents/chapter3 section18.htm

Community Needs Assessment Toolkit, Dianna P. Moore. April 2009
http://www.communityaction.org/files/HigherGround/Community_Needs_Assessment_Tool_Kit.pdf

A Strategic Approach to Community Health Improvement: MAPP Mobilizing for Action Through Planning and Partnerships. National Association of County and City Health Officials. http://www.uic.edu/sph/prepare/courses/ph420/resources/map-pguide.pdf

Asset-Based Community Development Institute, John Kretzmann and John McKnight
http://www.northwestern.edu/ipr/abcd.html

Mapping the Assets of Your Community: A Key Component for Building Local Capacity
http://srdc.msstate.edu/publications/227/227_asset_mapping.pdf

Asset Mapping: Locating Gifts in Your Community. www.nhhealthpolicyinstitute.unh.edu/ec/ppt/03_asset-mapping.ppt

Surveying Communities, A Resource for Community Justice Planners: online 4/2010 http://www.ncjrs.gov/html/bja/197109/welcome.html

Community Needs Assessment Survey: Directions for Implementation and Question Template. Center for Rural Research and Development. http://www.unk.edu/uploadedFiles/academics/crrd/CNAStemplate.pdf
The Center for Collaborative Planning (CCP) promotes health and social justice by providing training and technical assistance in Asset-based Community Development (ABCD), Leadership Development, Working Collaboratively, Community Assessment and Strategic Planning. http://www.connectccp.org/index.shtml
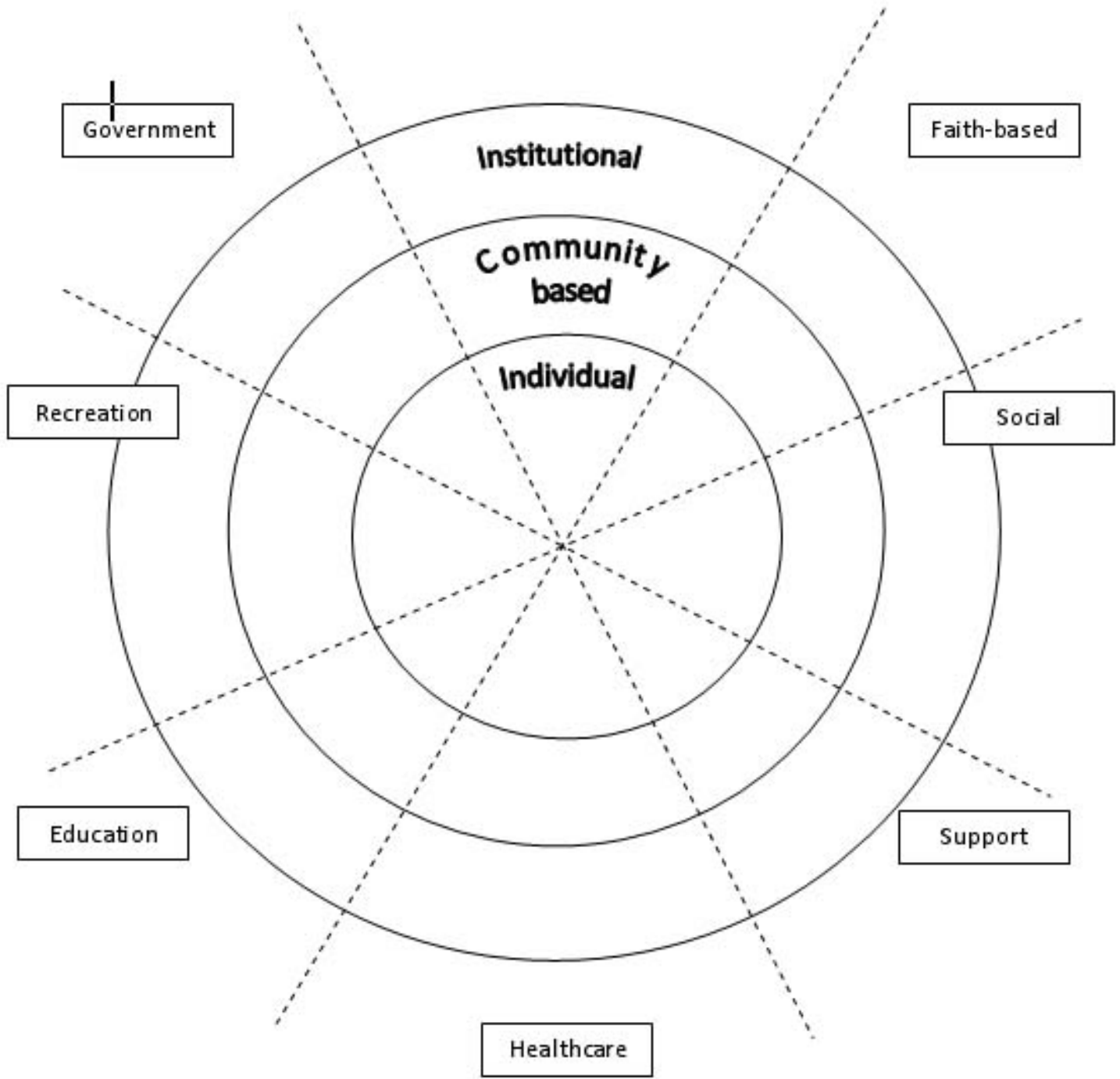
SAMPLE COMMUNITY NEEDS ASSESSMENT REPORT
Red Hook Community Needs Assessment. June 2005 http://www.brooklyncb6.org/_attachments/2005-06%20RHHI%20Community%20Needs%20Assessment.pdf

