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Gerald A. Burns
Portland State University

Janet S. Putnam
Portland State University

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NEED ASSESSMENT METHODOLOGY

by

Gerald A. Burns and Janet S. Putnam

A practicum submitted in partial fulfillment
of the requirements for the degree of

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TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH:

The members of the Committee approve the practicum of Gerald A.

Burns and Janet S. Putnam presented

Gerald A. Frey

ABSTRACT

A need assessment is a systematic process of determining community needs through the comparative analysis of people, problems, and services. Although need assessments of some form have existed since biblical times, it has only been within recent years that their use in social planning has become prominent. This is attributed to the increasing belief in the necessity of pertinent data to make decision-making responsive to community needs.

Ten basic issues should be considered in designing a need assessment. These are: 1) Purpose; 2) Decision-making context; 3) Agency resources; 4) Scope; 5) Future studies; 6) Staff roles; 7) Data collection; 8) Citizen participation; 9) Format; and 10) Evaluation design.

In addition, three approaches can be used to perform a need assessment. These are populations-at-risk (people), problems, and services. Essentially, the same information is collected in all approaches, only highlighted in different perspective.

It is necessary to develop categories within which needs and community characteristics can be studied. The categories should be consistant with the assessment approach and easily transformed into planning and decision-making areas.

Three major components make-up a need assessment.

1) The community profile provides information on the demographic, socio-economic, and geographic characteristics of the community. Narratives should be used to relate the data to service delivery problems or considerations (e.g., access, availability).

2) <u>Need profiles</u> explore the relationship and characteristics of problems, affected populations, and services. A comprehensive need profile would provide information in the following areas:

   a. Extent of Need - How many persons have, or could have the problem?

   b. Service Response - How many persons are currently being served by community agencies? This section can also be expanded to detail the characteristics (e.g., costs, availability, eligibility criteria, etc.) of each agency.

   c. Extent of Unmet Need - How many people need service, but aren't receiving it and why?

   d. Forecast - What changes in the problem, population-at-risk, or community services are likely in the future?

   e. Implications for Programs and Services - What service adjustments or changes can be made in view of information collected in the previous categories?

   f. Sources - What agencies, documents, or sources were used in studying this problem?

3) <u>Special sections</u> include any surveys, research, or work which augments or suppplements special areas of interest.

Two types of data may be utilized in a need assessment. Primary data is that which is being collected for the first time. Four sources of primary data are general population surveys, service population surveys, service provider surveys, and key informants (e.g., expert opinion). Secondary data has previously been collected and tabulated. Census data; national, regional, state, and local studies; and national formulas are examples of secondary data. Validity and reliability problems exist and must be considered in the use of any data.

ACKNOWLEDGEMENTS

PREFACE

Our objective in preparing this report was to develop a succinct
and readable manual on how to perform a need assessment based on the
model we helped to develop and apply at Tri-County Community Council.
As such, our investigation of literature in the need assessment field was
cursory. We selected only those few works which we felt would help to
clarify and enunciate our model without necessitating endless comparisons
and detailed explanations. For those persons seeking additional infor-
mation, we have included appendices which contain several examples of
need assessment instruments and data use information. An annotated bib-
liography of relevant need assessment works has also been included.

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CHAPTER I

INTRODUCTION

This report is designed to assist individuals or groups who are
interested in learning about or conducting a need assessment. The in-
formation presented is a combination of material which has been written
on the subject, as well as our own experience in the development of a
need assessment study. The report is divided into four parts: a dis-
cussion of the concept and dimensions of need; design and preliminary
considerations; basic components; and data collection methods and
issues.

When designing a need assessment, many factors must be considered,
such as the goal of the study, the content, as well as information
sources. However, before any of these issues can be addressed, one
must have some understanding of the concept of a need assessment, as
well as an awareness of its possibilities and limitations. The term,
need assessment, is frequently used in human service planning today.
Although considerable time and energy is channeled into designing and
conducting need assessments, many organizations often fail to develop
a common understanding of the concept of a need.

THE CONCEPT OF NEED

Need is a concept used by social service providers. One hears of
the need for additional services for the elderly or the mental health
needs of a specific population. From these statements the concept of

need is treated as something visible and easily identified. Alfred Kahn, however defines need as "social definitions, representing a view of what an individual or group requires in order to play a role, meet a commitment, participate adequately in a social process, retain an adequate level of energy and productivity-at a given moment of history" (Kahn, 1969: 63). Defined in this way, need becomes "what the social institution or the broader society expects of the individual or the group, and what the resources and possibilities are to make a given level of expectations realistic" (Kahn, 1969: 63).

Seen through this definition, need is an arbitrary determination, made by social institutions or broader society, and involves value judgements by a number of groups. It is also apparent that need is an intangible concept which can only be measured through relating various "social indicators" to a current set of community norms or standards. It is the measurement of these indicators that occurs in the need assessment process. If the indicators used are valid measures of the need and the information collected is reliable, the likelihood that study results will give insight and definition to a particular problem area is increased.

DEFINITION OF NEED ASSESSMENT

Need assessment has been defined as a systematic process of determining overall community need in selected problem areas (Puget Sound, 1974: 10). Sometimes called a problem identification process, need assessments examine the relationship between people, problems and services. From this process it is possible to identify what community needs exist and determine how well they are being met by the services currently

available (Puget Sound, 1974: 10). Although need assessments are cap-

able of generating a wide variety of information, all of which can have

an impact on planning and resource allocation decisions, it is not

strictly a problem identification exercise. Need assessments can be

expanded to include "a review of the reasons for the existence of a prob-

lem, such as system failures which lead to unsatisfactory service deliv-

ery, community information flow and unavailable resources, as well as

individual obstacles to problem solution" (Denver, 1974: 13). Need as-

sessments then can be used to provide valuable information over and

above problem identification. Once the data is collected and areas of

need identified, researchers can interpret the information for decision

makers in a manner which will have the maximum impact on the resource

allocation and planning process (Denver, 1974: 13).

At this point, one observation about need assessments should be

made. The information presented in the preceeding discussions suggests

that need assessments have a strong effect on the resource allocation

process. Although this does occur at times, no guarantee exists that

any need assessment, no matter how well done, will necessarily have the

desired impact. Many factors enter into this issue and will be discuss-

ed in greater detail later in the report. The problem is mentioned at

this point in the report simply, to alert the reader to the fact that

need assessments are not the complete answer to affecting change in the

planning and resource allocation process.

HISTORY

Historically, the assessing of human need extends to biblical times

with the reference in "Acts" to the problem of hunger among a group of widows. After determining the size and nature of the problem, the Disciples were able to examine alternative solutions to the current situation, which resulted in the appointment of seven member board to oversee the feeding of the widows   (Denver, 1974: 1).

During the 18th century in England, John Howard used a survey method of assessing need to document the shocking practices in many hospitals and prisons. Using the information he collected, he was able to mobilize need reforms. In the United States, a century later, Dorthea Dix, traveled across the nation collecting facts regarding the care of mentally ill persons. As a result of her assessment, mental health legislation was enacted   (Denver, 1974: 1). Perhaps the largest need assessment ever done was by Charles Booth in England between 1886-1903. Using an interview and participant-observer approach, along with supporting data from official sources, Booth attempted to organize his information with descriptive indices, and divided people into eight categories or classes based upon their employment and income levels. The result was a seventeen volume study called, The Life and Labour of the People of London. This document was an early example of a survey, whose results showed that charity and private philanthropy were failing to meet the needs of the poor in London   (Denver, 1974: 2).

Another of the earlier studies was the Pittsbury Survey, funded by the Russell Sage Foundation, and conducted by Paul Kellogg from 1909-1914. Following Booth's London example, the survey attempted to make an exhaustive description and analysis of a substantial modern city. This survey became the model for much urban social research conducted in the next decade. It was hoped by researchers that once the facts were

compiled and presented, local leadership would use the information to correct the problem areas. The researchers were sadly disappointed (Denver, 1974: 2).

In more recent years, with the development of Community Chests, many of which have now become members of United Way of America, interest developed in trying to devise a means by which money could be allocated or new services started. This called for some kind of mechanism for assessing community need. With the recent influx of federal dollars into state and local programs, assessments of the need at various levels is being required. In federal programs like Title XX, Community Mental Health, Manpower and Area Agencies on Aging, need assessments must be completed prior to program planning. The information gained through the need assessment process is then fed into the development of comprehensive plans of service for these publicly funded programs.

PURPOSE

The major purpose of need assessments is to provide data as one vehicle to assist decision makers in making rational decisions. The support for need assessments in recent years can be attributed to the view that social planning and resource allocation decisions should be responsive to the problems and needs of a population, and when possible, these needs should be ascertained through an objective process (Denver, 1974: 4).

Oriented toward change, need assessments are conducted to bring the existing arrangements of service to what is considered by one group as, a "better state of affairs". As a form of research, it is nearly impossible to make a need assessment value free. The decision to conduct

a need assessment, alone, indicates that someone has decided that social problems are not being adequately addressed, or certain groups are functioning below optimum level. Such a decision, in itself is a value judgement.

It is an accepted fact that allocation decisions are for the most part made in the political arena. However, without some mechanism for organizing information resources and bringing them to bear on the decision-making process, decisions may be made based on a lack of adequate information. By utilizing need assessment research, additional information can be provided which may have an impact on decision-making through identification of community problems, populations most highly at risk or shortcomings in the existing social service delivery system.

CHAPTER II

DESIGN CONSIDERATIONS

DESIGN ISSUES

When undertaking a need assessment, it is helpful to consider several issues to assure a manageable and meaningful study. Below is a listing of some of these issues.

Purpose: It is important, prior to the development of the design, to set goals and objectives in measureable terms, so that it can be determined what types of data must be collected. Without stating the purpose of the project before developing the design, one runs the risk of completing a study which fails to meet its original intent.

Decision-Making: It is helpful to determine early in the design process who will be utilizing the finished study. Knowing what decision-making context(s) is to be served will give direction to the design process and ensure that the final product will be useful to the decision-making groups.

It is particularly important that staff assigned to carry out the need assessment study identify all the major community decision-making groups who have a stake in the outcome of the study. These groups and organizations must then be contracted to determine their information requirements. With these groups, issues must be articulated, differences clarified, trust established, and open lines of communication established.

Agency Resources: Many types of resources are necessary to complete a need assessment. At the agency level the amount of manpower,

time, money and supplies that are available to conduct the study should
be carefully assessed. It is also important to determine the sophisti-
cation, extent, and availability of the information required. It is
essential for the director of a need assessment study to look at both
his operating capability as well as the accessibility of data.

Scope: A very important issue in planning a need assessment is de-
termining both the geographic area, community services, and need level
which the study will cover. Selecting an area too small or attempting
to carry out the study on too narrow a level may hamper the usefulness
of the study, while, selection of an area too large or content too broad
(i.e. people, problems, and services) may make it impossible to collect
all the relevant information. By making an early determination as to
the scope of the study, direction will also be given to the data gather-
ing process. Knowing the areas to be studied automatically indicates,
in part, what type of data must be collected, again saving the time
which might be spent gathering irrelevant information.

Future Studies: It should be determined if this is a one time
study or one which will be periodically updated and recycled. If it is
to be updated on a yearly basis, the design should be conducive to that
process.

Staff Roles: Early designation of staff roles can be beneficial to
an efficiently organized study. It should be determined who will be re-
sponsible for each section or stage of the study. Also if other agen-
cies are to be involved in the process there may be a need to assign
liason responsibilities to staff members.

Data Collection: Once the goals and objectives are set and the de-
cision-making context(s) identified, the data to be collected can be

determined. The problem area to be studied will determine what type of information will be necessary to conduct the study. It must be determined if facts or opinions are needed in the problem assessment, and a decision made as to whether primary or secondary research will be necessary to obtain the needed information. Early determination in the selection of data will not only help formulate the design of the study, but also save many hours of unneeded data collection.

Also when making decisions about what data to collect, one needs to take into consideration the ability of the research staff to analyze the collected data. Some data analysis takes advanced skill which the staff may not possess. This would suggest the need for bringing in outside resources or scaling down the data plans for the study.

Citizen Participation: Often when conducting a need assessment, citizen participation may be a necessary or desired component. If citizens are to be a part of the process, certain issues of pre-planning must be discussed. These include determining what the purpose(s) of citizen participation is in advance, and deciding who and how to involve the various audiences in the community.

Although a need assessment may be done for a specific agency, it is also possible that it can provide useful information for the community. If this is the case, ways to assist the community in utilizing the study must be developed. Town meetings, briefing sessions, questionnaires, or committees are possible channels.

Format: As one begins to organize the data, the issue of format should be considered. The main question is how can the findings best be presented? Information should be organized in categories that can easily and logically be analyzed and translated for decision makers.

