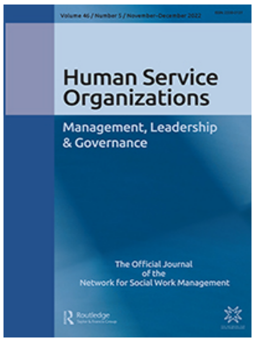

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A Three-Phase Methodology for Conducting Equity-Focused Needs Assessments

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ABSTRACT
This paper describes methods for conducting equity-focused needs assessments in human service organizations (HSOs). We begin with an overview of needs assessments in social welfare, then describe a three-phase methodology for bringing an equity lens to traditional needs assessment approaches. Central to this methodology is convening stakeholders and addressing issues of power and trust between those leading the needs assessment and those impacted by the process. Key challenges for executing equity-focused needs assessments are discussed, including the need to coordinate across multiple levels of government; enhance collaboration between academics, practitioners, and communities; and improve secure access to high-quality data for analysis.

KEYWORDS
Needs assessment methods; racial equity; gaps analysis; community stakeholders; human services

Practice Points

(1) Macro social workers are well-positioned to engage communities historically underserved or discriminated against in human service programs and conduct equity-focused needs assessments.
(2) At the same time, any community or organization invested in understanding and assessing equity can advocate for and/or conduct a needs assessment using the methodology described here.
(3) A three-phase methodology is recommended for equity needs assessments: gaps analysis, interpreting gaps and identifying root causes of inequity, and co-creating an equity plan.
(4) Stakeholders should be continually engaged throughout equity needs assessments to provide unique perspectives on each phase of the work, with issues of power and trust addressed throughout the process.
(5) There are three key challenges to assessing equity in HSOs—coordination across multiple levels of government; collaboration between academic, practitioner, and community circles; and secure access to high-quality data.

Introduction

A core activity of macro-level social welfare analysis is conducting needs assessments of human service programs. Needs assessments seek to systematically analyze the gap between the services people need or want and the existing service array. Conducting needs assessments gained traction in the United States (U.S.) around 1965 as a wave of legislation started requiring federal funding applicants to document the need for health, education, and social welfare programs (Witkin, 1994). Much of this legislation would be reversed in 1981 as part of the Omnibus Budget Reconciliation Act, which

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devolved authority and oversight for many social programs to states through various block grants. The transition to block grants led to both cuts in overall social spending and the dropping of federal needs assessment requirements. Nevertheless, needs assessments have remained an essential part of social welfare policy analysis and planning, and continue to evolve in terms of methods, aims, and scope.

The Biden Administration's January 2021 issuance of the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (Exec. Order No. 13,985, 2021) has created an opportunity to reinvigorate needs assessment efforts. This Executive Order requires the federal government to identify methods for assessing equity within federal programs and to engage communities historically underserved or discriminated against in these programs – a call to action that macro social workers are well-positioned to support and advance. Moreover, the urgency of this work is underscored by the social unrest around racialized violence and inequity in the U.S. and the stark racial disparities in experience and outcomes of the COVID-19 pandemic (Mude, Oguoma, Nyanhanda, Mwanri, & Njue, 2021; Roberts, 2021).

In this paper, we respond to this social moment and to the Executive Order by describing methods for infusing an equity lens into traditional needs assessment methodologies. However, while providing impetus for this paper, the proposed methodology is meant to be applicable beyond the bounds of the Executive Order and to be implemented by any organization or community group, not just government agencies, that aims to assess equity and need. This includes community members and recipients of human services as well as macro social work practitioners, students, and scholars, who are often positioned to fund, implement, and disseminate findings from needs assessments. We begin with an overview of needs assessments in social welfare, then outline a three-phase methodology that includes performing a gaps analysis, interpreting the gaps analysis and identifying root causes of inequity, and co-creating an equity plan to correct for disparities in service provision. Importantly, convening stakeholders and addressing issues of power and trust between communities and human service providers should be addressed iteratively throughout these three phases of work. We use "stakeholders" to broadly refer to any of the following groups: intended service recipients, key informants with expert knowledge of the service program, and/or the broader community impacted by the program (Tutty & Rothery, 2001). Finally, key challenges to assessing equity in human service organizations (HSOs) are discussed, including coordination across multiple levels of government, collaboration between academic, practitioner, and community circles, and improving secure access to high-quality data.

