I. Introduction

"Translating Data into Action" is written from the perspective of an assessment practitioner. The five questions we have attempted to answer are:

1. What is the impact of community assessments in New York State?
2. What are factors that contribute to impact?
3. What measures are practitioners using to assess impact?
4. Who are the assessment practitioners?
5. How has training and technical assistance influenced practice?

II. Background - Impact of Community Assessments in New York State

A. Defining Community Assessment, Health, Impact, and Measure

In order to understand the impact of Community Assessments in New York State, it is essential to define four terms: community assessment, health, impact, and measure. Appendix 1 includes the glossary of terms used by assessment practitioners to facilitate dialogue among the diverse sectors in the planning group[1]. The diverse sectors represented in this report include public health, health care, substance abuse, mental health, integrated county planning, youth, social services, and non-profits.

> **Community Assessment**: The Community Assessment is part of a strategic plan that describes the community by collecting, analyzing and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions for improvement. [1]
>
> **Health**: A dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.[2]
>
> **Impact**: Any change, either beneficial or harmful, due to a program, project, policy or activity.
>
> **Measure**: A mechanism to assign a quantity to an attribute by comparison to a criterion.[3]

B. Literature Review on the "Impact of Community Health Assessments"

To understand the impact of community heath assessments, the review of literature focused on identifying: (1) key elements of community health assessments; (2) the community's perspective on their goals for assessments; (3) measures and efforts used to evaluate community health assessment performance and/or outcomes; (4) factors that helped or hindered community health assessments, and (5) frameworks for analyzing community health assessment impact.

(1) **Identifying the key components of community health assessments:**

A review of various models, frameworks, and papers of the CHA process[4-7] reveals common elements of community health assessments. They are: (a) community engagement; (b) data and information collection, analysis, interpretation and dissemination; (c) utilization within the context of a planning process; (d) need for specialized workforce skills relating to epidemiology, planning, informatics, and community organization; (e) the iterative process; (f) and an end-product that provides

information focused on improving community conditions (e.g. health status, behavior and/or socioeconomic status).

(2) **Identifying community's goals for community health assessments**
CHA definitions provide a starting point for identifying intended goals. Meyers et al reviewed CHA literature[8] and concluded that these definitions vary in scope. The short-term goals of CHAs, based on the definitions, appear to be focused on the aspects of data collection and analysis; development of action plans for health improvement; content and quality of the CHA document; forming or increasing community engagement; justifying a service or advocating for an approach. The long-term goals focus on improving community conditions and outcomes.

(3) **Measures and efforts used to track CHA performance and effectiveness**
In a 2003 report to the New York State Department of Health on evaluations of community health assessments by Meyes et al.[8], the researchers "identified no reports detailing the results of evaluations of specific CHA processes or products with respect to their usefulness and contribution to the health of a specific community. Several broader reports did describe the evaluation methods associated with their CHAs." In addition, the researchers founds reports that described methods for conducting effective CHAs including gathering current data, engaging communities, ensuring staff have the right skills, and evaluating the process.

Indicators identified in Healthy People 2010[9] and the National Public Health Performance Standards Survey - Local Instrument[10] list indicators related to elements of community health assessments such data gathering, dissemination, presentation, training and community organization. While these national reports have outcome measures related to programs or specific domains (e.g. community education), the relationship between outcomes and assessments is less clear.

In 2006 and 2007, the American Public Health Association (APHA)[11] and the Council of State and Territorial Epidemiologists (CSTE)[12] passed resolutions recognizing the need to conduct CHA practice evaluation and research. These resolutions explain the rationale for understanding the link between outcomes and assessments across and within programs.

(4) **Factors that helped or hindered community health assessments**
An article published by Curtis[13], based on the CHA process in Kansas, identified community characteristics such as interagency cooperation, a history of success at problem solving, and shared decision-making power, as strongly associated with completion of a community health assessment. On the other hand, the Kansas survey found that lack of leadership, funding, and time, as well as the presence of poorly-functioning coalitions, hindered the completion of community health assessments.
A National Association of County and City Health Officials (NACCHO) survey[16] found that local health departments with few FTEs and small population jurisdictions were more likely to be among those who did not plan to conduct CHAs. A Washington State evaluation of assessment practice[17] found five key factors critical to success: (1) leadership; (2) community engagement; (3) dedicated staffing; (4) creative ways to fund

assessment practices; and (5) timely access to relevant data, training and technical assistance.