Dependent upon the type of information to be presented, tables, maps, pictures, graphics, models, narratives, or some combination may be useful to illustrate the information. Format choices may strongly effect utilization of the needs study as a reference tool. For example, how it is bound may effect how easily it can be updated or separated for use of subparts.

Evaluation Design: Often need assessments will be questioned as to their reliability, validity, and utility. Because of this, it is advantageous to build an evaluation mechanism into the study which can check for those elements as the study is conducted as well as make summary recommendations for expanding or re-cycling the need assessment study.

Summary: Our past experience has shown that many hours can be spent designing a need assessment, that when implemented does not yield the information desired or measure the intended need. By considering each of the ten issues mentioned above during the design phase of the study, countless wasted hours may be saved, and an end product which measures the need is more likely to result.

APPROACHES

All need assessments examine the relationship between people, problems and services. Any of those three elements can be selected as the approach for an assessment.

The Populations-At-Risk Approach

Need assessment approaches that focus on people examine problems and available services to what are called "populations-at-risk." These are groups of people who by the nature of common characteristics are

likely to experience problems. For example, because of discrimination, lack of opportunity, and other factors, minorities are often considered populations-at-risk in relation to poverty and unemployment. The five general populations-at-risk most often cited are: low income, elderly, minorities, disabled - handicapped, and youth. More recently, the unemployed have achieved the status of a general population-at-risk due to their increasing numbers.

The Problem Approach

The problem approach to need assessments involves focusing research efforts on specific problems or categories of problems. The number, type, and specificity of the problems selected depends upon the purpose, resources, and use of the study. For example, the State of Oregon Social Service Need Assessment, prompted by Title XX has fourteen problem categories and a total of 70 populations-at-risk within those problem areas. One problem category is "Persons having problems gaining/maintaining employment." The populations-at-risk under this category include unemployed persons, seasonal workers, and physically handicapped persons.

The Service Approach

The service approach to need assessments examines the extent of gaps and duplications in the service delivery system through comparing the characteristics of available services with the needs of the community.

This approach is favored by United Way and is described in UWASIS (United Way of America Service Inventory System, 1972). This manual manages 170 programs under six goal areas:

1. Adequate Income and Economic Opportunity

2. Optional Environmental Conditions and Provisions of Basic Material Needs

3. Optional Health

4. Adequate Knowledge and Skills

5. Optional Personal and Social Adjustment and Development

6. Adequately Organized Social Instrumentalities

The need assessment approach selected by an agency depends on how the design issues discussed in the previous section are resolved. The first design issue of purpose (or goals) is of primary importance. For example, United Way has as its greatest interest the maintenance of existing social services according to their level of need in the community; thus, the selection of a service approach is most appropriate. However, the State of Oregon's Department of Human Resources (DHR) has greater interest in identifying areas in which new services should be created or where present service patterns should be changed to more effectively meet needs. Consequently, a problem approach is appropriate because needs can be measured, at least to some extent, independently of existing services, thereby indicating possible areas for changes in service delivery.

Essentially the same information is collected in all need assessment approaches, namely information about problems, available services, and populations-at-risk. By selecting a particular approach though, it is hoped that either new information will be generated in certain areas or that current information can be presented in a form which will highlight important elements of the need or present the need from a unique perspective. The University of Denver Study states that few assessment proponents would argue that new needs will be discovered "or that needs

identified through this process will be translated directly into plan-

ning or allocation decisions . . . Presentation of the findings of need

assessment research to the decision makers may assist them in addressing

relevant problems and help to structure their decisions with the support

of objective data" (Denver, 1974: 4).

CATEGORIES

A significant procedural step in the development of a need assess-

ment design is the formulation of categories under which needs and com-

munity characteristics can be studied. This has importance no matter

which assessment approach is selected. The use of categories facilitates

the analysis and translation of data gathered in the need assessment

study into the planning and service allocation areas of the organization

for whom the research was conducted (Puget Sound, 1974: 14). Even in

population-at-risk studies, the problems of each group are best under-

stood if they are grouped into major problem categories. The categories

decided on will vary with:

1. The purpose and scope of the study

2. The need assessment approach selected

3. The type, extent, and characteristics of the data available

The most frequently used categories for community characteristics are

geography, demography, and socio-economic characteristics. Need profile

categories should be developed in a form consistent with the approach

selected; by problems, populations-at-risk, or services. Categorizations

in these areas are sometimes written in the form of goals. All categor-

ies should be defined or explained. The following are three examples of

different ways in which categories can be developed.

1. <u>King County, Washington System</u>. This system was developed by the King County Budget and Policy Planning Department. The primary data source was U.S. Census statistics.

1. Health
   - Physical
   - Mental
2. Safety
   - Crime
   - Hazards
   - Abatement
3. Shelter
   - Conditions
   - Cost
   - Adequacy
   - Availability
   - Tenure
4. Opportunity
   - Restrictions
   - Requirements
   - Status

5. Neighborhoods
   - Conditions
   - Change
   - Accessibility
6. Natural Environment
   - Condition
   - Constraints
7. Social Environment
   - Family
   - Age/Sex
   - Citizenship
   - Mobility
   - Procreation
8. Livelihood
   - Income
   - Public Assistance
   - Labor Force

2. <u>The Fayette County, Kentucky System</u>. This system was developed and used by the City/County Planning Commission of Lexington and Fayette County, Kentucky. Data was organized at the census tract level. The major sources of data were not given (Puget Sound, 1974: 15).

1. Social Characteristics of the Population

   - Bio-social

   - Socio-economic

   - Family

   - Residential

2. Social Deviance

   - Delinquency and Crime Rate

   - Types of Offenses

   - Juvenile Crime

3. Social Achievement

   - Educational Facilities

   - Retail Trade

   - Community Services

   - Medical Services

   - Communications

   - Cultural Activities

3. <u>General Services System</u>. We developed this third system as a com-
piliation of categories across a number of studies which should
provide an overall view of community social characteristics and
needs.

   1. Economic

   2. Employment

   3. Education

   4. Basic Material Needs

      - Food

      - Clothing

      - Shelter

5. Health

    - Physical

    - Mental

6. Personal and Family Adjustment

7. Recreation and Leisure

8. Law and Justice

9. Community Planning and Development

Social categories then, take place at two points in the need assessment. First in the community profile and second in the need profiles. These will be developed further in the next section.

CHAPTER III

COMPONENTS

COMMUNITY PROFILE

Need assessments must present information at two general levels in order to provide planners and decision makers with a comprehensive perspective through which social service allocation and delivery decisions can be made. The first level information provides an overview of the characteristics of the area in which the assessment is being performed. This level, referred to as a community profile, provides demographic, geographic, and socio-economic information which describe the community in the context of its total environment. The second level of information is provided in need profiles. Need profiles present data on the specific problems and services within each category of need. By providing a general profile, the need profiles can then be analyzed in relation to the overall characteristics of the community in which they occur. Providing information at both these levels also gives decision makers an indication of how social needs compare to other needs (e.g., highways, schools, etc.) in terms of their relative importance in the priorities of public funding (Puget Sound, 1974: 13). Ultimately then, the results of the need assessment will be utilized in accordance with the goals of the sponsoring agency or body. The following diagram illustrates the relationship of agency goals with the community profile and need profile data of the need assessment.

NEED PROFILE

PROBLEM POPULATION-AT-RISK COMMUNITY SERVICES

COMMUNITY PROFILE

DEMOGRAPHIC
   Characteristics

SOCIO-ECONOMIC
   Characteristics

GEOGRAPHIC
   characteristics

AGENCY GOALS

PREVENT Adverse Conditions

RESTORE Independence

MAINTAIN Self-Sufficiency

ADMINISTER Programs Efficiently & Effectively
                              (Touche-Ross, 1974: 1).
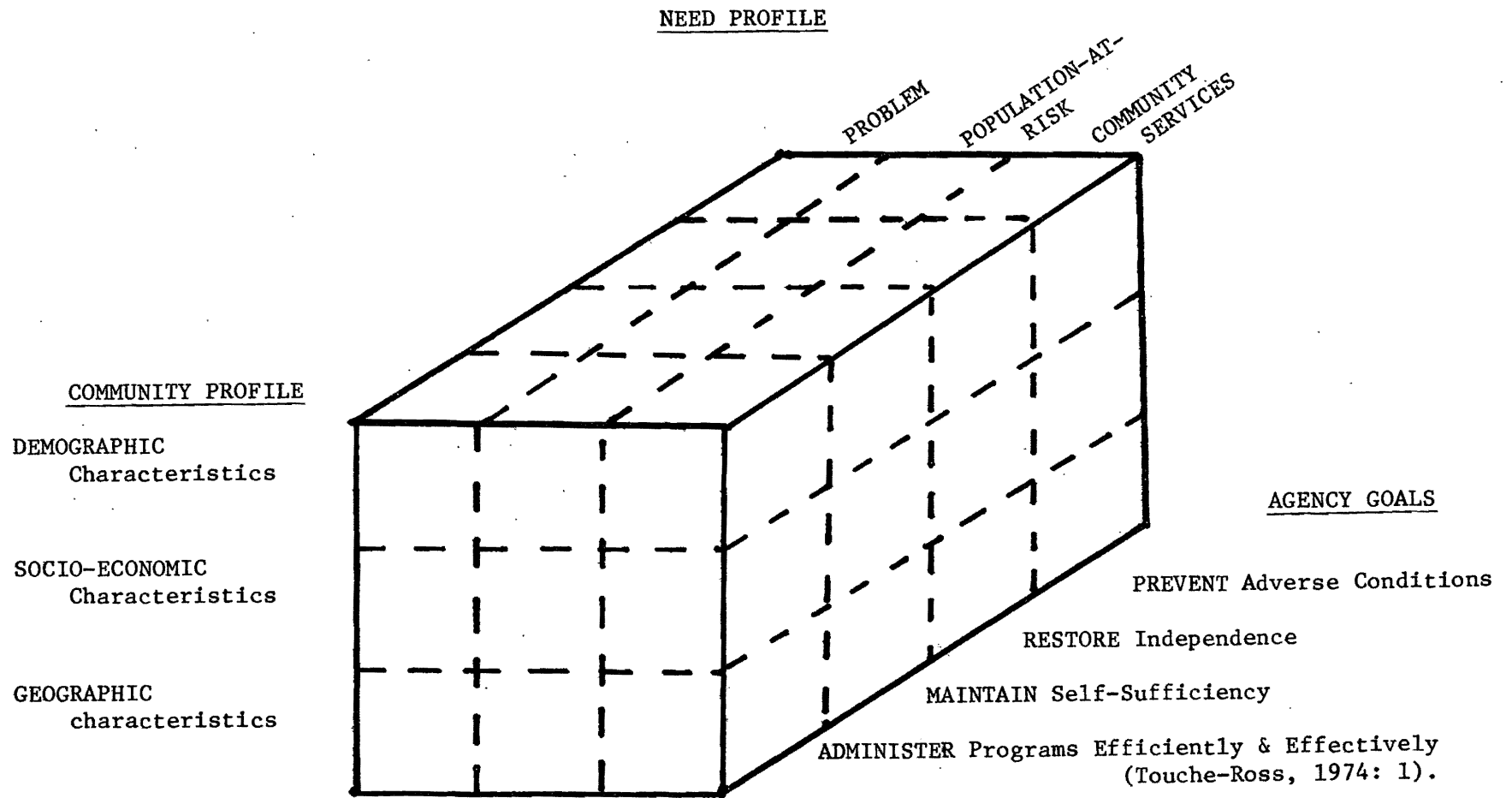
Figure 1. Need Assessment - Agency Goals Relationship Diagram

A comprehensive community profile should provide information according to the framework of the following diagram.

| National |
| Regional |
| State |
| Multi-County Area |
| Similar County |
| Local |

Project Area
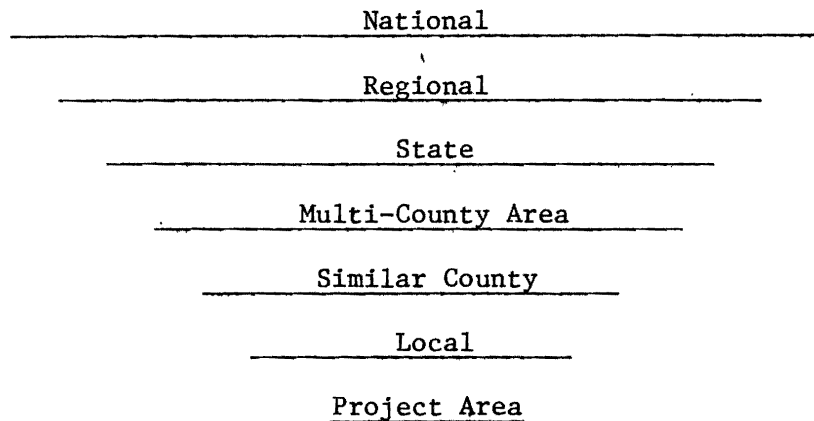
Figure 2. Community profile data presentation chart.