		Date completed	Responsible party
Module I: Defining Your Community	**1. Determine The Key Characteristics Of Your Community** • Assess socio-economic demographics of the focus population including race gender, age, income, etc. (Prepare Worksheet to chart population statistical data percentage breakdowns)		
	2. Identify Health Conditions and Health Disparities Found in Major Demographic Groups and Geographic Areas • Research health issues of demographic groups identified in focus population and compare to the overall population (Prepare worksheet for comparative data/ provide list of statistical data resources) • Determine Environmental Hazards (Prepare Sample Chart)		
	3. Identify Existing Health Resources and Access to Public Services Available to the Community. Community Asset Mapping • Assess Public Services Available to the Community such as public transportation, libraries, hospitals, immunization clinics and other public health care providers, recreational facilities, emergency response and emergency preparedness programs, health seminars etc. • Assess Business Health Services Available to the Community such as pharmacies, primary care physicians, dental clinics, etc. (Prepare Sample Chart Review of Services)		
	4.Determine the Geographic Boundaries Of Service Area		
	5. Identify Barriers and Challenges of Conducting Assessment of Health Care Needs		
MODULE II: Structuring a Needs Assessment Tool	**1. Establish Standards for Conducting Needs Assessment** • Determine critical categories of data collection such as community perception of health needs, expectations of quality service, perceived strengths and weaknesses in existing health care system. • Determine Goals and Objectives. • Involve community leaders in developing needs assessment tool.		
	2. Evaluate factors for Selecting Data Collection Method(s) • Collection methods should provide relevant and specific data.		
	3. Determine the Appropriate Data Collection Tools • Consider how results will be used, and the best and most efficient way to obtain certain data. • Evaluate pros and cons of various collection methods.		
	4. Format the Survey Tool		
	5. Identify the Site and Population to be surveyed • Clearly define your target population. • Define subgroups if appropriate.		
	6. Determine the Most Effective Method for Reaching Target Population During Data Collection Process		

Community Assets Mapping

Government

Faith-based

Institutional

Community based

Individual

Recreation

Social

Education

Support

Healthcare

ATTACHMENT C: SAMPLE SURVEY TEMPLATE - Focus Group Questions

1. How do you describe your community? for example: geographic boundaries, characteristics of the residents, household structure, employment & income, community strengths and weaknesses, current community issues, community & city services available.

2. What are the most important health issues?

3. Are there specific racial/ethnic health issues specific to this area?

4. What about the role of prevention of diseases and other health problems in providing health care services?

5. What happens or what do you do within the family when a member has a serious medical need?

6. What types of health providers would you like to have service this community?

7. What would be convenient hours of operation for a health center located in this community?

8. What has been your experience with specialty care? Can you set appointments when needed?

9. Is health care "affordable" in your community?

10. Are you able to get your prescription filled at an affordable pharmacy in your community?

11. Where do residents without health insurance go for primary care? Specialty care?

12. What do you consider to be the "unmet" health needs in your community?

ATTACHMENT D: SAMPLE SURVEY TEMPLATE - Training evaluation

Workshop Title: _____

Presenter:_____

Date:_____

(Please circle one)

1. How would you rate the quality of instruction and teaching ability at this session?

4 - Excellent   3 - Good   2 - Fair 1 - Poor

2. How would you rate the instructor's level of knowledge and expertise?

4 - Excellent   3 - Good   2 - Fair 1 – Poor

3. How would you rate the usefulness of the program content for meeting each of the program's objectives?

4 - Excellent   3 - Good   2 - Fair 1 - Poor

4. How would you rate the adequacy of the physical facilities?

4 - Excellent   3 - Good   2 - Fair 1 - Poor

5. Please share one piece of information that you learned from attending this session.

_____

_____

6. Please share what you enjoyed most about this session

_____

_____

7. Please share what you liked least about this session

_____

_____

6. Additional Comments:

_____

_____