COMMUNITY SERVICES NEEDS ASSESSMENT: AN INNOVATIVE APPROACH

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ABSTRACT

Periodic human services needs assessment of a community is an integral part of decision-making processes in nonprofit, philanthropic agencies and governmental units. This paper describes an innovative approach to such assessment surveys by applying a service quality marketing approach to what was previously considered a sociological discipline. Results of a countywide telephone survey provide a rich two-dimensional view of respondent rankings of 32 human service needs. Implications of and uses for such data by nonprofit and governmental organizations are discussed.

INTRODUCTION

Periodic community services needs assessment is an integral function of the nonprofit and government sectors. The results of such assessments are used for a variety of purposes, such as, planning programs, distributing funds, and even mobilizing political action (Hibbard. 1984; Hulterstrom, 1990). For example, survey data of a local community population may suggest high citizen support for "drug rehabilitation" programs. Such data is then typically promoted by providers of drug rehab services to local philanthropic organizations and legislative bodies as a means to request and justify increased funding. All human service agencies, therefore, compete for their share of United funding through some form of needs assessment process. Providers of funding similarly use any or all such data to justify the "tough" decisions of this kind (drug rehab versus drug enforcement versus drug education)?

The purpose of this paper is to describe an innovative approach to community needs assessment surveys that provides a potentially more "accurate" rankings of a variety of competing community service needs. Previous survey methodologies have generally used a list of community services from which citizens are asked to simply rank or prioritize each service ("How badly are these services needed?'). The survey methodology described here asks for an additional response for each type of service ("How well is the need for this service being satisfied?). The resulting "gap" between how badly the service is needed and how well the need is being satisfied provides a two-dimensional view of respondent opinions not previously found in the human services needs assessment literature. The results of this two-dimensional approach provide a richer and more useful pool of data with which to make decisions about competing human service needs.

LITERATURE

This paper describes a community needs assessment survey requested by a philanthropic nonprofit agency operating countywide in a southeastern U.S. state. Periodic efforts to engage in some form of community needs assessment is clearly stated in the mission of the agency. The researcher was contracted to provide "a comprehensive assessment of community attitudes" with no preconception of the methodology or scope of the project. A similar assessment had been conducted two years earlier by a marketing research firm.

The literature review suggested a clear distinction to make between (1) the purposes for which the agency would use the results, and (2) the methodology or research design best suited to satisfy these purposes. First needs assessment surveys are used by such non-profit agencies for a wide variety of purposes. Besides the obvious identification of community perceptions such surveys are used to improve communications and cooperation among human service agencies (Hulterstrom, 1990)

program planning and evaluation (DeVillaer. 1990) and as a vehicle for mobilizing political action (Hibbard. 1984). The requesting agency indicated such multiple use for the survey results was indeed intended.

Second, a wide variety of sociological research methodology is used in the study of needs assessment issues. Client-based assessments use randomly selected users of services (elderly, teens, Hispanics, etc.) to uncover needs or rank unresolved problems (DeVillaer, 1990). Interviews of a randomly selected stratified sample of the community target population is another common approach (Parsons et al., 1990). Structured telephone interviews have grown in popularity despite the sample bias for this type of (indigent) user population (Martin. 1983). Mail surveys seem to be limited to better-educated targets such as "key informants" (executives and board members of various community organizations) whose responses are compared to the target population served (Anderson, Jesswein and Fleischman. 1990).

Marketing research methodologies also offer an array of client (customer) needs analyses, such as multi-dimensional scaling, Q-Sort and gap analysis. Zeithaml, Berry and Parasuraman (1988) developed a service quality model that distinguished between consumer expectations and the actual delivery of the service. The gap between the level of service a consumer expected and what was actually received provided a richer, two-dimensional view of consumer needs assessment.

The client agency reviewed these various research design options and determined that a telephone survey of randomly selected residents of the county be structured similarly to the Aeithmal, et al. service quality model.

SURVEY DESIGN

Defining the list of human services is itself a complex process. Many services overlap and are not clearly understood by the community. A variety of agencies provide similar services. Services are also "defined" or shaped through a variety of information or media sources. For example "child abuse" services may or may not be viewed as separated from that of services for "battered women." The decision to list services as closely as possible to agencies that deliver the service results in identifying 32 services on the survey.