For most need assessments this comprehensive framework is too elaborate, and the time and problems involved in collecting and presenting data at six different levels frequently outweighs the benefits gained. National, state, and local data are generally considered most important, as they provide some indication of how needs compare at different funding and service levels.

The information contained in community profiles can be presented in several different forms, i.e., mapping, tables, narratives, graphs, and pictures. Whichever form is selected, it is essential that the data be presented in a way that shows its relationship and relevance to social service needs and/or delivery patterns in the community. By resolving this matter early, needless hours of work can be saved later when a translating of the relationship of community characteristics to community needs is performed.

The three major areas of focus for the community profile are

demographic characteristics, socio-economic characteristics, and geographic characteristics of the community. The community to be studied first needs to be broken down into subdivisions for purposes of comparing data. This process is more difficult than one might assume. On the one hand, the use of census tracts or combinations of census tracts will greatly increase the quantity and validity of available data. On the other hand, responding to local residents sense of "natural" communities may be essential if the study is to have relevance.

Demographic data is generally available from census and related reports. It includes information on age, sex, family relationships, and numbers of people. Socio-economic data is also generally available from census reports as well as various other national studies and agency reports. It includes information on race, income, unemployment, health, housing, crime, etc. Finally, geographical information is generally available from the physical planning departments or commissions of the local city and county governments. It includes information on land use, community development, natural resources, and other information on the physical environment. Community development is used here to refer to various public works projects in such areas as housing, roads, parks, and community facilities.

The important thing to remember where a human services need assessment study is being carried out is that the information in the community profile must be related to the delivery of human services. For example, population density, a local mountain range, or the percentage of elderly living in a certain area all may effect the development and implementation of local human services. The community profile needs to do more than identify these factors, it must spell out how they influence, or

should influence, the local service delivery system. The benefits that accrue to the use of community profiles include:

1. An overview of the total community in which the assessment is being performed.

2. A comparison of certain community characteristics with other local, state, or national information which permits a broad perspective and comparison of needs at different levels.

3. A framework by which the relevance of social needs can be seen in comparison with environmental conditions.

4. A presentation of characteristics of special areas or populations within the study area.

5. A comparison of geographical subdivisions of the target area under study to identify unique characteristics which may affect the delivery of human services.

NEED PROFILE

Need profiles are the format through which information is provided on the characteristics of a problem, its affected populations, and the services which address the problem. The amount of information that can be collected in the need profiles varies immensely. However, there are certain essential elements that should be incorporated in all need profiles. These six elements will be covered here. We will also present possibilities for those elements that can be expanded to provide more data in particular areas.

1. Extent of Need

The first step in developing a need profile is assessing the extent of need in the problem area studied. Most need assessments focus on the

number of people affected by a problem as the primary measure employed
to determine extent of need. This is also a most difficult figure to
accurately assess because human services programs have traditionally re-
sponded to need only when problems reached such proportions that it was
difficult, if not impossible, to meet the total demands for service.
As a consequence, efforts to specify the size and characteristics of
those in need were secondary to providing services as expediantly as
possible. The lack of skilled manpower, scientific techniques, and re-
cognition of the utility of need assessments also contributed signifi-
cantly to deficiencies in this area. The University of Denver study
states that problems are not distributed randomly throughout the pop-
ulations of each community. For one reason or another, problems tend
to aggregate within certain population groups, or within certain geo-
graphically distinct areas (Denver, 1974: 8). Determining the size of
those populations-at-risk is a common method employed to discover the
total extent of need for services within each need profile.

Because of the inadequacies and inconsistencies in data collection
methods, statistics on the extent of need can be presented in one of two
ways. When population-at-risk statistics are all that is available,
they should technically be presented as indicators of "Extent of Poten-
tial Need." The drawback to this method is that logically only a por-
tion of a population-at-risk is likely to experience a problem at a given
time; thus presenting the size of the total population-at-risk greatly
inflates the actual current size of need. For example, elderly persons
living below the poverty level are sometimes cited as the population-at-
risk for homemaker services and home delivered meals. In reality
though, alot of these elderly, because of good health, the assistance of

relatives or friends, or for other reasons, are not presently in need of these services. The value of population-at-risk statistics should not be dismissed just because of their failure to provide precise information on the number of persons experiencing a problem. In some problem areas and in some communities, this is the only indicator of extent of need that is available. It should be remembered that in many cases, available services are meeting very little actual need. In these cases, precision is not necessary to show that a major expansion of services is required if needs are to be met. On the other hand, in problem areas where service levels appear to be approaching the need levels, precise measures may be worth the added costs to the sponsoring groups in order to make appropriate service decisions. The primary value of population-at-risk statistics is that they reflect the possible magnitude of problems in the event of unfavorable changes in present circumstances e.g., in the elderly example above, if social security were abandoned, the number in need of both home and meal services would increase greatly.

For those problem areas in which reliable research has been conducted and formulas or percentages are available to more accurately assess the problem affliction rate of each population-at-risk, data can be presented as "Extent of Need." For example, the National Institute of Mental Health has determined that approximately 10% of the population is experiencing mental or emotional difficulties to the degree that professional intervention is necessary. This 10% figure can be applied to the population of the community under study to determine extent of need. The following diagram illustrates how potential and actual extent of need are related.
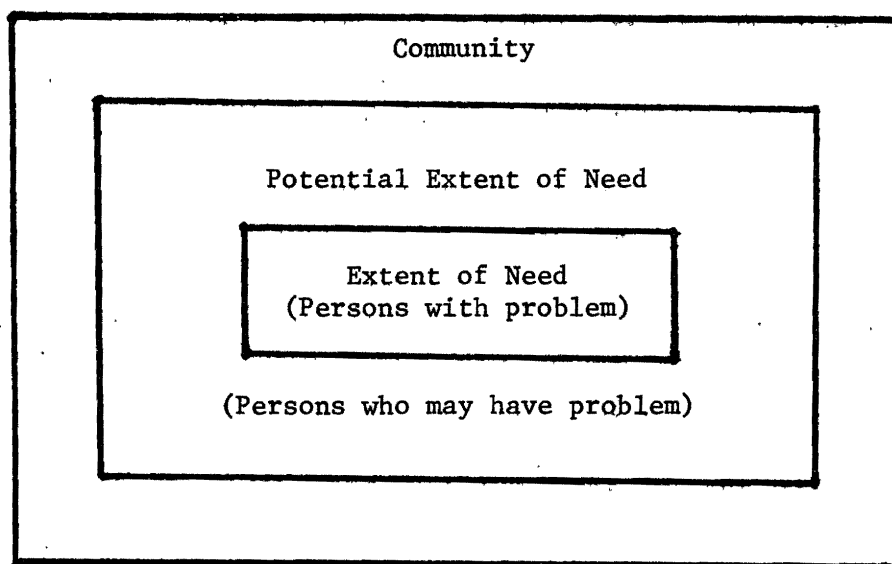
Figure 3. Need diagram.

2. Service Response

[The second step in the formulation of a need profile is an assessment of the number of people currently receiving community services for the problem under study] This can be ascertained by actually contacting, or by sampling, all relevant community providers to determine the total number of people served within a specified time. Because of agency recording differences, it is best to request the unduplicated service count for the most current reporting year of the agency.

The service assessment can be expanded to describe a number of other service factors should their inclusion be of utility to decision makers. These include:

A. An inventory of service organizations

B. Funding breakdown by source by agency

C. Stage of service development (training and development resources)

D. Cost per client per unit of service

E. Availability of alternative or ancillary services (e.g., information and referral, outreach, special transportation)

F. Fee Scale

G. Planning and coordination capabilities

H. Quality of service provisions

I. Eligibility criteria (Denver, 1974: 12; Puget Sound, 1974: 3).

For many need assessments, especially those performed at a city or county level, information describing the specifics of agency services can be the most important part of the assessment. Agencies can use this data as a guide to modify, expand, or refocus their client services and program coordination activities. This applies to changes within an agency, and in its relationships to other service providers.

Obtaining and comparing agency data is not easy. Two general problems are inherent in this process.

1. Agencies are reluctant to cooperate and/or provide requested information. Many agencies receive a multitude of requests for information every year. Finding staff time to fulfill every request is impractical or not possible sometimes. As the amount of information requested increases, and difficulty of obtaining that information increases, the likelihood for agency cooperation decreases. Some agencies refuse to provide information because they fear unfavorable comparisons with other providers could jeopardize their funding or reputation in the community.

2. Agency data is often incomplete, inconsistent, or unattainable. There is no standard format or process that all agencies use in data collection, analysis and presentation. The amount, kind,

and sophistication of data agencies collect differs with the kind of services they provide, their funding source requirements, staff availability and expertise, and a number of other variables. Even with agency cooperation, there are likely to be data problems. Some of these include:

A. Services are often recorded in terms of contacts (e.g., number of visits) or hours of service (e.g., hours of counseling per week), so such items as the cost per unit of service per client, unduplicated number of persons served, and average length of services are difficult if not impossible to obtain.

B. Some data is not collected. Census tract data is an obvious example of very useful information to researchers which agencies often don't collect.

C. Data collected is not always attainable. Some agencies collect a great deal of information about their clientele but never aggregate it into regular reports. In effect, this means information is available, but unattainable because the time requirements of going through every client record are prohibitive and also may create difficulties in terms of the clients right to confidentiality.

3. Extent of Unmet Need

Once the preceding steps are completed, the "Extent of Unmet Need" can be determined simply by subtracting the latter (services) number from the extent figure arrived at initially. Depending on available

data, unmet need will be shown as one of the following:

	Extent of Potential		Extent of Need
(Minus)	Service Response	OR	Service Response
(Equals)	Extent of Potential Unmet Need		Extent of Unmet Need

By incorporating the Service Response and Extent of Unmet Need components, the need diagram presented earlier can be expanded to further explicate the levels of need as they pertain to a need assessment.
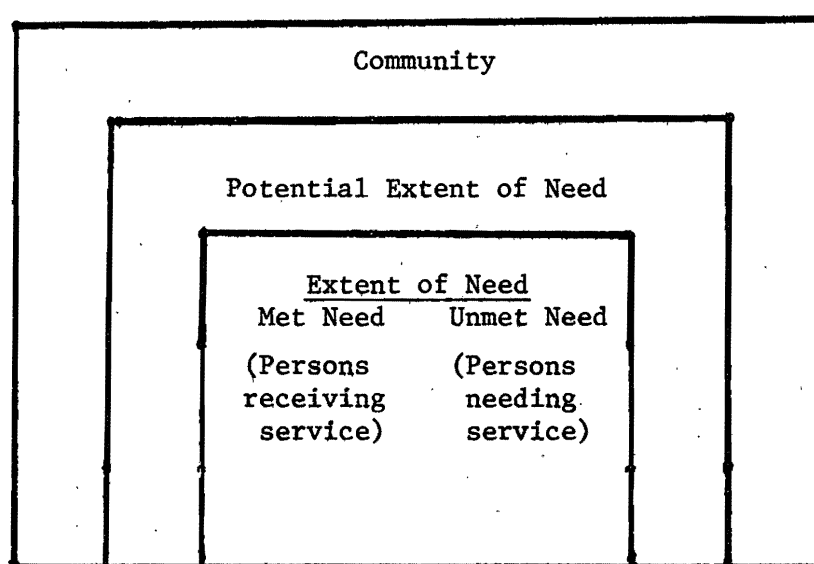
Figure 4. Expanded need diagram.

The design and depth of the study will determine if additional explanatory categories are appropriate under Extent of Unmet Need. Supplemental information should focus on determining those characteristics of the community, the population, or the services which have caused, exacerbated, or maintained the unmet need. Information in this section can be of great value to decision makers as indicators of program and service delivery areas in need of change. Potential categories include:

A. Availability of services - Is the unmet need due simply to a

shortage of appropriate services?

B. Accessibility of services - Are services available, but difficult to attain and utilize because of poor location or other geographically related limitations?

C. Service Barriers - Are services not being utilized or only being selectively utilized by some groups because of problems with:

1. Application and/or eligibility requirements

2. Language or communication deficiencies

3. Social or cultural considerations

4. Fee scale

5. Knowledge of availability

6. Physical limitations of consumers

7. Continuity of service delivery

4. Forecast

A forecast of changes in the problem population or available services will provide decision makers with information useful for determining the most appropriate response for meeting needs. Although forecasting can be a science in its own right, short conversations with administrators or service providers can elicit information from studies, experience, or professional speculations that can be useful to decision makers. Forecasting will generally provide information in one of three forms: trends ("If things continue as they have been ..."); contingencies ("if this happens, then ..."); norms ("our ultimate goal is ... in an ideal world ..."). Forecasting statements generally focus on certain issues.

1. Changes in the extent of the problem. Will the number of people needing service increase, decrease, or remain stable in the future?

2. Changes in the populations experiencing the problem. Will there be changes in distribution of the problem in the affected populations or will any new populations begin to experience the problem?

