Community Assessments and Community Involvement

Hospitals, health departments and others assess the needs of their communities and work with other organizations to improve community health. In order to promote a coordinated and collaborative approach, it is useful for organizations to understand the requirements and professional standards of others.

For example, tax-exempt hospitals not only must meet Internal Revenue Service requirements to conduct community health assessments and engage with their communities, but also face similar requirements if they participate in the nursing Magnet Recognition Program or are on a journey toward earning the Baldrige Quality Award. Professional standards for hospital executives and surgeons also include reference to knowing and addressing community health needs.

Within communities, several organizations may be responsible for assessing community health needs: hospitals, health departments, Headstart programs, Federally Qualified Health Centers and others. Wise use of resources suggests that these various assessments should inform each other, intersect when appropriate or be conducted together.

Following is a list of organizations and states that encourage a community assessment and/or community collaboration as a part of mission, standards and/or actions. Information was pulled from public websites. We encourage you to link with these organizations and other local organizations involved in this work. Collaborating on a shared community assessment and strategies to improve the community's health leads to economizing resources and sharing goals.

The first chart is a list of national organizations; Appendix A includes a narrative description of each listing. The second chart is a list of states with assessment and community benefit planning hospital requirements. A complete description of state requirements is on the CHA website. Appendix B provides examples of community assessment resources provided by national organizations.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Part of:</th>
<th>Focus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Surgeons</td>
<td>Commission on Cancer Liaison Program</td>
<td>Physician to facilitate community assessment process</td>
</tr>
<tr>
<td>American Hospital Association</td>
<td>Mission/Vision statement</td>
<td>Hospital to focus on community</td>
</tr>
<tr>
<td>American College of Healthcare Executives</td>
<td>Code of Ethics Part V</td>
<td>Professional to identify and meet the needs of the community</td>
</tr>
<tr>
<td>American Medical Association</td>
<td>Code of Ethics Seventh Standard</td>
<td>Physician to contribute to the betterment of the community &amp; betterment of public health</td>
</tr>
<tr>
<td>Baldrige National Quality Award</td>
<td>Health Care Criteria for Performance Excellence in Leadership &amp; Results Categories</td>
<td>Focus on societal well-being and community support</td>
</tr>
<tr>
<td>Community Health Centers including Federally Qualified Health Centers</td>
<td>Initial and on-going eligibility for funding</td>
<td>Demonstration and documentation of target population needs; periodic update service area</td>
</tr>
<tr>
<td>Headstart</td>
<td>Performance Standards CFR 1304 and 1305</td>
<td>Community Assessment @ 3 years and community partnerships</td>
</tr>
<tr>
<td>Internal Revenue Service</td>
<td>Affordable Care Act (health care reform)</td>
<td>Conduct assessment @ 3years with input from the community</td>
</tr>
<tr>
<td>Magnet Recognition Program</td>
<td>Force # 10 criteria</td>
<td>Focus on strong partnerships with community groups to improve health of the community</td>
</tr>
<tr>
<td>Maternal and Child Health (HHS)</td>
<td>Title V Block Grant requirements</td>
<td>Conduct state-wide, comprehensive needs assessment @ 5 years; report findings &amp; submit document with grant application</td>
</tr>
<tr>
<td>Medicare Rural Health (HRSA)</td>
<td>Medicare Rural Hospital Flexibility Program (Flex)</td>
<td>States can use Flex funds for needs assessments.</td>
</tr>
<tr>
<td>National Network of Libraries of Medicine</td>
<td>Librarians and health information outreach</td>
<td>Encourages community needs assessments</td>
</tr>
<tr>
<td>NCQA Accountable Care Organizations</td>
<td>Accreditation process</td>
<td>Use data for care management, performance reporting and identifying patients for population health programs</td>
</tr>
<tr>
<td>Public Health Accreditation Board: national public health department accreditation</td>
<td>Standards and Measures Version 1.0</td>
<td>Community assessment, community engagement, public health policies &amp; plans @ 5 years, strategies to improve access</td>
</tr>
</tbody>
</table>
**State Laws/Oversight**

This information was compiled in 2010. It is advised that hospitals speak directly with the oversight authority in their respective states during the course of community benefit planning and implementation to assure accurate interpretation of the state mandated or voluntary reporting requirements.