(5) Frameworks/models for evaluating impact of community health assessment: The logic model[16,17] was selected as a framework for evaluating community health assessments because of its simplicity and familiarity among public health practitioners. A logic model (Figure 1) is a systematic and visual way to present and understand relationships among the resources available to operate a program, the planned activities, and the expected changes or results from these activities.

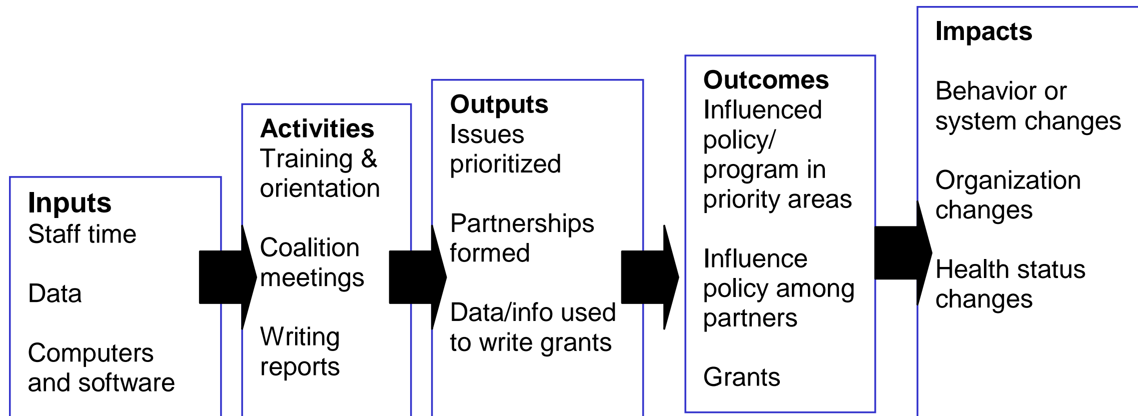


Figure 1: Schematic of the logic model for evaluating community health assessment impact

Brief explanation of the terminology used in the logic model:
Inputs: Resources used for implementation, e.g., funding, materials, staff.
Activities: What is done with the resources, e.g., events, processes.
Outputs: Direct products of program activities, e.g., service targets,
Outcomes: Changes in program participants within three years, e.g., knowledge, skills.
Impacts: Changes in organization or system within ten years, e.g. health status, behaviors.
Several other models[18,19] (Appendix 2) were also discussed to clarify two concepts:

- Differences between results/outcomes, indicators, and performance. Indicators and results and indicators have to do with ends. Performance measures and the programs they describe have to do with means. The end we seek is not "better service" (Or even "integrated service." Service integration is a means, not an end in itself) but better results."
- Graphic illustrating how health status, behaviors and systems outcomes are linked[19].

III. Process

The web-based survey, "Exploring the Impact of Community Assessments in New York State", was sent to 706 individuals representing 386 organizations in May 2006. These organizations were local health departments, hospitals, social service agencies, youth bureaus, integrated county planning agencies, substance abuse agencies, mental health, and United Ways. Each respondent

was sent two reminders. The detailed survey responses are in Appendix 3.

The eight assessment practitioners identified were among those who volunteered in the survey. The interview were adapted from Applied Cognitive Task Analysis (ACTA)[20] method. The interview format, and probe questions are in Appendix 4. The interview process was informal, and an attempt was made to keep it free flowing.

In Fall 2006, about 70 practitioners presented on issues relating to assessment and discussed findings. However, there were more issues to discuss than time available. Hence, this report should be viewed as “work in progress”. The discussion guide and summaries are included in Appendix 5. The main issues identified in discussions are included in the report.

The interviewing of assessment practitioners, and review of CHAs and CSPs will continue through the next phase of this project that involves identifying and documenting assessment strategies.