3. Changes in the nature of the problem. Are the dimensions of the problem becoming more serious or immediate, or creating different consequences?

4. Changes in the extent of services. Will the number of services available increase, decrease, or remain stable?

5. Changes in the service delivery system. Will services centralize, decentralize, or colocate, etc?

6. Changes in the application of service. Are any new or different treatment modalities being tested or implemented?

7. Changes in the availability of resources. Will new sources of funding be provided?

8. Changes in community consciousness. Are community values shifting?

A careful review of the literature on the state-of-the-art in human services, an understanding of local perspectives, a systematic approach, and flexible value consciousness are all required by the researcher if his forecasts are to accurately reflect the effects of certain trends, contingencies, and community norms on service delivery.

5. Implications For Programs and Services

A statement regarding the implications for programs and services is the final step in the development of the need profile. This statement is intended to provide action alternatives to decision makers. In other words, it attempts to examine the question: "Given the problem and the needs, what are the implications for services and programs?"

It is in this section of the needs profile that alternative courses of action are proposed to alleviate or ameliorate the problems, along with the specific recommendations of the researcher or planner. It may also provide information about the social, economic, or political climate which may have an effect on services, along with the possible repercussions of those effects.

6. Sources

The final section of the need profile should simply be a bibliography of all agencies, documents, and other sources contacted pertaining to the problem studied. Agencies contacted, even though they did not provide specific services or information pertaining to the problem, should also be included with a notation indicating their status as information resources. This can be of use to other researchers by directing them to known sources and services and helping them avoid the efforts of locating services which have already been checked. A sources section also serves as a starting point for future studies.

The appendix of the need assessment study is reserved for any supplementary information about either the need profiles or the community profile. This would include copies of any tools used by the researcher, additional data or information obtained in perticular areas, and general reference materials.

SPECIAL SECTIONS

Frequently, the objectives of an organization conducting a need assessment will stimulate or necessitate development of special analyses, research, or studies. Since these usually develop as ancillary components or adjuncts to the assessment, their inclusion should follow the need profiles. Several possible projects that we performed or encountered are:

1. Special Surveys

   In the following section we will discuss surveys as a primary data collection method. If this method isn't selected, then certain groups, problem areas, or service categories may be singled out for individual studies to establish or increase baseline information.

2. Category/Profile Syntheses

   These can be performed at varying degrees of sophistication. Simple presentations could be done in matrix form according to one of the following combinations:

   - Population-at-risk/problem synthesis

     Populations-at-risk would be listed along one axis and problems (or problem categories) along the other axis. Checkmarks would indicate the problems encountered by each population-at-risk. (A scale of numbers could be substituted for checkmarks for use as indicators of seriousness, urgency, priority or other attributes).

   - Population-at-risk/services synthesis

This matrix would indicate the services available to population groups.

      - Problem/services synthesis

      This would indicate what services are available in the community within problem and need categories.

3. <u>Service Scatter Map</u>

This is a map of the study community with symbols to represent service types and locations. This device reflects the concentration of services and indicates both the overall availability and accessibility of services to citizens.

<div align="center">SUMMARY</div>

Need assessments are composed of three basic components.

1. The COMMUNITY PROFILE presents an overview of the economic, social, demographic, and geographic characteristics of the community. Problems can then be analyzed within the context of their total environment.

2. NEED PROFILES examine social problems of the community by determining populations-at-risk and assessing the capacity of community services. Through a service analysis, forecasting, and consideration of community profile data, service implications and recommendations are made.

3. SPECIAL SECTIONS include any surveys, studies, research, or data that is requested by the sponsoring agency, and/or contributes to understanding the problems, populations-at-risk, or services of the community.

CHAPTER IV

DATA COLLECTION AND APPLICATION

Two major types of data are used when doing a need assessment.

These are primary and secondary data. Depending upon the focus of the

study, one type of data may be more appropriate than another. Both pri-

mary and secondary data can be obtained through a variety of data col-

lection methods. General population survey, service population survey,

service provider data, key informants, management information systems

and census tract data are all examples of data collection methods. Be-

cause each method of data collection listed above yields a different

type of data, all can be important when assessing need within the gen-

eral or specific population.

In this chapter, both primary and secondary data will be defined

and the strengths and weaknesses of the various data collection methods

examined, as well as the problems encountered with all data sources.

TYPES OF DATA

Primary Data

Primary data refers to that information which is being collected

for the first time, usually through the use of a questionnaire or by

interview. The result of this is raw data which must be tabulated and

analyzed by the researcher. Four main sources for this data exist.

They are the general population survey, service population survey, serv-

ice provider survey, and key informants. Primary data is most often

used when information is needed on a specific problem or populations and no data has previously been gathered in that area. Or, the information available is so outdated that it is not useful for the study's purpose.

Secondary Data

Secondary data is that data which has already been collected and tabulated. Census data; national, regional, state, and local studies; and national formulas are examples of secondary data. "If already existing social data are collected, organized, aggregated, disaggregated, and analyzed appropriately, they can act as a meaningful input into the need assessment process." (Denver,1974: 16). Secondary data can be most useful when attempting to determine where and to what degree problems exist and the number of agencies addressing the problem. By identifying where gaps in service exist, recommendations for service development can be made. Secondary data can also be useful to provide elementary evaluation data, but only if program or service objectives are expressed in measurable terms.

Although secondary data can be very helpful in doing a need assessment, it has its problems also. The biggest problem with secondary data is that it often has not been conceptualized in a way most useful to your purposes. When this occurs, you are forced to use that data which is available, but not the most conceptually valid. Also because need is a combination of indicators, the manipulation of existing data, necessary to illustrate the need, may be beyond the capabilities of the research staff. When this problem occurs, the time and money necessary to have the analysis done by an outside group may outweigh the worth of the final product.

In using secondary data, certain steps can be taken to prevent some of the problems mentioned above. Try to use the most reliable and valid data available, making certain it is available across the units of measure being analyzed. If the unit of measure is the census tract, the same information should be available in all tracts.

Also see that the data is available on an ongoing basis so longitudinal studies and evaluations can occur. And, be selective when deciding what data to use. Do not use data just because it is available. Rather, select that information which will be most related to the concerns of decision makers (Denver, 1974: 18).

Although much of the data collected will be from national or state studies, the likelihood that local information will be used is great. When using local data, several other constraints may be present. Often times information will not have been tallied. This is a time consuming process and agencies do not have the manpower to do the tabulation. If this is the case, research staff may be required to do the tabulating. When this occurs, the issue of client confidentiality may be raised. It is a valid concern for those agencies involved.

Also remember not to duplicate data which already exists, or create new data unless it is absolutely necessary. If it is necessary to collect new data, develop a system which ensures client anonymity and obtains only needed data.

PROBLEMS WITH ALL DATA SOURCES

Whenever data is being collected, analyzed or presented, the issues of validity and reliability are of paramount importance. Validity refers to the degree to which the data serves as an accurate measurement of

the need. Two problems exist in the area of validity. In dealing with the first problem, several steps can be taken to help ensure the validity of the data. First, the definition of need should be operationalized and secondly, the need as stated in the operational definition should be measurable. If the need is not expressed in measurable terms it becomes very difficult to decide what data and how much data must be collected. By taking these precautions, data can be selected or collected that best measures the defined need.

The second problem with validity concerns the multi-data aspect of need. Because a need is determined not only by problems, but by considerations such as resource availability, and the efficiency, accessibility and continuity of service delivery system, no matter how many data sources are explored by how many various techniques, the information gained will only provide a portion of the total need picture. To treat the data collected as providing a complete picture of the need is to mislead the audience for whom the document is aimed and constitutes an inappropriate use of data.

Reliability, the second issue to be considered, "refers to the stability, accuracy and consistency of the measures." (Denver, 1974: 16). In other words, reliability refers to the extent to which someone else, using your instrument and measures, would replicate your results. Since secondary data is often used when conducting a need assessment, it is important that the reliability limitations of the data be known. If new information is to be collected, great care should be taken to develop a data gathering process with enough precision so that all individuals using the instrument and the meanings can replicate the results.

DATA SOURCES

General Population Survey

This is an interview or questionnaire process, administered to a
sample of individuals from a specific population. The sample may be
drawn from a selected group, such as the aged, or from a specific geo-
graphic area. From a general population survey, it is possible to ob-
tain a variety of information about the entire population. Descriptions
of problems as perceived by individuals, attitudes toward service deliv-
ery, and problems in service utilization can be identified. In addition,
populations-at-risk and multiproblem individuals and the characteristics
associated with them can be seen.

But this method of data collection is not without its problems.
Survey as a method of data collection has some built in drawbacks.
First, it tends to be an expensive form of information gathering. The
inability to spend the needed dollars to gather the data can result in a
study of poor quality. Second, poor sampling, interviewer bias, and
survey reliability are an additional set of possible problems associated
with this method. The third area of difficulty centers on the individu-
als being interviewed. Often respondents are hesitant to admit the pro-
blems which they are experiencing or they tend to speak about problems
which are outside the scope of the study. Also interviewees may iden-
tify their wants and desires, or the symptoms of the problem rather than
the problem or need itself (Denver, 1974: 21). Several precautions can
be taken to guard against some of the problems which may be encountered
in a general population survey. Before taking a survey, define need,
making the definition relevant to the study. Also as was mentioned

earlier in the design issue section of this report, define the scope of the study, determine the needs capable of being addressed, and then design a survey instrument which can identify those needs. Take great care in selecting the sample populations, remembering a stratified sample is sometimes most useful. When designing the questionnaires, include both behavioral and attitudinal questions on the survey. This will help to identify problems not always recognized by the individual, and increases the validity of the study. When estimating the number of services needed, remember to include data on service eligibility. Sometimes people may be experiencing a problem, but are not eligible to receive assistance (Denver, 1974: 22).

Service Population Survey

This differs from a general population survey because it is designed to collect information from individuals who are or have been in the service system. This type of survey can provide a view of problems recognized by those persons receiving service as well as the type of problems which lead to service utilization. In addition, a first hand account of the barriers to service delivery, the services desired but not available, and an evaluation by the consumer of service effectiveness can be obtained. Because service users are dependent upon the service delivery system, they can also provide information concerning the obstacles which prevent achievement of a service free status (Denver, 1974:23).

Two additional problems occur when using a service population survey. The first of these is the fact that the information collected applies only to the population surveyed. Therefore generalizations cannot be made to those who are eligible but choose not to or are unable to attain

service. That population may be very different. Also care must be taken not to make statements regarding the non-service population based on this data, as their needs may be quantitatively very different from the service population.

Secondly, because service consumers are dependent upon the service system, great care must be taken to assure the respondents that their participation in the study will not jeopardize their relationship now or in the future with the service delivery system. Failure to be able to give this guarantee can result in an inability to secure desired information.

Information gained from a service population can be especially useful for agency planning. Since the individuals have a high concentration of problems and are willing to utilize services, they may form the initial client body for a new service. In addition, they already are familiar with the access system, and have information regarding service availability. Their comments on the existing system can help in the restructuring of old and new services to make them more reponsive to the need. The limitation of the service population survey to agency planning is that it reflects only this population's problems and the data cannot be utilized universally to the entire population (Denver, 1974: 23-24).

Service Provider Data

Information obtained from service providers is quite different from either the general population or service population survey. As can probably be ascertained, information from those who provide service may reflect a different perception of the problem.

Data gathered from these surveys can provide information on problems not highly acknowledged or socially accepted by the population. In addition, service providers can give the most valid information regarding community resources.

As with each of the other types of surveys, inherent problems exist. Service providers may not always identify problems seen by the target population. If only service provider information, without consumer input, is utilized for planning, a lack of service utilization may result. Also since providers only have contact with persons who utilize services, a total picture of the problem or need may not be presented. Finally, because of their vested interests, service providers may identify only those problems which can be met through existing services offered through their agency (Denver, 1974: 24-25).

Key Informants

These are community or political leaders who do not participate in the service delivery system, but because of their community standing have some legitimacy as well as a constituency with potential as a data source. Because planning a resource allocation often occurs in the political arena, these key informants can provide useful information regarding those problems which are likely to become public issues and receive widespread attention. Also, those areas likely to receive support or opposition by community leaders can be identified. Because much information which is generated through this method is based on opinion, the problem of interviewer bias exists.

Management Information Systems

Data collected for administrative or management purposes by social

service agencies can be useful in the need assessment process. It can

provide information in certain specific areas, such as client character-

istics and services needed but not available. The problem with this

type of data is that it provides information only on those persons en-

tering the agency system, and not on the population as a whole (Denver,

1974: 26).

SUMMARY

The two types of data and various data collection methods have been

presented in this section with their strengths and weaknesses. Each can

play an important role in the need assessment process. Careful consi-

deration however must be given in the designing of the project so that

data will be utilized in the most appropriate way.