For detailed state requirements go to the CHA website at:
http://chausa.org/Pages/Our_Work/Community_Benefit/Advocacy_and_Public_Policy

<table>
<thead>
<tr>
<th>STATE/Provisions</th>
<th>CA</th>
<th>CT</th>
<th>ID</th>
<th>IL</th>
<th>IN</th>
<th>MA</th>
<th>MD</th>
<th>NH</th>
<th>NY</th>
<th>RI</th>
<th>TX</th>
<th>UT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Needs Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a process in place</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Timeline</td>
<td>@ 3 yrs.</td>
<td>@ 3 yrs.</td>
<td>@ 5 yrs.</td>
<td>@ 3 yrs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option to do alone</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option to do with others</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Requires community input</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Focus on vulnerable populations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Give priority to public health needs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Must publicize results</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Implementation Strategy</td>
<td>na</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify target populations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>List activities &amp; objectives</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Give budget</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mechanisms to evaluate plan's effectiveness</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Opportunity for public input or involvement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Make available to public and/or state annually</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Organization board oversight</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Developed for the Catholic Health Association
APPENDIX A

American College of Surgeons
http://www.facs.org/cancer/coc/clpinvolvementacs.html

Established by the American College of Surgeons (ACoS) in 1922, the Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality of care.

Established in 1963, the Cancer Liaison Program of the Commission on Cancer (CoC) was developed as a grassroots network of physician volunteers willing to manage clinically related cancer activities in their local institutions and surrounding communities.

Cancer Liaison Physicians should assist in facilitating the relationship between the CoC-approved facility and the American Cancer Society community assessment process.

- Assess the problems and resources available
- Identify priorities
- Develop cancer control strategies
- Implement cancer control implementations
- Evaluate programs and activities

American College of Healthcare Executives
http://www.ache.org/abt_ache/code.cfm#profession

The American College of Healthcare Executives (ACHE) is a professional society of healthcare leaders known for its credentialing and educational programs. As part of professional development, ACHE developed a code of ethics with standards of ethical behavior for healthcare executives in their professional relationships. As noted in its code of ethics, these relationships include colleagues, patients, members of organizations, the community, and society as a whole. The code also defines how to translate into action the responsibility to community.

According to the code Part V, THE HEALTHCARE EXECUTIVE’S RESPONSIBILITIES TO COMMUNITY AND SOCIETY, the healthcare executive shall:

A. Work to identify and meet the healthcare needs of the community
B. Work to support access to healthcare services for all people
C. Encourage and participate in public dialogue on healthcare policy issues, and advocate solutions that will improve health status and promote quality healthcare
D. Apply short- and long-term assessments to management decisions affecting both community and society
E. Provide prospective patients and others with adequate and accurate information, enabling them to make enlightened decisions regarding services
The American Hospital Association (AHA) describes itself as “the national organization that represents and serves all types of hospitals, healthcare networks, and their patients and communities.” AHA further emphasizes through its mission and vision statements the focus on community as a hospital responsibility:

The AHA vision is of a society of healthy communities, where all individuals reach their highest potential for health. The organization’s mission is to advance the health of individuals and communities. The AHA leads, represents, and serves hospitals, health systems, and other related organizations that are accountable to the community and committed to health improvement.

The mission of the American Medical Association (AMA), a national professional group for physicians, is to “promote the art and science of medicine and the betterment of public health.” Public health issues addressed by the AMA include geriatric and adolescent health, violence prevention, health disparities, and obesity, with an emphasis on promoting healthy lifestyles, eliminating health disparities, and integrating disease prevention and health promotion into routine clinical care.

The AMA has a professional ethics code with nine standards of conduct that, according to the AMA, “define the essentials of honorable behavior” for the physician. As revised in June 2001, the focus on community is defined in the seventh standard: “A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.”

Enacted through the Malcom Baldrige National Quality Improvement Act of 1987, the award program is implemented through the National Institute of Standards and Technology, an agency of the U.S. Department of Commerce. It promotes quality improvement through proven management systems.

The president of the United States presents the award to world-class performing organizations that are judged outstanding in seven categories: leadership; strategic planning; customer and market focus; measurement, analysis, and knowledge management; work force focus; process management; and results.

The Health Care Criteria for Performance Excellence specifically focus on serving the community in the leadership and results categories.