Finally, the information on the impact of community assessments in New York State in this report has been gathered from: (1) Responses from a web-based survey: (2) Interviews with practitioners; (3) Reviews of documents submitted to the NYSDOH e.g. CHA Summary Reports by local health departments, and selected Community Health Assessments; (4) Literature Review; and (5) Conference discussions with assessment practitioners

A. Survey Respondents

The practitioners invited to respond to the survey, and those responding are shown in Figure 1. There were a total of 149 survey responses. In all, 39% of organizations and 21% of individuals participated in the survey. Among the highest responses were from local health departments

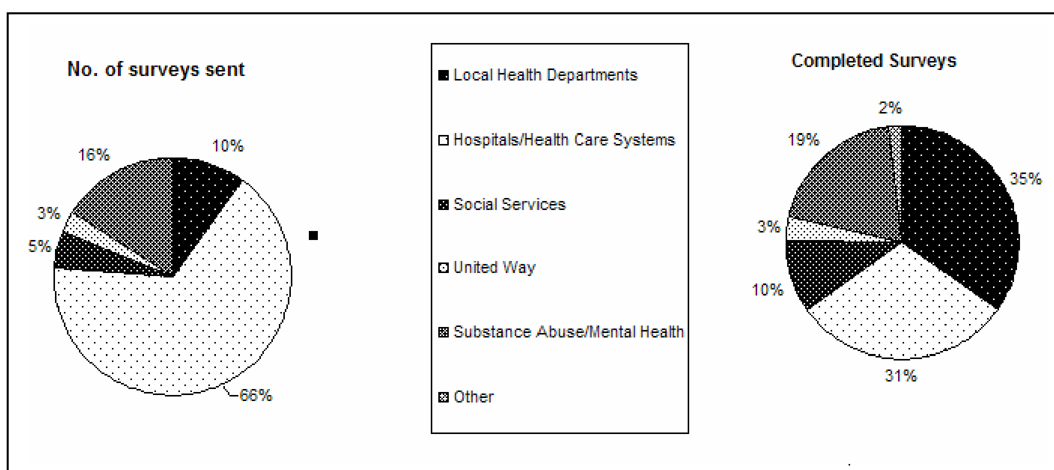


Figure 2: Number of surveys sent and completed by organizations

The survey respondents are represented across the four regions of New York

State with 33 respondents from the Western Region; 38 respondents from the Central Region; 32 respondents from the Northeast Region, and 27 respondents from the Metropolitan Region. (Nineteen respondents skipped this question.)

B. Interviewees

Eight assessment practitioners representing organizations – three metropolitan, two central, one northeast, and two western – were interviewed. Among these were three lhds, three hospitals, one integrated county planning agency, and one United Way. Five of the eight interviewees had been at their current position for more than five years.

C. Document Review

The CHA Summary Reports for local health departments were reviewed using the Community Health Assessment Electronic Reporting System (CHAERS). Only a handful of comprehensive local health department community health assessments (CHAs) were reviewed, and no hospital-submitted community service plans (CSPs) were reviewed for the preliminary report.

IV. Findings

About 83% of the respondents (n=109 of 132 respondents) perceived their community health assessment product and process to be moderately or very effective. On the other hand, eight percent (n=12) thought that neither the process nor product made any difference or were ineffective.

A. Immediate results

The immediate results responses captures “process” outcome. A process outcome is short-term and measurable. It may reflect adherence to a projected timeline, production, distribution, and utilization of products, and financial audits.

Survey Findings

Of the 137 respondents, the top three responses were:

- “Issues that are important to the community are identified” (84%)
- “Enhanced collaboration across two or more agencies” (64%)
- “New community strategies and/or action plan was developed” (58%)

4. What was the immediate result of the assessment process in your community? Check all that apply.

	Response Percent	Response Total
Issues that are important to the community identified	**83.9%**	**115**
Common priorities among three or more organizations established	56.2%	77
A new partnership was formed to address the health issue	21.9%	30
New community strategies and/or action plan was developed	57.7%	79
Enhanced collaboration across two or more agencies	63.5%	87
Efficiency of a partnership or organization increased	39.4%	54
Data and/or information from the assessment process or report was used to write a grant	62.8%	86
Information from the community assessment was used for advocacy	52.6%	72
Identified a research gap	13.9%	19
View Other (please specify)	13.1%	18
Total Respondents		**137**
(skipped this question)		12