CHAPTER V

CONCLUSION

The information presented in this report is not intended to be a comprehensive formulation of the need assessment process. Many of the subject areas which we have briefly discussed are sciences in and of themselves, such as data collection and application, and forecasting. For this reason, we hope the information provided will serve as a primer for those interested in conducting a need assessment.

The development of a need assessment should not be interpreted as a comprehensive plan for social services. Comprehensive social planning includes a number of elements, of which a need assessment is only one. Other elements include the development of goals and objectives, formulation of service programs, resource allocation, and program administration and evaluation.

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according to the author. He sees the likelihood that future re-
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APPENDIX A

Tri-County Community Council

1976 Sample Survey Questionnaire
1976 Sample Need Profile - Homemakers
1974 Sample Need Profile - Group Home

PRIORITY NEEDS SURVEY QUESTIONNAIRE

Agency _____

Interviewer _____

Interviewee _____

Date _____

Arrangements for returning material _____

Program Description

1. Would you describe the services of your agency in _____ ?
    (program)

    (Interviewer hand program description to agency representative.)

2. United Way of America has developed a manual of program descriptions,
    Does this program description generally fit your agency's services?

    a. If no, what additions or changes would you suggest?

3. There are some service areas that have developed formulas for identify-
    ing the nature and extent of the need for their services. The American
    Public Health Nurses have determined that there should be one Public
    Health Nurse for every 5000 persons in a community and one Public
    Health Nurse for every 2500 persons in low income areas. Are there
    any formulas or statistics like these in this program area?

    a. If yes, could you give us copies of them or the source of this
        information if copies aren't available?

4. Does your agency have any surveys, annual reports, or funding proposals with information in this program area that we could look at or obtain from you?

   (If yes, get them, or make arrangements to see them.)

Populations Affected

5. Please name the target populations (besides those listed in the program description) that your agency attempts to serve in this program area.

6. What geographic locations are associated with these target groups? (e.g. rural, urban, particular neighborhoods, etc.)

7. Please fill in the following socioeconomic characteristics that are associated with these target populations?

   Age
   Sex
   Income level
   Ethnic origin
   Family composition (e.g. large, small, single parents, etc.)
   Other (please indicated)

Service Information

(Interviewer gives program product matrix to agency representatives.)

8. Could we get the information requested in these program product statements from your agency?

9. Do you have any data or information that indicates your agency's lack of capability to meet demands for your service? (e.g., waiting lists, caseloads, referral numbers, etc.)

10. What is the approximate total budget of your agency? (all programs and services offered)

11. Please estimate the percentage of your funding from the following sources:

    Federal . . . . _____%

    State . . . . _____%

    County . . . . _____%

    City . . . . _____%

    Private . . . . _____%

    Fees . . . . _____%

    Other (indicate) . . . . _____%

12. What percentage of your total budget is allocated to this program?

13. Please estimate the cost to your agency per client for your service.

14. Remembering the importance of client confidentiality, please provide us with 2 or 3 case examples representative of your client populations.

15. Would you give of the names of other agencies that provide this service?

16. Are the services of your agency coordinated with those of other agencies or planning bodies?

    a. If yes, please name them.

17. During what hours and at what locations is your service available?

18. How do people learn about or get referred to your service?

19. Does your agency provide or contract for any of the following? (If so, how?)

   a. Transportation or other forms of access to your services (e.g. bus fare, volunteer drivers, etc.)

   b. Information and Referral

   c. Outreach (Those services provided outside the central agency office - e.g., branch offices, public information programs, home visits, etc.)

Forecast

20. What do you see the demand for your service to be over the next five years? (i.e., increasing, decreasing, remaining at the same level)

21. Do you anticipate any program changes affecting this service in the next 5 years? (e.g., new programs, new facilities, budget changes, etc.)

22. Do you project any changes in the client population using this service in the next 5 years?

(Interviewer give agency representative information request form with appropriate unanswered questions checked.)

HOMEMAKER

PROBLEM

Problems or conditions that require homemaker service include: illness, absence or death of a parent or other family crisis which threatens the stability of a family and the security of its children; loss of work time and wages by parent when needed at home to care for children or a family member who is ill; threat of foster home or institutional placement for children whose parents have become overwhelmed with the emotional and physical demands of their homes and family, potentially resulting in charges of neglect and abuse; infirmities of age which threaten the independence and safety of older adults in their own homes and would force them into premature institutionalization; unnecessarily extended hospital or nursing home care because of lack of home care resources; threat to mental and physical health of spouse, parent or child due to continuing strain of caring for aged, chronically ill or handicapped relative.

An accurate assessment of the community's need for homemaker service is difficult to judge: The number of homemakers available to the community is so limited that many who need the service are discouraged from applying; because of the limited program the service has not been widely publicized and therefore is not known to many who need it; and, the individual and family problems that can be treated by homemaker services are so varied that an accurate statement for total need is impossible. Three special populations have been identified as most in need of homemaker services; elderly, low income families and homebound disabled.

However, several studies have been conducted in recent years which attempt to assess or project the need for Homemaker services:

1. A Community Council study of 1970 reported that in the tri-county area at least 900 low income families and almost 1,000 older persons in Multnomah, Clackamas and Washington Counties needed wholly or partially subsidized homemaker service;

2. A study of the Institute on Aging, Portland State University (April, 1973) estimated that at any given time approximately 20% of elderly individuals in the population -- were at risk for institutional care without part-time help;

3. Metropolitan Family Services (MFS), a major agency provider of homemaker services in the tri-county area, estimates that 14% of the population over 60 years are physically or mentally handicapped to the degree that homemaker services are needed to assure their safety and well-being at home. Using this formula there is a projected need of homemakers for 3,345 Washington County residents; and

4. The National Council for Homemaker-Home Health Aide Ser-
    vices recommends a goal of one homemaker-home health
    aide for every 1,000 population. Since there are approxi-
    mately 196,337 people in Washington County, this would
    require 196 homemakers.

5. The majority of families in need of homemakers are poor or
    near poor, Through extrapolation of 1970 census data plus
    requests for services received by MFS in 1974, unestimated
    that 35% of the families below 125% of the poverty level
    are in need of homemaker services. On the basis of this
    there are 400 families in need of homemakers in Washington
    County.

6. The third population increasingly being recognized as in
    need of homemakers are persons disabled to the degree of
    being homebound. Although information was not available
    to specifically determine the number of homebound, the
    State Mental Health Division has data relating the percent
    of persons 16-64 who are disabled or handicapped and who
    are unable to work. These reports say that 2.4% of the
    total population of 4,712 people residing in Washington
    County are disabled or handicapped and inable to work.
    Possibly as many as 35% of these persons or 1,650 may
    need homemaker services in any one year.

SERVICES

Homemaker is a program designed to prevent or minimize family disruption
through helping to maintain normal family functioning in times of temporary
stress precipitated by absence or incapacity of the regular homemaker.
"Family" is also interpreted to include adults living alone, both the aged
and disabled. Under this program, trained personnel go into homes as
substitute homemakers (or housekeepers) and assume responsibility for routine
household activities such as menu planning, budgeting, child care, as well
as general household management.

This definition of the homemaker program does not include the activities of the
Home Health Care (Home Health Aide) program. Although there may be some overlap,
the emphasis of the homemaker program is on substituting the regular housekeeper
for general household management, whereas the primary function of the Home Health
Care Program is the treatment and care of the ill in their own homes. House-
keeping may be a subsidiary activity.

Free Homemaker services in Washington County are provided solely by Metropolitan
Family Services on a subcontract basis to Children's Services Division, Public
Welfare and the Washington County Agency on Aging Office. MFS is currently
the only agency in the tri-county area that meets the standards recommended
by the National Council for Homemaker Services.

Table I
1974 Homemaker Statistics Metropolitan Family Services Washington County

	C.S.D. Families	Public Welfare Disabled	Elderly
Homemaker assignments	14	19	19
Two parent family or married couple	8	2	4
One parent family or single adult	6	17	15
Caucasians	14	19	19
Median length of service	1-2 weeks	39-52 weeks	22-24 weeks
Monthy average number of homemakers	1	1	2

GAPS

One can see from the tables presented that availability of homemaker services is distressingly limited: at least four of every five families - and elderly - who appeal for help must be turned away because no homemaker is available to serve them.

Table II
Extent of Unmet Need for Homemakers
Washington County 1975

	Families	Elderly	Homebound Disabled
Total projected extent of need	400	3,345	1,650
Number served	14	19	19
Percent of need met	3.5%	.57%	1.15%
Total unmet need	386	3,326	1,631

As the table clearly shows less than 5% of the need is being met for any of the populations at risk. MFS does not publicize their services because they do not have the resources to meet the community's demand for free homemaker services.

Without this service children are often moved out of their homes into foster homes or institutional care, away from familiar surroundings and schools: Because of disorganization and stress families are broken up that could otherwise be saved by intervention of a homemaker. Older people are moved into nursing homes who could function well in their own homes for many additional years with a part-time homemaker and at an impressive savings to the individual and the community. The services of MFS are concentrated in the Portland area and are greatly inadequate even there.

The community provides no subsidized 24-hour emergency service to either families or older people, which leaves a serious gap in service to the one-parent family and to other adults who after an illness might return home from the hospital rather than move - sometimes permanently - into a nursing home. There is no weekend homemaker service. It is variously estimated that any-where from a third to half of all nursing home patients could be returned to the community if homemaker and related alternative care services were available. There is no in-home service available to keep children at home in a night-time emergency; at present they are moved without preparation into shelter care homes.

FORECAST

The need and demand for homemaker services is expected to increase greatly in the future as more and more community decision makers realize the savings in money, time, anxiety and problems that can occur through this kind of pro-fessional assistance in the home. Recent legislation at both the state and national level makes provisions for expanding this service.

SOURCES

United Way of America Service Inventory System.
        Published by United Way of America, January 1972.   104pp

Resource Manual
        Published by Tri-County Community Council, Inc. 1974.

U.S. Bureau of Census Reports
        U.S. Government Printing Office, Washington, D.C. 1972.

"Priority Needs Survey Questionnaires", 1975

GROUP HOME

I. DEFINITION OF FIELD

Problem or Condition

A significant number of the children who come to the attention of juvenile authorities have seriously deteriorated home environments that give little promise of practical reconstruction. This is particularly typical of many children in their mid-teens and certain adults as well. A group home should be used when it is the most appropriate resource for meeting the child's needs. The placement may or may not be accompanied by efforts to eventually return the child to its biological parents' home, foster or adoptive home. Children with behavior and emotional problems are usually placed in staff-operated group homes.

Most children placed in group homes require individual or group treatment programs of various intensities and duration. Children with relatively serious behavior and attitudinal problems can be placed in group homes, making them a realistic and practical alternative to institutional placement.

Program Description

Group Home is a program designed to provide a comprehensive treatment-oriented living experience in an agency-owned or operated facility for individuals (mostly children) who, for some reason, are unable to adjust in their own or foster homes and who are not suited to placement in an institutional setting. The program is geared to the specific needs of the individual and to his eventual return to his own home and community as soon as his personal and social adjustment and development permit. Program elements may include some or all of the following: (1) establishment of group homes; (2) supervision of the person placed in a group home to the end that total care and treatment are provided and all basic human needs are met; (3) work with the family during group home placement, as needed; and (4) follow-up readjustment assistance to the individual and his family after termination of group home placement.

Program Product

    (1)   Unduplicated count of persons served in a year, distributed by age, sex, ethnic origin and family income level.

    (2)   Total number of days of group home care provided in a year.

II. NATURE AND EXTENT OF TOTAL NEED

Extent of Need

It is estimated that in the four-county area spaces in group home care should be available for approximately 200 to 250 individuals.

Significance of Need

This type of care can be very beneficial to the individual receiving the care as well as to the community.

Group homes avoid the more regimented care usual in institutional settings and the more personally involving interaction usual in foster homes. Appropriate placement in a group home is much more compatible for some children, especially youth, who thus make better use of the placement.

Group home care is less expensive that institutional care and thus is economical for the community.

III. STAGE OF DEVELOPMENT

Quantitative Analysis

The following table shows those organizations operating group homes in the four-county area and the capacity of each:

	Capacity
Albertina Kerr Homes	5
Alfred Yaun Home I	12
Alfred Yaun Home II	10
Boys and Girls Aid Society	
Carroll House	10
Cordero Youth Care Center	8
Inn Home for Boys	7
Mary Achison House	10
Multnomah Boys Center	9

	Capacity
Out Front House	5
Parrott Creek Boys Ranch	16
Parry Center	6
Seghers House	5
Villa St. Rose	5
Youth Progress Association	16
Youth for Christ - Youth Guidance	21
Youth Adventures	30

Accessibility and Availability

Group home care is not always available and accessible to those in the four-county area of metropolitan Portland because of limited number of spaces.

Qualitative Analysis

Group homes are licensed by the Children's Services Division and must meet the rules and regulations established by this state body.