The Zeithaml et al. (1988) model suggested that two questions be asked for each of the 32 services: "how badly is the service needed" and then "how well is the need for the service being satisfied." Responses asked were of a five-point Likert-type scale with a "5" being the most badly needed or most well satisfied.

The remainder of the survey asked for respondent and family demographics, awareness levels of various local agencies. and attitudes toward individual and corporate giving.

SAMPLING METHODOLOGY

Telephone directories from all county areas were used as a source of respondents. Volunteers were oriented to the survey, then asked to select a page and a resident on that page from the directory. Interviewers moved to the next name in the directory in the event of an unsuccessful contact. The survey was stratified in proportion to the population in different county areas. Twenty surveys were used as a pilot test to clarify language and better orient subsequent volunteers.

A total of 262 surveys were completed. Because of the length and complexity of the survey, only key results that highlight the usefulness of the survey results to agency management are reported here.

TABLE I
RANKING OF SERVICES NEED
(A) MEANS AND (B) PERCENTAGE OF "GREATEST NEED"

SERVICES	(A) MEAN* SCORE	RANK OF MEAN	(B) % RESPONDING GREATEST NEED	RANK OF %
AIDS Education	4.62	1	75.7	2
Teen Substance Abuse	4.60	2	76.1	1
Drug Education	4.52	3	68.0	3
Elderly Delivered Meals	4.49	4	66.4	5
Rape Victims	4.48	5	66.4	4
Adult Day Care	4.46	6	66.4	6
Terminally Ill Home Care	4.44	7	63.7	8
Transportation-Elderly/Disabled	4.41	8	60.8	13
AIDS Victims	4.40	9	62.6	10
Health Care - Low Income	4.39	10	63.1	9
Alzheimer's Disease	4.38	11	61.0	11
Teen Pregnancy	4.39	12	64.4	7
Adult Substance Abuse	4.34	13	60.8	12
Child Abuse	4.30	14	59.4	14
Physically Handicapped	4.27	15	50.8	17
Adult Day Care	4.22	16	46.6	22
Health Education	4.21	17	50.0	20
Teen Runaway	4.20	18	54.4	15
Battered Spouses	4.20	19	50.4	18
Juvenile Delinquency	4.18	20	53.3	16
Emergency Food/Clothing	4.18	21	47.4	21
Homeless Shelters	4.11	22	50.4	19
Mentally Retarded	4.10	23	43.2	24
Mental Illness	4.09	24	40.6	27
Homebound Chores	4.03	25	40.9	26
Youth Recreation	4.02	26	43.9	23
Teen Career Guidance	3.96	27	37.3	28
Teen Summer Jobs	3.91	28	42.4	25
Adult Job Training	3.89	29	34.3	29
Indigent Legal Counseling	3.76	30	32.5	30
Family & Marriage Counseling	3.50	31	25.3	32
Credit Counseling	3.46	32	29.6	31

(*5=greatest)

TABLE II
RANKING OF SERVICE NEEDS UNSATISFIED
(A) MEANS AND (B) % OF "LEAST WELL SATISFIED"

SERVICE	(A) MEAN* SCORE	RANK OF MEAN	(B) % RESPONDING "LEAST WELL SATISFIED"	RANK OF %
Homeless Shelter	2.21	1	27.2	1
Credit Counseling	2.22	2	24.8	3
AIDS Victims	2.36	3	25.1	2
Teen Runaways	2.37	4	19.1	7
Alzheimer's Disease	2.40	5	23.7	4
Teen Pregnancy	2.41	6	19.0	8
Legal Counseling	2.43	7	17.3	10
Homebound Chores	2.48	8	14.3	17
Adult Day Care	2.49	9	15.5	14
Teen Substance Abuse	2.51	10	18.4	9
Battered Spouses	2.52	11	16.1	12
Rape Victims	2.52	12	15.6	13
Juvenile Delinquency	2.53	13	11.5	23
Health Care Low Income	2.55	14	21.5	5
Teen Career Guidance	2.56	15	15.2	16
Adult Job Training	2.57	16	11.6	22
Family & Marriage Counseling	2.59	17	10.4	24
Child Abuse	2.59	18	12.6	19
Mental Illness	2.61	19	9.5	27
Terminally Ill Home Care	2.67	20	16.3	11
Adult Substance Abuse	2.71	21	9.7	25
AIDS Education	2.72	22	19.3	6
Adult Education	2.73	23	13.4	18
Teen Service Jobs	2.74	24	11.9	21
Youth Recreation	2.74	25	12.3	20
Transport.-Elderly/Disabled	2.78	26	15.5	15
Emergency Food/Clothing	2.79	27	7.5	29
Mentally Retarded	2.84	28	6.4	30
Health Education	2.90	29	8.7	28
Drug Education	2.93	30	9.9	25
Physically Handicapped	2.98	31	5.9	31
Elderly Delivered Meals	3.36	32	5.4	32