Of the nine response choices excluding other, seven had more than a 50% response. The only two responses that received less than 25% responses were:

- Identified a research gap (14%)
- A new partnership was formed to address the health issue (22%)

Respondents provided examples of how the community assessment data were used such as:

- Press used report to write a series of articles
- Epidemiologist used report as a platform for other studies
- Used to direct allocation of grant funds
- 43 neighborhood bodies used the information in conducting public hearing and setting priorities supported by federal anti-poverty funds. These priorities are reflected in the agency's Request for Proposals.
- Used for Community Service plan
- Used to develop marketing and strategic planning initiative
- Used to develop local Office of Mental Health plan
- Identify gap in treatment services, and percentage of service needs met

Interview Findings

- Respondents identified three reasons for doing community assessments: (1) to justify or advocate for a service or action; (2) for strategic planning purposes; (3) in response to a state requirement.
- Seven of the eight respondents indicated that the community assessment met its intended purpose; while one indicated that it did not adequately meet its strategic planning purpose.
- To describe impact, most of the interviews shared examples such as: survey was completed; priorities identified; gaps were identified; service need was justified; and construction of facility approved etc.

B. Changes at the organizational level

Survey Findings

Of the 136 respondents responding, the top three responses were:

- A health program/service was modified (40%)
- A new health program/service was implemented (30%)
- A health policy recommendation was proposed (27%)

Also, 22% said there was "no change" at the organizational level.

Responses with less than 25% included:

- Saved funds and/or staff time (6%)
- An existing health policy was modified (13%)
- Incurred more funds and/or staff time (19%)

Respondents' comments provided an insight into direction of the organizational policy.

Policies identified related to training, funds, and emphasis of organization staff efforts. Examples include:

- Re-focusing staff training focus
- Redirection of how funds will be utilized
- Justified continuation of existing programs
- Re-directed marketing effort on different demographic group
- Drawing in of additional funders to enhance existing program.

Interview Findings

Most of the interviewees described examples of organization impact. Among the examples:

- Justification for a cardiac catheterization laboratory
- Closed community home health aide program, and contracted to do maternal child health program with another agency.
- Identification of gap in data related to older population. This resulted in focusing the office of a town-county collaborative group to research data, and an "elder profile" was published.
- Awarding $80,000 in youth-based mini-grants to youth for diverse projects such as documenting need in the community.

C. Changes at the community level

In changes at the community level, we were looking for examples relating to behavior or health status changes. There were changes implied in the multiple-choice responses. The few open-ended comments related to changes at the organization or policy level. Only one of the interviewees presented an example of community change relating to increase immunization rates.

Survey Findings

Of the 136 respondents, the top three responses were:

- A community benefit was demonstrated in a priority area (52%)
- Health of the community showed improvement in a priority area (24%)
- A tie (15%) between "A community benefit was demonstrated in a related, but not priority area"; and "Health of the community showed improvement in a related, but not priority area".

The lowest responses were in:

- Environmental changes that were made have been proven to have a negative impact (I response).
- An unintended consequence was demonstrated in a related, but not a priority area (3%)
- Health of the community turned in a negative direction in a priority area. (7%)

In addition, in the open-ended comments:

- Several of the respondents commented saying "too early to tell" or "no change".
- A few examples discussed "environmental" changes such as changes in school lunch programs or immediate results such as "data helpful in supporting programs and identifying needs".

- One respondent shared an example of how a new "track" for housing was developed based on community assessment. This respondent said, "*In the targeted area, police presence has been increased in a manner that is interactive with the residents – not just enforcement. An outside company is working with economic development to purchase, renovate and rent some run down properties to low income with the goal of selling them to one of the families in the future. Although some may argue that this is not a 'health' program, it will have a positive effect on the health of some of the people living in this area.*"
- There were no community-level changes identified from the "other" comments.

Interview Findings

One of interviewees indicated that strengthened partnerships from the community assessment process led to increased county-wide child immunization rates.