Background: needs assessments in social welfare programs

Needs assessments are a common activity of HSOs at all levels. They estimate the gap between the prevalence of a particular need or social problem and the available services to address the need. That gap can also be thought of as the difference between the real and ideal circumstances, such as the difference between how many people in a jurisdiction need mental health services compared to the number of available program slots (Tutty & Rothery, 2001). Needs assessments may be required to receive federal block grants or other funding, to meet reporting requirements, or to demonstrate program alignment with current priorities or objectives (AA & NH/PI COVID-19 Needs Assessment Project, 2021; Health Resources & Services Administration, 2021; Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). They can also support the allocation of resources according to need (LeBoeuf et al., 2017), facilitate engagement of community stakeholders in developing new priorities (Culhane, Metraux, Treglia, Lowman, & Ortiz-Siberon, 2019), and serve as a vehicle to correct for historical inequities (Everhart et al., 2020; Hibbard, 1984).

Needs assessments in U.S. HSOs took off around the 1960s with the passing of the Elementary and Secondary Education Act in 1965, which started allocating federal funding to schools with higher proportions of children from low-income families (Paul, n.d.; Witkin, 1994). From there, a wave of legislation was passed across health, education, and social welfare programs requiring federal funding applicants to document service needs (Zangwill, 1977). Witkin (1994) contends that this uptick in legislation helped needs assessments become mainstream practice in HSOs and motivated much of the large-scale studies of need in the 1960s and 1970s. Numerous methodologies were developed in this period – some with guidance for setting goals and priorities or with detailed steps for analyzing data, while others focused on applying needs assessment methods to specific domains like education or mental health (Houston et al., 1978; Kaufman & English, 1979; Rochefort, 1979; Siegel, Attkisson, & Cohn, 1977; Warheit, Bell, & Schwab, 1979). Warheit et al. (1979) outlined five methodological approaches to needs assessment that are still commonly used today – interviewing key informants, hosting community forums, analyzing rates-under-treatment, performing social indicators analyses, and conducting surveys.

Another important piece of historical context for the development of needs assessments is the Civil Rights movement, which promoted the use of corrective action plans to redress gaps in service provision for communities of color (The University of Rhode Island, n.d.). Civil Rights activists advocated for both public and private institutions to document the representation of racial and ethnic groups within their provision of services and workforces (National Archives, 2016). Corrective action plans were used to hold institutions accountable to changing their practices in response to identified gaps in services, resources, and jobs. Affirmative Action policies reinforced corrective action plan strategies by mandating that certain employers and service providers, such as federal contractors, develop numerical targets and timelines to correct for underutilization of services by people historically marginalized by government and private institutions (Legal Information Institute, n.d.). Both needs assessments and corrective action plans gained traction in a time when there was an appetite for identifying and rectifying historical inequities within human service programs, including through legislation.

With the passage of the Omnibus Budget Reconciliation Act in 1981, however, “about 90% of the legislation that included mandates for [needs assessments] were eliminated” (Witkin, 1994, p. 17). This legislation brought an ideological and material shift toward increased privatization and market-oriented approaches in human service programs (Abramowitz & Zelnick, 2015; Hasenfeld & Garrow, 2012; Prasad, 2006). Substantial budget cuts led to diminished service quality and agencies faced increasing pressure to be more efficient, demonstrate results, and compete with for-profit businesses for funding over the following decades (Abramowitz & Zelnick, 2015). In line with these changes, a notable shift occurred in terms of the quality, depth, and focus of needs assessments, though their quantity and role as somewhat standard practice for large HSOs remained intact (Witkin, 1994). Further, Witkin’s (1994) work demonstrates that the use of theory when examining gaps in services was largely replaced with market research approaches that presume a solution without digging into the underlying problem and its causes. For example, setting out to measure how many people “need” a shelter bed assumes that the solution to homelessness is simply providing shelter. This type of framing at the outset narrows potential insights that the needs assessment can generate and neglects the existing theory and research evidence showing that shelters are often an inefficient, ineffective, and inhumane means to address the problem of homelessness (Culhane, 2008). Methodologically, needs assessments conducted throughout the 1980s and early 1990s relied primarily on survey or interview data and rarely triangulated results with multiple data sources and “too many of the [needs assessments were] really opinion polls that generate wish lists of solutions to scarcely-articulated problems” (Witkin, 1994, p. 25).