As part of its standards of foster family care, the Child Welfare League of America publishes standards for group home care, which are in the process of revision.

IV. CONCLUSIONS

Unmet Needs and Gaps in Accessibility and Availability

Plans are being implemented for the reduction of the populations at Hillcrest and MacLaren as well as at The Donald E. Long detention facility in Multnomah County. Additional resources are needed for group home care. Many varied types of group homes are required to meet the diverse needs of many different young people.

Recommendations of the Goal Committee

The Committee placed the services to disturbed children in the highest priority category, and sees Foster Home Care, Group Home and Institutional Care as alternatives for these children.

Priority

Major Emphasis

APPENDIX B

State of Oregon Social Service Need Assessment

List of Problem Categories
Problem Subcategory Form
Priority Statement Form

PROBLEM CATEGORIES

1. ## ALL THOSE PERSONS HAVING INCOME-RELATED PROBLEMS

    Persons in this category are those who encounter financial difficulty due to insufficient income, lack of employment, or poor money-management skills.

    a) Households experiencing money management problems.

    b) Persons not receiving income for which they are eligible; i.e. food stamps, V.A. benefits, court-ordered support, etc.

    c) Households on fixed income; i.e. Social Security, etc.

    d) Persons whose income is below the poverty level.

    e) Unemployed persons.

2. ## ALL THOSE PERSONS HAVING PROBLEMS GAINING/MAINTAINING EMPLOYMENT

    Persons whose primary employment-related problem is their lack of employment or their inability to qualify for available employment.

    a) Unemployed persons.

    b) Seasonal workers (not migrant).

    c) Physically handicapped persons.

    d) Developmentally disabled persons.

    e) Persons with alcohol or other drug dependencies.

    f) Persons in need of child care.

3. ## ALL THOSE PERSONS WHO HAVE PERSONAL/INTERPERSONAL ADJUSTMENT PROBLEMS

    Persons who, by reason of physical disability, traumatic experience, age, psychological or psychiatric disorder or social situation may be significantly less able to cope with life situations.

    a) People returning to the community following residence in mental health or correctional institutions.

    b) People under age eighteen who have committed delinquent acts.

    c) School drop-outs (under age eighteen).

    d) Persons admitted to residential mental health or correctional facilities from the community.

    e)   Families or couples experiencing stability problems.

    f)   Persons on probation following sentencing for commission of a criminal act.

    g)   Persons receiving care from mental health clinics.

    h)   Individuals suiciding or attempting suicide.

    i)   Individuals having traumatic experiences; e.g. rape, debilitating handicap, loss of significant other through separation or death, etc.

    j)   Persons age 65 and over.

    k)   All those persons having difficulty dealing with unwanted pregnancies.

4.   ALL THOSE PERSONS IN NEED OF HEALTH OR CONSUMER INFORMATION

    a)   Persons needing information about fertility or infertility and/or genetic counseling.

    b)   Youth experimenting with alcohol and/or other drugs.

    c)   Public health, nutrition, hygiene, home management or consumer information.

5.   ALL THOSE PERSONS HAVING HOUSING PROBLEMS

Persons who, by virtue of their age, family size, occupation, resources, physical condition or abilities, are unable to locate or maintain safe, adequate, reasonable housing.

    a)   Migrants.

    b)   Persons with home repair problems.

    c)   Persons living in substandard housing units.

    d)   Persons unable to locate permanent, suitable housing.

6.   ALL THOSE PERSONS WHO COULD BENEFIT FROM TRAINING IN SELF-CARE SKILLS

Persons who, due to permanent or temporary physical or mental disability, are in need of training or remediation in such personal care skills as feeding, dressing, grooming, toileting, etc.

    a)   Physically handicapped persons.

    b)   Persons in nursing homes or homes for the aged.

c) Developmentally disabled persons.

7. THOSE PERSONS, WHO, PERMANENTLY OR TEMPORARILY, ARE UNABLE TO PROVIDE FOR THEIR SELF-CARE NEEDS: IN-HOME CARE INDICATED

Those persons who, for reasons of physical or mental disability are unable to provide for all their self-care needs, and whose disabilities are of a nature that training would not be of benefit, but who could remain in their own homes with some assistance provided in their homes.

a) Physically handicapped persons.

b) Persons age 65 and over.

c) Developmentally disabled persons.

d) Persons temporarily incapacitated.

8. THOSE PERSONS WHO, PERMANENTLY OR TEMPORARILY, ARE UNABLE TO PROVIDE FOR THEIR SELF-CARE NEEDS: OUT OF HOME CARE INDICATED

Those persons, who, for reasons of physical or mental disability, must be cared for in a special or controlled environment, and for whom self-care training would not be of benefit.

a) Physically handicapped persons.

b) Persons hospitalized.

c) Persons age 65 and over.

d) Developmentally disabled persons.

e) Mentally or emotionally disturbed persons.

f) Persons under age eighteen who need substitute care away from their families.

9. ALL THOSE PERSONS WITH NUTRITIONAL PROBLEMS / MALNOURISHED OR UNDERNOURISHED

a) Pregnant and breastfeeding women.

b) Infants - up to 24 months of age.

c) Persons with incomes below the poverty level.

d) Chronically ill and handicapped persons.

e) Migrants.

f) Indians.

g). Persons over age 65.

10. <u>ALL THOSE PERSONS WHO MAY BE ISOLATED FROM SOCIAL SERVICES AND/OR ACTIVITIES, DUE TO GEOGRAPHICAL REMOTENESS OF OTHER BARRIERS</u>

    a) Migrants.

    b) Reservation residents.

    c) Individuals living in remote areas.

    d) Persons lacking access to transportation.

    e) Persons with language barriers.

    f) Persons age 65 and over.

11. <u>ALL THOSE PERSONS EXPOSED TO NEGLECT, ABUSE OR EXPLOITATION</u>

Those persons, who, due to their age, social status, employment, education, family status or physical or mental disability may become prey to persons or organizations seeking to exploit them.

    a) Abused and/or neglected children.

    b) Abused and/or exploited adults, including persons age 65 and over.

12. <u>FAMILIES HAVING CHILD-REARING OR PARENT-CHILD PROBLEMS</u>

    a) Families with separated, divorced, or single parents.

    b) Families with runaway children.

    c) People under age eighteen who have committed delinquent acts.

    d) School drop-outs (under age eighteen).

    e) Parents of abused children.

13. <u>ALL THOSE PERSONS HAVING LEARNING PROBLEMS</u>

    a) Non-English speaking persons, or persons with limited English language skills.

    b) Developmentally disabled persons.

    c) Deaf, blind, and/or crippled children.

    d) Children of highly mobile families.

<u>ALL THOSE PERSONS WITH ALCOHOL AND/OR OTHER DRUG ABUSE OR</u>
    <u>DEPENDENCY PROBLEMS</u>

a) Youth experimenting with alcohol or other drugs.

b) Individuals arrested for driving while under the
    influence of alcohol or while drunk.

c) Persons arrested for offenses related to alcohol consumption
    <u>other</u> than driving a vehicle.

d) Persons who abuse alcohol or other drugs.

Subcategory > Individuals arrested for driving while under the influence of alcohol.

Explanation:

Population at risk·····································

Data source(s)/indicators

Additional source(s)/indicators

Adjusted population at risk·····································

Narrative response

#	Program Description	Data Source	Data Period	Individuals Served
				69

Total individuals served...

I. BASIC DATA FOR PRIORITY CONSIDERATION

A. Total number of persons now directly served annually:
(From rear side of subcategory data form.)

    _____

B. Number of additional persons, not currently served,
but who are in need of service:
(An annual figure, estimated from waiting lists,
information & referral data, social workers, and
expert judgment.)

    _____

Sources and methods used to derive estimate:

C. Grand total estimated to be in need (adding A & B above):

    _____

II. ANALYSIS OF SITUATION

A. Estimated extent of this Problem, using total county popula-
tion as a base to compute rate per thousand. (Divide C above
by total county population, and multiply by 1000.)

    _____

B. Estimated extent of this Problem, using Population-at-Risk
to compute rate per thousand. (Divide C above by Adjusted
Population-at-Risk and multiply by 1000.)

    _____

C. Estimated trend regarding this Problem for this Population-
at-Risk in this county. Assuming this county's population
size and composition, etc., will be similar to present
characteristics three years from now, how would the Problem
rate per thousand persons in the Population-at-Risk compare
to the present rate calculated in C above? CIRCLE THE ONE
BEST ESTIMATE BELOW:

(a) increase, by 25% or more   (d) decrease, less than 10%
(b) increase, by 10% to 25%   (e) decrease, by 10% to 25%
(c) increase, less than 10%   (f) decrease, by 25% or more

D. Estimated urgency of dealing with this Problem for this Popula-
tion-at-Risk in this county. If no service were provided for
the typical person with this Problem, in this Population-at-
Risk, in this county, what percentage of the typical persons
with the Problem would become appreciably less able to function?
CIRCLE ONE BELOW:

(a) 7.% or more   (d) 10% to 25%
(b) 5C% to 75%   (e) less than 10%
(c) 25% to 50%   (f) essentially none

I. Estimated seriousness of this Problem, in terms of the usual needs
for specialized care or service which the Problem creates for the
person in this Population-at-Risk, in this county. CIRCLE THE ONE
BEST ANSWER:

(a) round-the-clock   (d) at least once/month
(b) daily, less than round-   (e) less often than once/month
    the-clock   (f) one-time provision of informa-
(c) about two or three days/wk   tion/advice will take care of
         Problem

F. Estimated seriousness of the Problem, in terms of the usual degree of physical or mental hardship which this Problem creates for the person, in this Population-at-Risk, in this county. CIRCLE THE ONE BEST ESTIMATE BELOW WHICH WOULD FILL THE BLANK IN THE FOLLOWING PHRASE: The Problem requires modification of _____ % of normal activities.

(a) 90% or more
(b) 75% to 90%
(c) 50% to 75%
(d) 25% to 50%
(e) 10% to 25%
(f) less than 10%

G. Estimated seriousness of this Problem, in terms of the usual degree of interference with routine family and community life which arises when there is a person with this Problem, in this Population-at-Risk, in this county, and if the person does not receive adequate service. CIRCLE THE ONE BEST RESPONSE TO THE FOLLOWING SENTENCE:

The Problem interferes with routine family and community life _____.

(a) continuously
(b) part of each of at least 2 or 3 days/week
(c) about 2 to 3 times/week
(d) about 2 to 3 times/month
(e) between once/month and once/year
(f) less often than once/year

H. Estimated duration of a meaningful and effective service effort for a person with this Problem, in this Population-at-Risk, in this county, from initial intake to Problem resolution. CIRCLE THE ONE BEST ANSWER BELOW:

(a) more than ten years
(b) one to ten years
(c) one month to one year
(d) one week to one month
(e) one day to one week
(f) less than one day

III. LOCAL PRIORITIZATION. CIRCLE ONE BOX IN EACH LINE BELOW AND ADD TOTAL POINTS

FACTORS	1 pt.	2 pts.	3 pts.
EXTENT	LEAST	MEDIUM	GREATEST
TREND	DECREASING	STABLE	INCREASING
URGENCY	LEAST	MEDIUM	GREATEST
SERIOUSNESS	LEAST	MEDIUM	GREATEST

TOTAL POINTS _____

IV. SUGGESTED CHANGE IN AMOUNT OF LOCAL SERVICE. CIRCLE ONE BELOW:

(a) decrease greatly (1 pt.)
(b) decrease (2 pts.)
(c) tend to decrease (3 pts.)
(d) no change (4 pts.)
(e) tend to increase (5 pts.)
(f) increase (6 pts.)
(g) increase greatly (7 pts.)

V. RELATIVE NEED FOR NEW RESOURCES. MULTIPLY TOTAL POINTS FROM III ABOVE BY POINTS ASSIGNED IN IV ABOVE AND ENTER HERE. _____

WHO WAS INVOLVED IN MAKING THESE ANALYSES? (Name and Position)

APPENDIX C

Forest Grove, Oregon

Human Services: A Needs and Attitude Survey

Survey Summary
Sample Questionnaire

The Human Services--Needs and Attitudes Survey of the Forest Grove community was undertaken in late 1973 as one of the inventory elements in the Forest Grove Area/Community Development Plan. The Plan, a portion of the continuing Forest Grove city planning program, consists of three major phases: 1) Framework Planning; 2) Detailed Special Studies; and 3) Overall Plan Coordination and Implementation. The Needs and Attitudes Survey is a part of the Phase 2 detailed special studies.

HUMAN SERVICES CONFERENCE

Following completion of the Needs and Attitudes Survey in May, 1974, an invitation to participate in an informal, ad hoc review and analysis of the survey findings was extended to approximately 20 community individuals known to be interested and concerned about the provision of human services in the Forest Grove area. On May 21, 1974, 18 persons attended a session at which the survey was presented and the topic of what should be done with the results was discussed. The group present determined that a series of meetings in a conference format to first review the results, and to then make recommendations for needed programs, would be the best approach.