D. What are factors contributing to community assessment impact?

Survey Findings

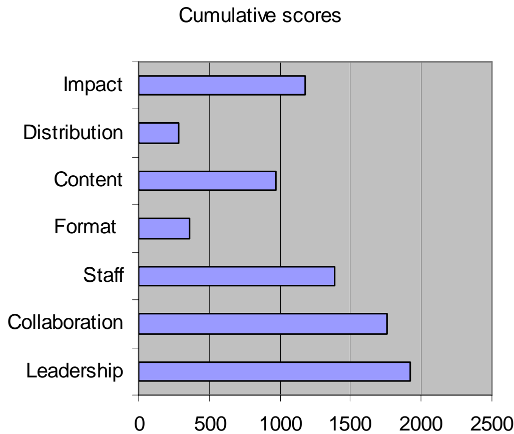
Responses from two questions relate to "contributing factors". The survey asked about elements included in their community assessment process and provided six response options. Over 80% of respondents, identified primary data collection, secondary data collection, and one of the end products as being a report. The lowest response rate, by about 50% of respondents, was "repeated periodically".

3. Which of the elements listed below did the community assessment process include? Check all that apply.

	Response Percent	Response Total
Collaboration or partnership with three or more organizations	69.8%	97
Secondary data collection and analysis (e.g. census data, employment data)	81.3%	113
Primary data collection (e.g. survey, focus groups, communty input) and analysis	**83.5%**	**116**
Used within a planning context	66.9%	93
Repeated periodically	49.6%	69
One of the end products is a report	81.3%	113
View Other (please specify)	10.1%	14
Total Respondents		**139**
(skipped this question)		10

In the second question, respondents were asked, "Please rank the three most important factors that influenced the rating of your community assessment process". For analysis purposes, the first, second, and third choices were given a score of 30, 20 and 10 respectively, and the choices ranked. In all, 131 respondents completed the questions. Based on this scoring system, the highest score for a choice is 3,930 = (30*131), and the lowest score can be 10*0 = 0 (if an option was not selected by anyone).

Cumulative scores for seven choices



The top three factors that influence community assessment process were: leadership for the community assessment process, quality of collaboration, and staff dedicated to the community assessment process. The factors with the lowest scores are: distribution of the report; report format and report content. It is important to note, 48% of respondents were involved with writing the report

There was no opportunity for respondent to provide comments.

Interview Findings

- Of the eight assessment practitioners interviewed, seven were asked which step in the assessment process took the most thinking/decision-making. Four identified "understanding what data are needed and how to get it" as the step that take most thought. Of the other three, one identified "writing the report"; one listed "data analysis"; and the third identified "sustainability and getting buy-in".
- Three of the interviewees stressed the need for facilitation, and for ensuring meetings are focused. For example, one of the interviewees had "pre-planning" meeting where the direction or outcome of each meeting was identified, and had a "parking lot" for recording tangential ideas. They also stressed the importance of advisory committees, and were aware of their time limitations. They presented only the vital information to the advisory committees so meetings were not too long.
- Five of the interviewees talked about the importance of presenting information. Their suggestions included:
    - Present information that is of primary importance to the audience e.g. youth data for youth service providers, aging data for senior services, business plan for administrators.
    - Include needs, gaps, and what work is being done in these areas.
    - Remember that the audience is interested in results, not the process.
    - Primary data (data collected from the community) are more interesting for an audience than secondary data.
- Challenges identified by one interviewee were the disappointing turnout at town meetings and the inability to locate sub-county data.
- Another challenge identified by one interviewee was the difficulty with bringing county leaders on board for the assessment process.

E. What are the implications for training and technical assistance?

Survey Findings

There were two survey questions that asked about training and technical assistance. The first question listed types of training/technical assistance opportunities with examples, and asked respondents to rate their helpfulness. The second was an open-ended question asking respondents to list at least one resource that was particularly helpful.

More than half of the 130 respondents wrote "NA" as their response for most of the choices except:

- "Locating data" (48% said very/somewhat helpful; 44% NA)
- "Interpreting and analyzing data" (48% very/somewhat helpful; 44% NA)
- Steps in a planning process (43% very/somewhat helpful; 48% NA)
- Evaluation process (20% very/somewhat helpful; 28% NA))

Between four – 10% indicated the trainings made no difference, and 1 – 3% said they were not helpful. It is assumed that the respondents were talking from the experience of participating in trainings or technical assistance.