Despite these setbacks from the Reagan era, scholarly work fostered the development of social welfare needs assessment approaches in this period and thereafter. For example, DeVillaer (1990) discussed how to gather needs assessment data as part of routine client assessments and emphasized the importance of understanding the likelihood that proposed solutions would appeal to service users before implementing new interventions. In response to new federal block grant reporting requirements by states, Kamis-Gould and Minsky (1995) articulated how to indirectly measure need for mental health services through synthetic estimation, which apportions need across subareas of a jurisdiction so that resources can be allocated accordingly. Rabkin (1986) described how to use epidemiological surveys and social indicator analyses in assessing mental health needs and suggested that these should be coupled with “assessment of community desire for services, based on key informant interviews and surveys” (p.1093).

While this idea of involving stakeholders emerged at the outset of needs assessment work, the concept gained more attention in the decades that followed (Hibbard, 1984; Rabkin, 1986; Witkin, 1994). Hibbard (1984) posited that needs assessments could be a “vehicle for implementing the process of empowerment” and that client views should be integrated with expert analyses rather than regarded as disparate and conflicting sources of information (p.112). Similarly, learnings from the Aspen Institute’s Community Change Initiatives have emphasized the importance of lifting up the perspectives of low-income community groups in developing needs assessments and building capacity for these groups to lead and meaningfully engage with needs assessment efforts (Kubisch, Auspos, Brown, & Dewar, 2010). In addition to emphasizing mixed methods approaches and offering detailed solutions to common needs assessment challenges, Altschuld and Witkin (2000) underscored the criticality of using needs assessments to drive action that makes a real difference in the lives of those receiving human services. They also urged needs assessment practitioners to build upon their work by developing more mixed methods strategies and conducting community-based needs assessments that involve a wide array of stakeholders (Altschuld & Witkin, 2000).

Today, stakeholder engagement is a common component of participatory evaluation and public deliberation methods, that aims to bring client and constituent voice to the process of researching, designing, and implementing policies and programs (Abelson, 2010; Chouinard, 2013). Bryson (2003) and Bryson, Patton, and Bowman (2011) outline specific techniques for stakeholder identification and analysis, such as mapping stakeholders, diagramming stakeholder power versus interest, and weighing ethical implications. For needs assessment work, Tutty and Rothery (2001) advise engaging three key stakeholder groups – the population intended to receive the service, key informants with expert knowledge of the service, and the broader community that may be impacted – and triangulating data across at least three sources. As stakeholder engagement has become more routine, this concept has evolved to acknowledge that the term “stakeholders” may not appropriately represent the group of partners being engaged, making it important for those conducting needs assessments to be intentional about language (Government of British Columbia, 2021).

Recent needs assessment literature has also responded to some of the challenges posed by Altschuld, Witkin, and others. Royse and Badger (2015) elaborated on contextual factors that should be explored within a needs assessment, such as the underlying motivation for assessing need and how it connects to the organizing group’s mission as well as discerning whether needs arise from issues of accessibility, availability, and/or acceptability of services from the client population’s point of view. There has also been a renewed focus on assessing differences in need and access to services by racial and ethnic groups. For example, the U.S. Department of Housing and Urban Development (HUD) (2020) developed a tool for Continuums of Care to measure racial disproportionality in homeless services based on census and Homeless Management Information System data. The Annie E. Casey Foundation (2014) released a seven-step guide for organizations to incorporate a race-equity lens into program administration and evaluation, with an emphasis on empowering stakeholders with lived experience to be engaged in analyzing needs and developing solutions to redress identified inequities. Related projects, like the diversitydatakids.org Policy Equity Assessment framework (Joshi et al., 2014), the Urban Institute (2020) Spatial Equity Data Tool, and the Government Alliance on Race & Equity’s guide for results-based accountability (Bernabei, 2017), further promote the importance of adopting a racial equity lens when assessing need for human services.