Under the leadership category, 1.2 c. Societal Responsibilities and Support of Key Communities addresses governance and societal responsibilities, such as support of key communities and community health.
The results section asks organizations about results for key measures or indicators of the organization’s fulfillment of its societal responsibilities, support of its key communities, and contribution to community health.

**Community Health Centers**

http://bphc.hrsa.gov/technicalassistance/newstarts/2aneeds.pdf

Health Resources and Services Administration (HRSA) Primary Care: the Health Center Program

Health centers are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farm workers, the homeless, or residents of public housing

- **Grant-Supported Federally Qualified Health Centers** are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).
  - Community Health Centers serve a variety of underserved populations and areas.
  - Migrant Health Centers serve migrant and seasonal agricultural workers
  - Healthcare for the Homeless Programs reach out to homeless individuals and families and provide primary care and substance abuse services.
  - Public Housing Primary Care Programs serve residents of public housing and are located in or adjacent to the communities they serve.

- **Federally Qualified Health Center Look-Alikes** are health centers that have been identified by HRSA and certified by the Centers for Medicare and Medicaid Services as meeting the definition of “health center” under Section 330 of the PHS Act, although they do not receive grant funding under Section 330

In order to become eligible for federally-qualified status, and to meet the requirements on an ongoing basis, health center grantees must perform periodic needs assessments. Needs assessments typically include, but are not limited to, data on:

- Definition of the proposed service area
- Population composition
  - Socio-demographics
  - Break-down by Federal Poverty Levels
    - Percent of population at or below 200% of poverty
  - Percent of uninsured population
- Description of current service providers within the area
  - Primary care, sorted by Family Practice, Pediatrics, OB/GYN
  - Dental
  - Mental Health
  - Population to Primary Care Physician FTE ratio
  - Proximity to providers who accept Medicaid and/or uninsured patients
- Health indicators (e.g. diabetes, hypertension, low birth weight, immunization rates)
  - HPSA, MUA/MUP federal designations
  - Barriers to Service

**Head Start**
http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements

Head Start is a federal program that promotes the school readiness of children ages birth to five from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide comprehensive services to enrolled children and their families, which include health, nutrition, social, and other services determined to be necessary by family needs assessments, in addition to education and cognitive development services.

Head Start Performance Standards and Other Regulations require community partnerships and a community assessment every three years through requirements § 1304.41 Community partnerships, and 1305.3 Determining community strengths and needs.

**Internal Revenue Service / Affordable Care Act**

The Affordable Care Act, passed in March 2010, contains a provision for all licensed, 501c3 hospitals to conduct a community health needs assessment every three years and develop an implementation strategy to address the needs identified through the assessment. As part of the assessment process, the hospital must include input from people who represent the broad interest of the community and have public health knowledge or expertise. The assessment report must be made widely available and the implementation strategy must be approved by the hospital's board and attached to the IRS 990 tax form.

**Magnet Status**
www.nursecredentialing.org/Magnet.aspx

The Magnet Recognition Program, developed by the American Nurses Credentialing Center, an affiliate of the American Nurses Association, recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Force #10 criteria ask about the healthcare organization’s partnerships and involvement with the community.

Force 10: Community and the Health Care Organization
Relationships are established within and among all types of health care organizations and other community organizations, to develop strong partnerships that support improved client outcomes and the health of the communities they serve.

**Maternal and Child Health Title V Block Grants**

The Title V Maternal and Child Health Program is a Federal-State partnership using block grants to ensure the health of the Nation’s mothers, women, children and youth, including children and youth with special health care needs, and their families. The grant requires each State to work collaboratively with other organizations to conduct a State-wide, comprehensive Needs Assessment every 5 years and use the findings to prioritize funds to address the needs.
**Medicare Rural Hospital Flexibility Program (FLEX)**

http://www.hrsa.gov/ruralhealth/about/hospitalstate/medicareflexibility_.html

Through HRSA, the Rural Hospital Flexibility Program (Flex) provides funding to state governments to spur quality and performance improvement activities; stabilize rural hospital finance; and integrate emergency medical services (EMS) into their health care systems. Only States with Critical Access Hospitals (CAH) or potential CAHs are eligible for the Flex program.

Flex funding encourages the development of cooperative systems of care in rural areas -- joining together CAHs, EMS providers, clinics, and health practitioners to increase efficiencies and quality of care. States use Flex resources for performance management activities, training programs, needs assessments, and network building.