*(1=lowest)

TABLE III
SERVICE DELIVERY GAPS
DIFFERENCE OF MEAN SCORES
(FROM TABLES I. AND II.)

SERVICE	GAP	RANK
Teen Substance Abuse	2.09	1
AIDS Victims	2.03	2
Alzheimer's Disease	1.99	3
Rape Victims	1.96	4
Teen Pregnancy	1.96	5
Homeless Shelters	1.90	6
AIDS Education	1.89	7
Health Care - Low Income	1.85	8
Teen Runaways	1.83	9
Terminally Ill Home Care	1.77	10
Adult Day Care	1.74	11
Adult Literacy	1.73	12
Child Abuse	1.70	13
Battered Spouses	1.68	14
Juvenile Delinquency	1.65	15
Transportation Elderly/Disabled	1.63	16
Adult Substance Abuse	1.63	17
Drug Education	1.59	18
Homebound Chores	1.54	19
Mental Illness	1.48	20
Teen Career Guidance	1.40	21
Emergency Food/Clothing	1.39	22
Indigent Legal Counseling	1.33	23
Adult Job Training	1.32	24
Health Education	1.31	25
Youth Recreation	1.29	26
Physically Handicapped	1.28	27
Mentally Retarded	1.26	28
Credit Counseling	1.24	29
Teen Summer Jobs	1.18	30
Elderly Delivered Meals	1.12	31
Family/Marriage Counseling	0.93	32

*GAP-Difference between scores of "how badly needed" and "how well satisfied" for each service.

TABLE IV
SUMMARY OF MEAN SCORE RANKINGS
(FROM PREVIOUS TABLES)
RANKINGS

	TABLE I (BADLY) NEEDED	TABLE II (UNSATIS- FIED)	TABLE III (GAPS)
Teen Substance Abuse	2	10	1
AIDS Victims	9	3	2
Alzheimer's Disease	11	5	3
Rape Victims	5	12	4
Teen Pregnancy	12	6	5
Homeless Shelters	22	1	6
AIDS Education	1	22	7
Health Care - Low Income	10	14	8
Teen Runaways	18	4	9
Terminally Ill Homecare	7	20	10
Adult Day Care	16	9	11
Adult Literacy	6	23	12
Child Abuse	14	18	13
Battered Spouse	19	11	14
Juvenile Delinquency	20	13	15
Transportation - Elderly/Disabled	8	26	16
Adult Substance Abuse	13	21	17
Drug Education	3	30	18
Homebound Chores	25	8	19
Mental Illness	24	19	20
Teen Career Guidance	27	15	21
Emergency Food/Clothing	21	27	22
Indigent Legal Counseling	30	7	23
Adult Job Training	29	16	24
Health Education	17	29	25
Youth Recreation	26	25	26
Physically Handicapped	15	31	27
Mentally Retarded	23	28	28
Credit Counseling	32	2	29
Teen Summer Jobs	28	24	30
Elderly Delivered Meals	4	32	21
Family Marriage Counseling	31	17	32

RESULTS

Respondents were first asked their opinion on "how badly needed" a specific service was named (on the five-point scale). Table I shows the results of their responses in two different ways. First, the services are ranked from highest to lowest based on the mean scores. Second, the percentage of respondents who rated the need as "greatest" (a "5" on the scale) is shown, and the resulting rank indicated. Table 1 suggests a fairly consistent view of means and percentages as ranked.

Respondents were then asked "how well satisfied" were these needs. Similar to Table I, Table II shows the means and percentages of responses on the reverse scale; that is, the highest ranked need is that which was least well satisfied (a "1" on the scale). The two columns of rankings shown in Table II are less consistent than that of Table I, especially for "indigent health care," "low income" and "AIDS education." This data indicated that a small core of respondents feel stronger than other respondents that these three needs are not being well satisfied by current programs.