Overall, social welfare needs assessments have come a long way since their emergence in the mid-twentieth century – today there are more methods and tools to assess gaps in services, a greater emphasis on community engagement that includes a broad range of stakeholders, consensus that results should be triangulated across multiple data sources, and an interest in addressing racial disproportionality. Yet, these aims have not been fully realized, particularly when it comes to measuring and correcting for inequities in the provision of human services and working with community stakeholders as equal partners in these efforts. A report from the Office of Planning Research and Evaluation examined existing research evidence on racial and ethnic disparities across six program areas – Temporary Assistance for Needy Families (TANF), Child Support Enforcement, Child Care, Head Start, runaway and homeless youth services, and adolescent pregnancy prevention programs – and ultimately recommended that more needs assessments of human service programs should be disaggregated by racial and ethnic groups to better understand access to services, participation rates, and outcomes (McDaniel, Woods, Pratt, & Simms, 2017). Furthermore, as part of the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, the Office of Management and Budget (OMB) released a report identifying several methods and tools that could be used to assess equity in government programs (OMB, 2021). Among their findings, the report concluded that while there are a variety of frameworks and tools to assess equity (nine in total lifted up by the report), "equity assessment remains a nascent and evolving science and practice" (OMB, 2021, p. 14).

This paper builds on existing literature by infusing an equity lens into traditional needs assessment methodology for HSOs. The methodology addresses the Biden Administration's call for more methodological guidance on assessing equity in government programs as well as broader demands for improved service equity. Our approach includes three phases for holistically assessing need: performing a gaps analysis, assessing the underlying drivers of gaps in services, and co-creation of a plan to redress inequities. Furthermore, a core focus is how to authentically engage community stakeholders – particularly clients with lived experience – throughout this entire process and not just for one segment of the study. HSOs are being called upon to measure and address inequities within their programs, and the following methodology aims to help agencies carry out this mission and to broadly support any group that seeks to do the same.

Methods for assessing and redressing inequities in service provision

This section outlines three phases of work for assessing and redressing inequities in human service provision, drawing upon traditional needs assessment methodologies, corrective action plan techniques crafted during the Civil Rights movement, and more recent developments in the assessment of equity and need. The three phases of work include:

(1) Performing a gaps analysis,
(2) Interpreting the gaps analysis to identify root causes of inequity, and
(3) Co-creating an equity plan

Importantly, the methods described here should be customized to fit the need or social problem being studied, local context, available data, and resource constraints. Before detailing the methods within each phase, however, we begin with a discussion of convening stakeholders and addressing power dynamics. We do not characterize these topics as distinct phases of work, but rather as a continual process that underlies the entire methodological approach.[1]

Convene stakeholders

Stakeholders generally include three groups: the desired population of the program, key informants who have expert knowledge on the program, and the broader community whom the program may impact (Tutty & Rothery, 2001). These stakeholder groups should be brought to the proverbial table early, often, and consistently, as they can provide unique perspectives on each phase of the work (AISP & Future of Privacy Forum, 2018). Stakeholder mapping can be a helpful exercise for identifying a diverse set of stakeholders, including local community members and those represented within needs

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[1] This paper draws on a synthesis of Actionable Intelligence for Social Policy's (AISP) internal knowledge from over a decade of thought-leadership on interagency data integration, a review of needs assessments literature, and key informant input on the development of methods.

assessment data (see Hawn Nelson, Jenkins, Zanti, Katz, and Berkowitz et al. (2020a) for guidance). The W.K. Kellogg Foundation (2021) also has guidance for learning about who makes up the local community beyond formal leaders. Once identified, numerous methods for convening and engaging stakeholders have been articulated by other scholars, such as virtual or in-person meetings, ongoing taskforces or advisory boards (Mukherjee, 2009; Nelson & Burns, 2020), townhalls (GUIDE Inc, 2015; Recovery Advocacy Project, n.d.), surveys (Stefl, 1984), focus groups and interviews (Buttram, 1990; Turner, 2010), mini publics (Escobar & Elstub, 2017), and other strategies that can be catered to the context (Fine, 2018). Although it often requires substantial time and resources, using community participatory action methods is highly recommended to involve stakeholders more deeply in defining, planning, and conducting the three phases of needs assessment work (Ozer, 2015). Consider incorporating photovoice, transect walks, oral testimonies, or other participatory methods as ways to elicit authentic stakeholder perspectives throughout the engagement (Ravitch & Carl, 2021).