The Human Services Conference first met on Thursday morning May 30 and each Thursday thereafter, except July 4, until August 8, 1974. The group met 11 times altogether. The initial report was ultimately distributed to over 80 individuals and more than 30 individuals attended at least one session of the conference.

In mid-1974, a complementary survey on the agencies providing human services was undertaken by Washington County. It was originally contemplated that this survey would be completed in September/October, 1974. Further meetings of the conference were set over pending receipt of the services survey. That survey is now nearing completion and the program

In the survey, 48 human service areas in 9 categories were listed. The categories were employment, education, family, financial assistance, recreation, language, legal, medical, and transportation.

Survey respondents were asked to check those services which corresponded most to problems they or their family had. A space was also provided so that respondents having no needs in the areas could so indicate. Two-thirds of the respondents indicated they had no needs. Many of these persons still marked other areas, indicating service areas with which they have problems but not needs.

The following summaries give the major identified problems and needs by ranked score for the total sample and by age and income characteristics. Due to the space for needs indication, the responses on the questionnaire were in two kinds, direct problem and needs responses; and problem responses where the respondent also checked the question directed toward determining whether or not there were needs. Both of these responses have been lumped together in the data presentation in the survey analysis and summary as no valid means of distinguishing the significance of the two was found.

SUMMARY I gives the needs and problems receiving the strongest rankings. In all cases, the statements received at least 3.6 per cent of all responses. Since the total questionnaire may be taken as representing approximately 5% of the total households in the study area, if one were to interview all households in the study area, one would expect these major identified problems and needs to be stated by at least 150 households in each instance. (The category in parenthesis indicates the need category in which the statement is found.)

SUMMARY II lists the major identified needs and problems for each age and income classification. In addition, the major identified problems and needs for the elderly (age 56 and older) and very-low, and low and moderate

oriented meetings of the conference will soon be undertaken. The publication of this summary report marks the completion of the first portion of this study.

SURVEY RESULTS

The survey was directed toward discovering the extent of unmet needs; attitudes about human services in general, in so far as these attitudes affect the provision of human services; and attitudes toward which agencies should be responsible for the costs of human services. The survey results are summarized into three areas corresponding to the above: 1) Identification of Problems and Needs; 2) Attitudes Toward Human Services; and 3) Attitudes Toward Human Services Funding. A random mailing questionnaire was used. A preliminary questionnaire was developed using 12 neutral interviews with identified low-income families. A preliminary questionnaire developed from the interviews was mailed to 50 randomly selected residents in the area.

The final questionnaire was prepared from the preliminary questionnaire and was distributed to 454 residents. Two-hundred and twenty-two questionnaires were returned, representing 48.9 per cent of the final questionnaires distributed. Demographic analysis of the sample indicated that it was generally representative of the survey population. The greatest deviations were found in the age and income groups represented by respondents over age 65 and under $3000 household income (a greater than representative number of responses) and between ages 18 and 25, and $3000 to $5000 income (a smaller than representative number of responses.) Based on other characteristics and the total number of responses, no further weighted analysis was deemed appropriate for use in the survey.

income groups (income less than $5000 and less than $10,000, respectively) have been summarized. In all instances in Summary II, the major problems and needs have been identified by nearly 10 percent or more of the respondents in the classification.

The tables following the summaries then detail the identified problems and needs by percentages of total respondents and respondents in each age and income classification.

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Please answer the following information questions. It is very important to our survey that you answer all the questions. All the answers will be kept confidential.

1. Please give us a general idea of your age:

   18-25 _____

   26-35 _____

   36-45 _____

   46-55 _____

   56-65 _____

   65+ _____

2. How many adults live in your house? _____

3. How many children live in your house? _____

4. What are the ages of the children living in your house?

   Under 5 _____

   6-10 _____

   11-15 _____

   16-18 _____

5. How many people in your house are employed full-time? _____

   What are their occupations?

   _____

   _____

   _____

6. Please give us a general idea of the total earnings of the people in your house who are employed full-time.

   ---up to $3,000 _____

   $3,000 to $5,000 _____

   $5,000 to $10,000 _____

   $10,000 to $15,000 _____

   $15,000 to $20,000 _____

   $20,000 or over _____

7. Do you have any religious affiliation? yes _____ no _____

   What religion? _____
   Do you consider yourself an active member? yes _____ no _____

8. What is your race?

   White _____
   Mexican-American _____
   Black _____
   Other _____

9. What is your sex? male _____ female _____

10. Do you live in the City of Forest Grove? yes _____ no _____

Listed below are categories of human services. Please check those services
which correspond most to problems you (or your family) have. If your problems
are not listed below, please write them in the margin.

Employment

_____help finding a job
_____help finding a job training program

Education

_____adult (high school diploma)   _____health problems
_____alcoholism   _____legal rights (basic)
_____citizenship   _____to speak and write English
_____drug abuse   _____welfare rights
_____handicapped

Family

_____abortion information
_____adoption
_____child care
_____counseling
_____family planning
_____legal assistance

Financial Assistance

_____clothing   _____housing
_____education   _____insurance
_____food   _____legal
_____household essentials   _____medical

Language

_____an interpreter (to help understand and receive human services)

Legal

_____consumer problems   _____divorce assistance
_____counseling   _____debt assistance
_____court assistance   _____housing(landlord &tenant problems)
_____criminal   _____insurance
                                          _____wills

Medical

_____receiving adequate medical care
_____dental
_____immunizations
_____veterinary

Recreation

_____a place to get together for children and teenagers
_____a recreation center for children and teenagers
_____a place where anyone can become involved in community activities
_____a place for the elderly citizens to get together(with physical
                                                activities available)

Transportation

_____to work
_____to doctor, hospital, health department
_____to town (for stores, food, clothing)
_____to any human service agency
_____to see friends

If you (or your family) have no needs, check here_____

Show your response to the following statements by placing a mark in the
blank under the appropriate response category (Strongly Agree, SA;
Agree, A; Undecided, U; Disagree, D; and Strongly Disagree, SD).

FOR EXAMPLE:

                                                    SA   A   U   D   SD

Opinion Statement: Cranberries are the best fruit.   X   __ __ __ __

The person in this example strongly agrees with the statement, so he checked the
blank under SA (Strongly Agree).

---

1. All able people in the community have a reponsibility to
   do volunteer work.   __ __ __ __ __

2. If people are able to, they should take care of themselves __ __ __ __ __

3. We should provide programs to keep our kids in town if
   we're going to have good citizens.   __ __ __ __ __

4. There is too much time and money spent on programs for the
   handicapped.   __ __ __ __ __

5. Special programs should be provided for people with health
   problems like alcoholism, drug abuse, venereal disease,
   family planning, child abuse, nutrition, etc.   __ __ __ __ __

6. Elderly people can take care of their own problems. __ __ __ __ __

7. Drug abuse is a problem in this community.   __ __ __ __ __

8. The cost of getting legal help or information is a problem
   for people in the community.   __ __ __ __ __

9. There should be programs to help people who have had
   difficulties in getting jobs.   __ __ __ __ __

10. People should be more involved in solving the problems of
    this community.   __ __ __ __ __

11. Free legal services should be provided because people
    don't understand the laws.   __ __ __ __ __

12. The needs of poor people are not met by community programs __ __ __ __ __

13. The elderly should be able to pay 1/2 price or less for
    public transportation.   __ __ __ __ __

14. If a teenager needs a job, he(she) should have help in
    finding one.   __ __ __ __ __

15. Care of the mentally ill is not the responsibility of the
    community.   __ __ __ __ __

16. In this community, we already have too many service programs
    trying to solve people's problems.   __ __ __ __ __

17. The federal government should make more money available so that
    the community can solve its own social problems. __ __ __ __ __

18. Insurance companies cause legal and financial problems. __ __ __ __ __

19. Kids in this community have a hard time finding a place to
    get together with friends.   __ __ __ __ __

20. Educating people about drug and alcohol use will not help stop
    drug and alcohol problems in this community.   __ __ __ __ __

21. Money shouldn't be spent educating and training people for
    jobs.   __ __ __ __ __

22. Most money for solving social problems should come from private
    organizations rather than from the government.   __ __ __ __ __

Show your response to the following statements by placing a mark in
the blank under the appropriate response category (Strongly Agree, SA;
Agree, A; Undecided, U; Disagree, D; and Strongly Disagree, SD),

	SA	A	U	D	SD
23. Elderly citizens have special housing needs.	—	—	—	—	—
24. Children and teenagers should have a good, well-controlled recreation center.	—	—	—	—	—
25. Medical costs cause financial problems for most people in this community.	—	—	—	—	—
26. Elderly people should be charged reduced prices for the medical care they receive.	—	—	—	—	—
27. The programs provided by local churches help solve social problems, but they are not enough.	—	—	—	—	—
28. It is important that the community help people who need financial assistance.	—	—	—	—	—
29. People don't know enough about what services are available to get the help they need.	—	—	—	—	—
30. The community should provide programs to help people who have trouble finding work.	—	—	—	—	—
31. The needs of minorities are not being met by service programs.	—	—	—	—	—
32. Counseling services should be made available for children who get in trouble or have family problems.	—	—	—	—	—
33. The medical facilities in this community are not adequate.	—	—	—	—	—
34. People in this community should be expected to be able to care for their own needs.	—	—	—	—	—
35. There are not enough interesting and constructive opportunities provided for children and teenagers outside of school	—	—	—	—	—
36. Transportation should be provided to help the elderly get around.	—	—	—	—	—
37. The city council should be more involved in solving the social problems of this community.	—	—	—	—	—
38. The community should provide child-care services for working mothers.	—	—	—	—	—
39. Family planning services are not needed in Forest Grove.	—	—	—	—	—
40. There should be a program to make the school buildings available to the entire community evenings and in the summer.	—	—	—	—	—
41. People should be charged for medical services according to their ability to pay.	—	—	—	—	—
42. An employment office should be located in Forest Grove.	—	—	—	—	—
43. The more people are aware of human problems, the more they can participate.	—	—	—	—	—
	SA	A	U	D	SD

44. Who should pay for social services?

Rank these for who should pay MOST by marking 1, down to who should pay
LEAST, by marking 5.   Comments
_____ Federal government
_____ Local government
_____ State government
_____ Private contributions

APPENDIX D

Salem, Oregon

A Reconnaisance Study of Social Service Programs and Community Needs

Structure and Scope of Study
Category Profile Example – Food and Nutrition

The structure and scope of the report were adopted after consultation with a small task force created by the Salem Referral Center Board. This task force was composed of local citizens and city staff. It was decided to limit the topical content of the report to those social service needs, which were considered to be basic minimums for survival in the City of Salem. We have attempted to identify and clarify existing levels of service in these fundamental areas and also to identify and clarify problems and gaps in these existing services. The data has been placed into the following six broad categories. Subcategories are listed to serve as examples and are not all inclusive of the types of services that may exist within the broader categories.

A. Food and Nutrition

    1. Meal sites
    2. Emergency food
    3. Short-term food and nutritional assistance
    4. Long-term food and nutritional assistance

B. Housing and Shelter

    1. Emergency Shelter
    2. Short-term shelter
    3. Interim Housing
    4. Long-term housing assistance

C. Health

    I. Mental Health

        a. Counseling/therapy in general
        b. Treatment for mentally ill and handicapped
        c. Counseling/therapy for physically handicapped
        d. Counseling and therapy for alcoholism and drug abuse

    II. Physical Health

        a. Complete physician and pharmacy service to medically indigent
        b. Family planning
        c. Dental care for those unable to pay for it
        d. Treatment and screening for dangerous communicable diseases.

D. Legal Services

    1. Legal advice and representation for those unable to purchase it.
    2. Defense counsel for indigent defendants

E. Transportation and Mobility

    1. Transit services for persons without private resources
        or finances to purchase public service
    2. Special facilities for physically handicapped

F. Financial Assistance and Income Stability

    I. Financial Assistance

        a. Emergency grant or loan program
        b. Short-term grant or loan program
        c. Long-term grant or loan program

   II. Employability/Vocational Programs

        a. Educational and job training experience
        b. Vocational counseling
        c. Support services, day care, transportation and etc.