Table III presents the innovativeness of the survey methodology by ranking the "gaps" or differences in mean scores for each service as reported in Tables I and II. Specifically, Table II shows the difference between the mean responses of "how badly needed" and "how well satisfied' were each of these 32 services.

Table IV is a summary of only the mean score rankings from the previous three tables. Clearly, the rankings change significantly between columns. "Elderly delivered meals," for example, ranked 4th as "badly needed" (Table I), but 32nd as "being well satisfied' (Table II) and 31st in the gap between these two scores (Table III). In simple terms this data indicates that respondents feel "elderly delivered meals" is a very badly needed service, but the need is being fairly well satisfied.

The opposite implication from the data shown in Table IV is the case of the service of "homeless shelters." This service ranked only 22nd as to "badly needed," but 1st as "not well satisfied" The respondents, in other words, viewed "homeless shelters" as being not very badly needed, but current programs are not satisfying even this moderate need level. Several other services show such variations in rankings among columns in Table IV. Such results are too numerous to attempt to present or interpret here. In general, widely varying rankings of a particular service have several management and program implications to the human services agencies that are affected by such public perceptions. Other results of various Chi-Square procedures show significant results related to the "age" and "gender" categories. First, older respondents felt a generally greater need for all services; but, particularly, that of teen/child drug abuse, low income health services, Alzheimer's disease, homeless shelters, family and marriage counseling, and elderly transportation. Second, women felt a greater need for services for child abuse/neglect, low income health, rape victims, runaway shelters, several elderly services, adult literacy and job training. Men felt more strongly about AIDS programs.

DISCUSSION

The results of this community needs assessment survey can be used in a variety of ways by nonprofit agency management, staff, and volunteers. Program planning and decision making can be made more efficient and effective if results are carefully analyzed. Below are several suggestions made to the client agency based on results of the survey.

In fundraising or media campaigns, specific images or themes may be more effective than others. Pictures or images related to the mentally retarded or even the physically handicapped, for example, may be less effective. The results indicate that the public feels that needs for these services are being

somewhat "well satisfied' or fulfilled by current programs.

More effective images would, generally, be for services whose "gaps" ranked high on the list of 32 services, such as for teen substance abuse, AIDS victims, Alzheimer's disease, rape victims, teen pregnancy and homeless shelters.

Results also suggest that, as logically expected, certain groups are more receptive to appeals for funding of certain types of services (e.g., women for childcare issues, men for AIDS-related services). Interestingly, older respondents related more to the human service needs of the young, as well as their own age category.

A number of statistics generated by this brief report are more difficult to interpret or to translate into practical decision making. Drug education services, for example, ranked 3rd on the list of badly needed services, but 30th on the list as to being well satisfied. Frequent drug abuse images, such as those in television and in movies may be having the opposite of the intended effect. Specifically, an "overloading' of drug abuse images may give the public the impression that drug abuse services are commonly provided -- badly needed, but provided. These could be referred to as "halo effect" issues -paradoxically, the more you promote a need, the more the public feels the need is being satisfied.

The opposite of this halo effect may be seen in the case of credit card counseling. This service ranked last (32nd) on the list of badly needed, but 2nd on the list as being not well satisfied. Agency planning staff could interpret this result as a surprisingly undiscovered demand for credit card counseling services.

CONCLUSION

The purpose of this paper was to describe an innovative and useful two-dimensional gap approach to the design of human service needs assessment surveys. The survey design applied concepts borrowed from the marketing literature to what were originally thought to be sociological issues. While the results provide a richer insight than do more traditional single dimension surveys, several results are also more difficult to interpret. The gap format could be applied to any research design used in nonprofit agency management or governmental decision making where service quality or needs assessment are key issues. Obviously, the technique would need application to a variety of settings, services and geographical areas for interpretation of consistent results.

The results reported briefly here, however, proved to be quite useful, and interpretable to several of the nonprofit agencies that were affected by the results. Public announcements, billboard campaigns, and "fair share" giving programs used many of the results reported above. Funds distribution panels also relied heavily on the respondents' prioritizing of the many human services needs in the community. Several panels reportedly were locked into discussions of the interpretations of the rich source of data provided by the gap analysis results. From the client viewpoint, the project was quite successful.