Findings from the "Resources" comments

In the "Resources" comments, 32 respondents wrote in a number of resources they found useful. The two resources listed below were mentioned more than once.

- Mobilizing for Action through Planning and Partnerships (5 respondents)
- New York City Community Health Profiles (2 respondents)

Interview Findings

- While the interviewees were aware of planning frameworks and resources, none followed a specific framework for their assessment process.
- All interviewees reviewed other reports related to assessment in their communities.
- One interviewee recommended the "Data Academy" sponsored by Healthcare Association of New York State.

F. What measures are practitioners using to assess impact?

While there was no specific question relating to this issue, the response to this question can be surmised from respondent responses. Guided by the three frameworks/models (Appendix 2), the survey featured three specific questions relating to impact. These questions were:

- What are the immediate results of the assessment process in your community?
- What changes did the process and/or results produce at an organizational/agency level?
- What changes did the process or results produce at the community level?

In the responses discussed earlier (III-A,B,C), there were examples listed of immediate results such as "priorities were identified", and examples of how the assessment was used such as articles written by press, guide funding allocation etc. There was only one example that related to behavior and/or health status change e.g. childhood

immunization rate. In summary, assessment practitioners use process, capacity, infrastructure, and policy/intervention changes to measure impact of community assessments.

G. Who are the assessment practitioners?

Assessment practitioners belonged to different sectors – lhds, social services, mental health, youth bureau, hospitals, health systems, and community-based organizations - represented by respondents in this survey. Universities and Office for the Aging, are also assessment practitioners, but were not among the primary organizations invited to complete the survey.

16. Which organization do you represent? (Choose one or more)

	Response Percent	Response Total
County Health Department	**40%**	**52**
County Social Services	2.3%	3
County Youth Bureau	8.5%	11
County Mental Health	13.1%	17
County Office for the Aging	0%	0
Hospital	21.5%	28
Health Systems (integrated network of health care providers)	5.4%	7
Not-for-profit community-based organization	6.9%	9
University	1.5%	2
View Other (please specify)	8.5%	11
	Total Respondents	**130**
	(skipped this question)	19

Assessment practitioners partner with a variety of organizations

17. Which organizations did you collaborate or partner with? (Choose all that apply)

	Response Percent	Response Total
County Health Department	51.5%	67
County Social Services	51.5%	67
County Youth Bureau	45.4%	59
County Mental Health	48.5%	63
County Office for the Aging	50%	65
Hospital	46.2%	60
Health Systems (integrated network of health care providers)	40%	52
Not-for-profit community-based organization	**73.1%**	**95**
University	27.7%	36
None	8.5%	11
	Total Respondents	**130**
	(skipped this question)	19

- While the survey did not specifically ask about the role of the respondents, among the 22 who volunteered to share information, 20 identified an administrative role, while one identified “epidemiologist” and another “health educator” as their role.

15. Please indicate what your personal involvment was in the assessment process. (Choose all that apply)	Response Percent	Response Total
Coordinated the process	53.8%	70
Wrote the report	36.9%	48
Was part of advisory or work team	59.2%	77
Provided input at a meeting	**61.5%**	**80**
Shared findings from the report	59.2%	77
Assisted with data gathering and/or analysis	59.2%	77
Worked on action planning/implementation of a priority issue	53.1%	69
View Other (please specify)	13.1%	17
	Total Respondents	**130**
	(skipped this question)	19

More than half of the respondents were involved with most aspects of the assessment except writing the report (only 37%).