**National Committee for Quality Assurance (NCQA)**

**Accountable Care Organization (ACO) Accreditation**


ACO Standards: the ACO Accreditation program evaluates organizations in seven domains:

1. **ACO Structure and Operations** - The organization clearly defines its organizational structure, demonstrates capability to manage resources and aligns provider incentives through payment arrangements and other mechanisms to promote the delivery of efficient and effective care.

2. **Access to Needed Providers** - The organization has sufficient numbers and types of practitioners and provides timely access to culturally competent health care.

3. **Patient-Centered Primary Care** - The primary-care practices within the organization act as medical homes for patients.

4. **Care Management** - The organization collects, integrates and uses data from various sources for care management, performance reporting and identifying patients for population health programs. The organization provides resources to patients and practitioners to support care management activities.

5. **Care Coordination and Transitions** - The organization facilitates timely exchange of information between providers, patients and their caregivers to promote safe transitions.

6. **Patient Rights and Responsibilities** - The organization informs patients about the role of the ACO and its services. It is transparent about its clinical performance and any performance-based financial incentives offered to practitioners.

7. **Performance Reporting and Quality Improvement** - The organization measures and publically reports performance on clinical quality of care, patient experience and cost measures. The organization identifies opportunities for improvement and brings together providers and stakeholders to collaborate on improvement initiatives.

**National Network of Libraries of Medicine NN/LM**

http://nnlm.gov/outreach/community/planning.html

Members of the National Network of Libraries of Medicine (NN/LM) provide health professionals and the general public with health information resources and services. Members include libraries, information centers, or other types of organizations such as hospitals that (1) are regularly staffed; (2) have an Internet connection; (3) have its own collection of health sciences materials (books, journals,
audiovisuals, electronic databases); (4) provide information services to health professionals and/or the general public; (5) participate in borrowing and lending in DOCLINE.

NN/LM encourages librarians and others involved in health information outreach to design quality programs and garner support for those programs by first collecting community needs assessment information about the groups of people who will be involved.

Public Health Accreditation Board
www.phaboard.org

The Public Health Accreditation Board (PHAB) uses standards and measures to accredit Tribal, state, local and territorial public health departments.

Groups of standards, called domains, must be achieved for accreditation. The domains are:

#1 Conduct and disseminate assessments focused on population health status and public health issues facing the community
#2 Investigate health problems and environmental public health hazards to protect the community
#3 Inform and educate about public health issues and functions
#4 Engage with the community to identify and address health problems
#5 Develop public health policies and plans
#6 Enforce public health laws
#7 Promote strategies to improve access to health care services
#8 Maintain a competent public health workforce
#9 Evaluate and continuously improve processes, programs, and interventions
#10 Contribute to and apply the evidence base of public health
#11 Maintain administrative and management capacity
#12 Maintain capacity to engage the public health governing entity

Health departments must submit their community health assessment, community health improvement plan, and department strategic plan to PHAB in order to be eligible to apply for accreditation. The community health improvement plan must be updated every five years.
APPENDIX B

Examples of publically available community assessment resources provided by national organizations

The Asset-Based Community Development Institute (ABCD)
http://www.abcdinstitute.org/
Through Northwestern University, Institute for Policy Research, this tool provides information on assessing community capacity and mobilizing local assets. Resources include reports and workbooks.

The Association for Community Health Improvement (ACHI) Toolkit
http://www.assesstoolkit.org/
ACHI, a membership group of the American Hospital Association, provides a Community Health Assessment Toolkit. It presents a suggested assessment framework from beginning to end in six steps, and provides practical guidance drawn from experienced professionals and a variety of proven tools.

The Catholic Health Association (CHA) “workbook
http://chausa.org/Assessing_and_Addressing_Community_Health_Needs.aspx
Assessing and Addressing Community Health Needs was developed to help not-for-profit health care organizations strengthen their assessment and community benefit planning processes. Using CHA’s previous work, the experience of community benefit professionals and public health expertise, this book offers practical advice on how hospitals can work with community and public health partners to assess community health needs and develop effective strategies for improving health in our communities.

The Community Toolbox
ctb.ku.edu/
The Community Tool Box is a global resource for free information on essential skills for building healthy communities. Through the University of Kansas (KU), Work Group for Community Health and Development, it provides information on assessing community needs, coalition building, strategic planning, and group facilitation.