The sources of data contained in the report are:

1. Local Population Data

    a. Census statistics
    b. Target population studies

2. Program/Agency Data

    a. Number of persons served
    b. Number of persons turned away because of lack of resources
        or program filled to capacity
    c. Identified gaps in existing social service delivery system

3. Information and Referral Data

    a. Incidence of need for all categories experienced by persons
        requesting aid
    b. Identified gaps in the existing social service delivery system

4. Town Hall and Public Hearing Input Regarding Perceived Needs
    From Citizens

CHAPTER ONE
FOOD AND NUTRITION
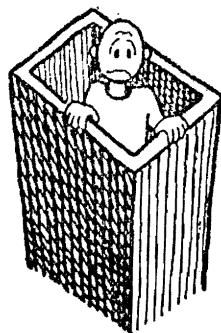
Introduction

In the area of food and nutrition, the problems that arise for people and the solutions offered by the existing service system vary widely. For example, the problem may be an extremely short-term need to provide a family with adequate food during an emergency or it may involve a need to supplement a family's food purchasing power over a long period of time. In addition, there are problems that involve a need for some assistance in shopping wisely and doing adequate nutritional planning. Some of the available services are free and low-cost meals served at a central site, voucher systems in various amounts for the purchasing of food, the delivery of meals to the homes of the elderly and disabled persons, boxes of groceries given by volunteer agencies and church organizations and nutritional education.

Local Population Data

When examining the local population data regarding persons who are in need of some form of assistance with food and nutrition, one of the most indicative factors is the number of persons with incomes below the poverty level. The assumption has been made here that a family with an inadequate total income (i.e., below the poverty level) will not have the financial resources to purchase all of the food that is needed for good nutrition and adequate caloric content. One fact to consider is that the definition of poverty varies according to the source, size of family, number of children, farm and non-farm residents, age of head of household and whether or not the person is an unrelated individual or a member of a family household. For the purpose of this study, the Census Bureau statistics on persons with incomes below the poverty level are generally the most accurate. (See Table 1:01) However, it should be recognized that these levels of income were set according to the cost of living in 1969 and at that time were lower than the other definitions of poverty. Therefore, the numbers of people in the census data found to be below the poverty level in income should be considered to be far less than the actual count today.

According to 1970 Census data, there were 1386 families in Salem with incomes below the poverty level. This number made up 8.3 percent of all families in Salem. These families were comprised of 4,187 persons, 1,701 of whom were children. In addition to families, there were 3,093 unrelated individuals (38.4 percent of all unrelated individuals) with incomes below the poverty level. The total number of persons in Salem with incomes below the poverty level both in families and unrelated individuals was 7,280. In view of the economic trends of the years since the 1970 Census and because of the definition of poverty used, this figure should be considered to be an extremely low estimate.

Another population group which is considered to be in need of assistance with food and nutrition is the elderly poor and the disabled elderly. In Salem there were 2,269 persons aged 65 and older with incomes below the poverty level.[1] This figure constituted 28.4 percent of all persons 65 and older according to the State Program on Aging.[2] In 1971, there

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[1] 1970 Census

[2] 1974 Comprehensive Plan, District III Planning for Aging Committee, December 1973

TABLE 1.01

CENSUS DEFINITION OF POVERTY
AVERAGE WEIGHTED THRESHOLDS AT THE POVERTY LEVEL IN 1969

| Size of Family | Total | Non-Farm | | | Farm | | |
		Total	Male Head	Female Head	Total	Male Head	Female Head
Over 65							
Unrelated Individuals	$1,749	$1,757	$1,773	$1,751	$1,498	$1,508	$1,487
Families: Head 65+	2,194	2,215	2,217	2,202	1,882	1,883	1,861
Under 65 and Total of all Ages							
All Unrelated Individuals	1,834	1,840	1,923	1,792	1,569	1,607	1,512
Under 65	1,888	1,893	1,974	1,826	1,641	1,678	1,552
All Families	3,388	3,410	3,451	3,082	2,954	2,965	2,757
Two Persons	2,364	2,383	2,394	2,320	2,012	2,017	1,931
Head Under 65	2,441	2,458	2,473	2,373	2,093	2,100	1,984
Three Persons	2,905	2,924	2,937	2,830	2,480	2,485	2,395
Four Persons	3,721	3,743	3,745	3,725	3,195	3,197	3,159
Five Persons	4,386	4,415	4,418	4,377	3,769	3,770	3,761
Six Persons	4,921	4,958	4,962	4,917	4,244	4,245	4,205
Seven or more Persons	6,034	6,101	6,116	5,952	5,182	5,185	5,129

3

were a total of 1,236 disabled elderly living in Salem. There is no data available regarding what percentage of these were financially able to provide for their own care, but without a doubt some were in need of assistance with the purchasing, preparation and nutritional planning of their diets. The final groups in the local population which will be considered to be potential need groups for the purposes of this study are the physically, mentally and emotionally handicapped. Because of a lack of concrete data on the prevalence of handicapped in the local population, it is necessary to use estimates. One of these is found in the District III Manpower Planning Board's Annual Plan for Fiscal Year 1974. Their information was based on data obtained from local and State agencies who deal with the physically, mentally and emotionally handicapped. Since the information in the Manpower Plan was on a county and district basis, it was necessary to apply the percentage of the total district population which resides in Salem to the figures to obtain an estimated handicapped population in Salem. Based upon that formula, there are 1,165 physically handicapped, 2,224 mentally and emotionally handicapped and 3,265 developmentally disabled, including 1,996 mentally retarded, 1,011 epileptic and 258 cerebral palsied. There is no data available to indicate exactly how many of the handicapped population need assistance in the category of food and nutrition. In addition, it is very likely that the estimate is low since the services for handicapped persons are for the most part located in Salem, and those in need tend to locate themselves near the services.

Existing Levels of Service

Central Meal Sites: During the period of time between July 1, 1973 and June 30, 1974, there were a total of 65,601 meals served by the public and private agencies located in Salem.[1] There is no data available regarding how many separate individuals were served or how many persons were Salem residents. In addition, the Salem Schools serve an average of 3,332 free and reduced lunches and breakfasts each day. During the summer months of 1974, breakfast, lunch and snacks were served to 520 children in various programs in the community.

Home Delivered Meals: A total of 16,000 meals were taken to low income elderly and disabled persons during the 1973-74 Fiscal Year.[2]

Emergency and Short-Term Assistance: Based upon samples of data from the agencies dispensing food and grocery vouchers, it is estimated that a total of 2,479 individuals and families received food packets and 808 got vouchers during a one-year period of time.[3] Since the different agencies operate on different fiscal calendars and one had only been in operation for 17 weeks, an estimate would give a more accurate picture than several individual reports. Although there is a belief in the social service community that the 2,479 and 808 figures contain some duplication, there is little concrete data to describe the frequency of this occurrence.

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[1] Includes data from the Salvation Army Lodge, Union Gospel Mission, Salem Women's Home and Senior Townhouse.

[2] Meals-on-Wheels

[3] Salvation Army, St. Vincent de Paul, Salem Emergency Food Program, Jason Lee, and Dorcus Welfare

During a four-month period, the Salem Emergency Food Program documented the number of repeat requests for assistance. Out of a total of 467 requests 46 were repeats. This sample would indicate a 9.8 percent rate of repeats.

Long-Term Assistance: The only program with an effect on the ability to purchase food over a long period of time is the Department of Agriculture Food Stamp Program. Based on activity reports from July 1, 1973 to June 30, 1974, the monthly average of Salem households participating was 1,793 with 756 of these receiving public assistance. Assistance to low-income households in the area of nutritional planning and the wise purchase and use of food is currently available through the Department of Agriculture Expanded Food and Nutrition Program, operated by the County Extension Service. At current levels of operation, the EFNEP staff works with a total of 900 families in Salem each year.

Information and Referral

It is recognized that all social service agencies provide information and referral in some cases. However, for the purposes of this report, the two programs in Salem which deal only in referral and information giving will be used as data sources.[1] During one year periods of operation, the two programs received a total of 1,192 requests for assistance where the primary concern was food. This is 11.67 percent of all requests. In many cases the problem arose because of a temporary financial inability to purchase Food Stamps or because of an immediate need in the face of a one or two week wait for a Food Stamp certification appointment. Another recurring problem is that many families' Food Stamps do not last the entire month; this results in a need for emergency food during the last week of each month.

Town Hall Meetings

The need for food assistance was not identified as a major concern at the series of seven town hall meetings regarding the Community Development Block Grant Program.

[1]Salem Referral Center and Cry of Love Switchboard

APPENDIX E

Suggested Uses of Census Data by United Way of America

Census data is also available for one or more of the following geographic areas:

- State
- Geographical Division
- Region
- State Economic Areas (SEA's)
- Economic Sub-Regions (ESR's)

- Counties
- Congressional Districts
- Special Purpose Districts (water, school, etc.)
- Wards
- Minor Civil Divisions (MCD's)
- Census County Divisions (CCD's)

- Place
- Urbanized Area
- Central City
- Standard Metropolitan Statistical Areas (SMSA's)

- Census Tract
- City Block
- Blockgroup
- Enumeration District
- Zip Code

The *Census Tract* is generally the most useful geographic unit for United Way purposes, but the following definitions and maps have been included to give you a comparison of the different geographic categories.

If you are concerned primarily with a population group, the following combination of characteristics can be used to identify the group served.

GROUP SERVED	RELATED CHARACTERISTICS	
YOUTH	Educational Level Employment Rate Age	Type of Work Income Level Sex
FAMILY	Educational Levels Marital Status Employment Rate Income Level Type of Work	Place of Work Means of Transportation to Work Amount of Rent Family Arrangements Family Structure
MINORITY	Race Educational Level Marital Status Family Structure Employment Rate Income Level	Type of Work Place of Work Means of Transportation to Work Amount of Rent Financing Arrangements
POOR	Educational Level Marital Status Family Structure Employment Rate Income Level Place of Work	Means of Transportation to Work Amount of Rent Financing Arrangements Age of Dwelling Value of Dwelling
AGED	Age Educational Level Income Level	Amount of Rent Financing Arrangements
TRANSIENT	Mobility Educational Level Marital Status Family Structure Employment Rate Income Level Type of Work	Place of Work Means of Transportation to Work Amount of Rent Financing Arrangements Length of Occupancy

By combining certain population and housing characteristics you can identify amount and type of service needs. This identification provides an important base for comparing the amount of service delivered to meet that need, and also is helpful in showing problems for which a community has no existing service.

The following table will give you an idea of combinations of characteristics that could be used to identify specific service needs.

SERVICE NEEDS	RELATED CHARACTERISTICS		HOUSING
	POPULATION		HOUSING
Economic Support			
Individual Assistance	Mobility Age Race	Marital Status Family Structure Income Level	Length of occupancy Age of dwelling Value of dwelling Amount of rent Financing
Job Training	Mobility Age Race	Educational Level Income Level	Length of occupancy
Job Placement	Mobility Age Race	Employment Rate Income Level Type of Work	Length of occupancy
Direct Service	Mobility Age Race Employment Rate Income Level	Type of Work Place of Work Means of Trans- portation to Work	Length of occupancy
Social Involvement			
Personal Development	Mobility Age Race	Educational Level Income Level	Length of occupancy
Group Development	Mobility Race	Race Income Level	Length of occupancy
Family Counseling	Mobility Age Race	Family Structure Income Level	Length of occupancy
Recreation			
Facilities	Mobility Age Race	Educational Level Income Level	
Programs	Mobility Age Race	Educational Level Income Level	

Kind of information available

The
1970
CENSUS

includes the following kinds of information:

POPULATION CHARACTERISTICS	HOUSING CHARACTERISTICS
Population Density	Density
Mobility	Living Arrangements
Age	Number of Rooms
Race	Type of Rooms
Sex	Number of Occupants
Educational Level	Length of Occupancy
Marital Status	Age of Dwelling
Military Status	Amount of Rent
Family Structure	Structural Characteristics
Employment Rate	Condition of Structure
Income Level	Plumbing
Type of Work	Heating
Place of Work	Appliances
Means of Transportation to Work	Financing Arrangements

But ... the most factual source of decision-making information available about your community is the data contained in the 1970 CENSUS.

CENSUS DATA CAN:

IDENTIFY

- Social Characteristics
- Housing Characteristics
- Economic Characteristics
- Geographic Characteristics

ASSIST IN

- Goal Setting
- Ranking of Choices
- Developing Criteria for Evaluation
- Identifying Requirements
- Campaign Strategies
- Forecasting Change

AID IN DETERMINING

- Economic Constraints
- Rate of Change
- Developing Awareness
- Social Barriers
- Potential Sources of Income

All of which affects decision-making in these areas:

- Budgeting
- Program Planning
- Campaign Planning
- Consultation to the community at large

- Resource Allocation
- Determining Areas of Service Concentration
- Evaluating Agencies' Effectiveness

- Service Consolidation
- Public Relations
- Leadership Recruitment
- Volunteer Training

Of particular significance is the role census information plays with other organizations in the community.

It is used by—

- All **Federal Agencies** in determining how best to appropriate their dollars locally, and in evaluating grant requests and program performance

- **City, County, and Regional Government** in their day-to-day operations, and in preparation of planning documents

- **Schools** in curriculum design and program development

- **Health Agencies** in facility site location and forecasting

- And **Industry** in site location and labor force identification.

United Way is involved in many ways with these organizations. Census information provides a common communications base that will enable us to do a better job, whether it be fund raising or our ultimate purpose: meeting the needs of the community,