H. Document Review – What did we learn about impact?

The Community Health Assessment Electronic Reporting System (CHAERS) has summary assessment information provided by local health department. Local health departments are required to offer basic public health services. These include: dental health education, family planning, health education, HIV, Immunization, nutrition, primary and preventive health services to children, sexually transmitted diseases tuberculosis and maternal and child health. Only a handful of community health assessments were reviewed, and no Community Service Plans were reviewed due to time limitations. The information from CHAERS is most amenable for assessing impact through immediate results, and systems changes. The major findings are:

- Local health departments review the majority of the health-related indicators when writing their community health assessments.
- The most commonly identified health focus areas local health departments identified were: access to care, nutrition and overweight and public health infrastructure.
- Most commonly identified strengths in basic public health service areas and/or focus areas were: access/outreach to clients; accessibility to services; communication/networking; education/training; funding; monitoring/surveillance; opportunities to practice skills; partner engagement; staff commitment.
- Most commonly identified gaps in basic public health service areas and/or focus areas are: health care staff shortage; Insufficient funding; Insufficient staff; Lack of data/surveillance; language/cultural barriers; need for more training/information; and poor transportation.
  - 19 local health departments did not use any framework for planning. Of those that did use a planning framework, 21 cited Mobilizing for Action through Planning and Partnership (MAPP) [21], seven mentioned CDC's Framework for Evaluation[22], three mentioned Assessment Protocol for Excellence in Public Health (APEXPH)[23], and 14 other frameworks (e.g. NYSDOH Model and

Concept Mapping).

V. Discussion

Five crosscutting topical issues emerge in reviewing information from survey findings, interviews, and conference discussions for "Exploring the Impact of Community Health Assessments". They are: (1) Need for understanding the community assessment impact; (2) need for sub-county data; (3) understanding the impact of training and technical assistance; (4) understanding impact of effective assessment partnerships; and (5) Factors that help and hinder community health assessment impact.

A. Community assessment impact has to be measured

There is a need to educate practitioners on the need to evaluate impact of assessments as well as methods to quantify possible impact. This was illustrated in an exchange among conference attendees.

> *"I do not see why we have to understand the impact of community health assessments (CHA). It is like we are trying to justify doing assessments. I have never had to justify doing an assessment,"* said a public health practitioner in a discussion group.
> *"I would have said the same thing seven months ago,"* responded a colleague working in non-profit planning organization*, "Since then, our legislators changed, and I find that I have to justify every action."*
> *"It has to do with getting full value for the work put in. I see it as ensuring that time and money invested in doing an assessment is well-spent,"* added a health care practitioner.

Based on the literature review, survey, interviews and conference discussion, we find limited information on the impact of community health assessments. Evaluating from an assessment perspective may yield different and useful findings than evaluating solely from a program intervention perspective.

B. Need for county-level and sub-county level data

As communities become more engaged in the assessment process, and become increasingly diverse, they seek data at the sub-county level (e.g. zip code) or on special populations within their community. Assessment practitioners can access most birth, death, and some of the morbidity data by county and zip-code, in New York State. The Behavioral Risk Factor Surveillance System (BRFSS) Survey conducted in 2003 was available at the county level, and the State Health Department is preparing up to conduct a county level survey again in 2008.

Identifying the most relevant, and current data that answer critical assessment questions, was identified by interviewees, and conference attendees, as the part of the process that required the most thought. Much of these data are not readily available. One interviewee said she unexpectedly was able to get the most critical data from her finance office and an external vendor. Another interviewee, identified the need for more data on elder care, and formed a workgroup to address this issue. In collaboration with various partners, the organization was able to gather data, and published a senior profile. Another interviewee said that the county health indicators measured favorably

against the Healthy People 2010 target goals. Yet, there were eight communities within the county that probably do not meet the goals, and the assessment report was not effective in framing this disparity within the county because they did not have access to sub-county data.

The need for sub-county data was articulated across all sectors engaged in the discussion – health, health care, social services, and substance abuse.

C. Understanding the impact of training and technical assistance

Significant resources are devoted towards training and technical assistance related to data access, analysis, strategic planning, evidence-based process, evaluation, community engagement, and related competencies. Follow-up evaluations 6-12 months after completing the past trainings[24,25] have indicated that participants experience benefits related to increased knowledge, skills or interest. However the link between perceived increase in benefits and outcomes were not identified either because the participants did not remember the training, or were unable to relate the perceived benefits to the outcomes, or did not understand the questions asked in the survey and the interviews. There may have been a number of reasons why it is difficult to interpret the answer from survey responses: (1) The question asked about training was very broad and generic; (2) The web survey question mistakenly listed "NA" option twice; (3) Respondents do not recall information about the trainings they attended; (4) In most cases, one person from an organization completed the survey, and about half of respondents were not involved with writing their assessment report. It was difficult to gauge the extent of involvement of the training respondents with training and technical assistance.