CDC Community Health and Program Services CHAPS
www.cdc.gov/pubs/CHAPS.aspx
Provides a resource called “Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health”, which encourages the development of new and the expansion of existing initiatives and partnerships to address the social determinants of health, provides guidelines to develop a “social determinants of health” inequities initiative within a community. It includes sections on: developing a shared vision; building community capacity; developing and implementing an action plan; and assessing your initiative’s progress.

CDC Healthy Communities Program CHANGE Tool
www.cdc.gov/HealthyCommunitiesProgram
The Division of Adult and Community Health National Center for Chronic Disease Prevention and Health Promotion provides the CHANGE tool: The Community Health Assessment and Group
Evaluation (CHANGE) Action Guide: *Building a Foundation of Knowledge to Prioritize Community Health Needs*

**CDC Healthy People 2020**  
http://healthypeople.gov/2020/  
The Healthy People Toolkit provides a step-by-step guide, technical tools, and resources to help local governments develop and promote public health planning. It includes information on setting community priorities, establishing measures and indicators, and communicating goals.

**County Health Rankings and Roadmap**  
www.countyhealthrankings.org/roadmaps  
Through the University of Wisconsin Population Health Institute and Robert Wood Johnson, the Roadmaps to Health Action Center provides tools to help groups working together to create healthier places to live, learn, work and play.

**Federal Reserve Bank of San Francisco**  
http://www.frbsf.org/community/research/eas.html  
The Community Development Department of the Federal Reserve Bank of San Francisco has developed a series of reports on the demographic, economic, governmental, and institutional underpinnings of nine states as well as an analysis of the various community development needs and resources within each state. The reports cover Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah, and Washington.

**Maturing of America**  
Five national organizations have joined forces to identify ways to prepare for the aging of the population to help cities and counties respond to community needs. The National Association of Area Agencies on Aging is leading the project, known as *The Maturing of America — Getting Communities on Track for an Aging Population*, in partnership with the International City/County Management Association, National Association of Counties, National League of Cities and Partners for Livable Communities. The initiative is funded by a grant from MetLife Foundation.

**National Association of County and City Health Officials  CHA/CHIPS**  
www.naccho.org/chachipresources  
The Resource Center for Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) is an online and regularly updated venue that contains the following to assist local health departments and their partners in planning and completing CHAs and CHIPs:  
- Practical, customizable and downloadable tools  
- Key resources  
- Examples of CHAs and CHIPs  
- Stories from the field and  
- Webinar trainings.
Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Broad community involvement by organizations and individuals is encouraged in the process. The four assessments in the MAPP process include:

1. Community Themes and Strengths Assessment- identifies issues residents feel are important
2. Local Public Health System Assessment- identifies local public health system resources
3. Community Health Status Assessment- identifies priority community health and quality of life issues
4. Forces of Change Assessment- identifies forces such as legislation, technology and other impending changes

NASCSP members are state administrators of the U.S. Department of Health and Human Services Community Services Block Grant (CSBG) and the U.S. Department of Energy’s Weatherization. NASCSP provides A Community Action Guide to Comprehensive Community Needs Assessments.

This organization provides a workbook on “Community How To Guide On…Needs Assessment and Strategic Planning.

The National Mental Health Association’s National Consumer Supporter Technical Assistance Center (NCSTAC) is funded through a grant from the Center for Mental Health Services within the federal Substance Abuse and Mental Health Services Administration. NCSTAC is dedicated to improving the functioning and effectiveness of consumer organizations. NCSTAC strengthens consumer organizations by providing technical assistance and has developed The Community Needs Assessment to assist mental health stakeholders in determining the current strengths and service gaps in their local mental health system.

The Compassion Capital Fund (CCF), administered by the U.S. Department of Health and Human Services, provided capacity building grants to expand and strengthen the role of nonprofit organizations in their ability to provide social services to low-income individuals. The CCF National Resource Center provided training and technical assistance and produced Strengthening Nonprofits: A Capacity Builder’s Resource Library which includes information on conducting a community assessment.
United Way
http://www.unitedwaystore.com/product/measuring_program_outcomes_a_practical_approach/program_film

United Way’s mission is to improve lives by mobilizing the caring power of communities around the world to advance the common good. To help United Way agencies determine if they are improving lives, it developed a manual. Called, “Measuring Program Outcomes: a Practical Approach,” the manual promotes the use of logic models to clarify and communicate outcomes.