D. Understanding impact of effective assessment partnerships

Assessment practitioners work with diverse partners, and are often encouraged to partner by their funding organizations. Considerable literature exists on working with partnerships, the importance of collaborating, and frameworks for choosing partners. Among the benefits that could be corroborated in effective partnerships in this effort was the pooling of resources, either financial or staff time. This resulted in sustaining or creating programs that could be evaluated so benefits could be measured. There is considerable literature on factors that result in effective partnerships. It would be helpful to understand what factors are critical for making an impact.

E. Factors that influence community health assessment impact

Three factors were identified through the survey that affected the outcomes of CHAs. They are: leadership, quality of collaboration and staff dedicated to the community assessment process. This is consistent with findings from Washington and Kansas. In addition, four additional issues that were challenging or involved significant resources were identified from discussions and the open-ended comments: these are gathering of sub-county data, training and technical assistance, partnerships, and evaluating impact of community health assessment. However, their influence on outcomes was difficult to quantify.

V. Limitations of "Impact of Community Health Assessments" Report

- The survey is from a public health perspective as it was developed by the New York State Department of Health, a staff person from NYSDOH served as the contact. At least two of the respondents representing the United Way and Social Services were confused, and asked whether they were required to provide feedback for the local health department community health assessments.
- The findings may be biased towards practitioners who has positive experiences. Only eight of respondents were interviewed. Of these, only one identified the community assessment process as having "no change/not effective". It would strengthen findings if practitioners with diverse negative as well as positive experiences with their community assessment were interviewed.
- The findings are exploratory, and while indicative, changes identified by practitioners cannot be wholly attributed to community assessments.

VI. Conclusion

Information from the survey, interviews and discussions at the conferences have shown:

1. Assessment practitioners measure impact through process and systems change. However there is a need to identify validated assessment short-term and long-term measures.
2. While more data are being made available and accessible, critical gaps in collecting sub-county data and identifying effective strategies for framing a need were identified. We need to understand how assessment practitioners and their partners are responding to these data needs, and identify strategies to address these challenges.
3. Training and technical assistance on a variety of assessment topics are available and accessible to various degrees. We need to understand how to increase the accessibility and availability to a critical mass of assessment practitioners, and understand the impact of training and technical assistance in outcomes such as reports, health behaviors and status.
4. Organizations work with diverse partners. We need to understand the roles, benefits and impact of partnerships on outcomes.

There are many opportunities for actions in areas related to community health assessment practice evaluation, data collection and dissemination, training and technical assistance and partnerships. They are:

Community health assessment practice:

- Educate professionals and policy makers on the need to understand the impact, and factors that make some assessment more effective from programmatic as well as financial perspectives.
- As assessment is done at different levels and scopes, partnerships within specific program and issue areas offers a platform for understandinging impact.

Data collection and dissemination:

- Data needs to be collected at the county and sub-county levels
- Continue to collaborate with communities to identify specific indicators data needs/indicators and its rationale.
- Continue to collaborate across sectors – public heath, health care, education, social

services, substance abuse and mental health – to identify and access indicators that could be made available at the county and sub-county level.

- Develop a web-based data query system that would allow practitioners the flexibility to query data based on the needs and make-up of their communities.

Training and Technical Assistance:

- Work with funders and training organizations to collaborate on building the evidence to link competencies with outcomes.
- Identify indicators or a framework that would evaluate the linkages between outcome measures and competencies.

Partnerships

- Continue to research and publish findings on what makes some partnerships more effective and sustainable.
- Educate practitioners on factors of effective partnerships, and the need to evaluate parternerships in relationship to achieving outcomes.

For the future, the "Community Assessment Impact" Planning Group will focus on identifying and documenting stories and strategies on how impact is measure, sub-county data collected and presented, training and technical used by attendees who complete them, and identifying outcomes of effective partnerships. These stories will be shared over the web, through conferences and discussions with assessment practitioners.

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