It not only matters how stakeholders are brought to the table, but also what their engagement looks like over time. Whichever stakeholder convening strategies are selected, it is essential that they facilitate authentic engagement and avoid “token” representation. This means that stakeholder input is valued and used to drive change that is meaningful to them, that stakeholders have voting or other decision-making power, and that one person is not tasked with representing the voice of all stakeholders (Agency for Toxic Substances and Disease Registry, 2015; Romsland, 2019). Furthermore, agencies convening stakeholders should be upfront about policy and practice decisions that are potentially available as part of the equity assessment process, as this gives stakeholders clarity about their power to influence action. The International Association for Public Participation (n.d.) developed a spectrum of participation – inform, consult, involve, collaborate, and empower – that can be used to clearly define the depth of stakeholder participation, where aiming to empower or collaborate with stakeholders increases the capacity for impact. Additionally, agencies should budget for compensating stakeholders and ensure that participation is accessible, with accommodations for transportation, child care, work schedules, physical or virtual meeting access, and/or other accessibility needs. Finally, it is important to note that while HSOs and other organizations that hold power are often positioned to carry out needs assessments, any entity concerned with gaps in services can provide the leadership, funding, analytic, and/or other support needed for this work.

Address issues of power and trust

As part of convening stakeholders, issues of power and trust between those leading the needs assessment and those impacted by the process should be addressed iteratively. If mutual trust and accountability are not present between these groups – due to an absence of relationship, prior harms, or other factors – the needs assessment process is unlikely to be equitable and effective. Furthermore, a lack of trust compromises the ability to collect reliable data from communities and co-create an equity plan that will lead to meaningful changes in service provision.

Formal accountability mechanisms in a social service delivery network (e.g., policies, contracts, performance monitoring) may institutionalize ongoing working relationships between HSOs, but these do not account for the role of informal accountability – the dynamics between organizations and community groups at the macro level and between individual people involved at the micro level (Romzek, LeRoux, & Blackmar, 2009). Informal accountability is difficult to build when organizational politics, cultural differences, regulatory and performance pressures, and misaligned priorities are present (Romzek & Johnston, 1999; Romzek 2009). Additionally, skewed power dynamics can prevent HSOs from listening authentically to service users. For example, HSOs may have more incentive to value funder requirements and find it easier to ignore client perspectives, especially when clients have limited choice in service providers; they may be resistant to feedback that calls into question the organization’s core practices; or simply not trust the client’s perspective (Twersky, Buchanan, & Threlfall, 2013). However, leaving clients out of needs assessments means forgoing valuable insights “that are uniquely grounded in the day-to-day experiences of the very people the programs are created for" (Twersky et al., 2013, p. 41). Moreover, there is increasing research literature suggesting that perceptions of service recipients are linked to outcomes (Twersky et al., 2013) and that HSOs can enhance client participation and empowerment by giving clients power to lead initiatives and make decisions (Ebrahim, 2003; Mercelis, Wellens, & Jegers, 2016).

The challenge for any HSO, community organization, advocacy group, or other entity leading the needs assessment is how to effectively rebalance power, restore trust, and strengthen informal accountability. While there is no cure-all solution that works in every context, acknowledging and explicitly discussing the existing dynamics of power and trust between all stakeholders may be a helpful place to start and may ease any tension between stakeholders with diverging perspectives. For example, New Zealand's Toi Āria Research Centre (n.d.) uses a Trust/Benefit Matrix to facilitate discussion between community members, researchers, practitioners, and policymakers regarding the level of trust and comfort with a proposed data project and its potential benefits. Similarly, Chicago Beyond (2018) advises explicit discussion of seven key places where inequity and power imbalances can arise – access, information, validity, ownership, value, accountability, and authorship – and offers ideas for actions community organizations and researchers can take to rebalance power at each step. It is also important to develop a collective mission and goals for the needs assessment that balance the separate priorities of each group coming to the table and to establish clear roles for the work ahead (Provan & Kenis, 2007; Provan & Milward, 2001; Romzek, 2009). This is where macro social workers should consider how their unique expertise (e.g., program knowledge, analytic skills, policymaking influence) can support the needs assessment while also working as humble, equal partners with other stakeholders. The needs assessment itself can be a mechanism to build trust by giving some power to communities to direct the process and to participate in decisions about the consequences of needs assessment outcomes. However, this might also require slowing down the pace of work to make room for deliberate trust-building. Addressing power imbalances is a difficult and nonlinear process, but it can help build a sense of trust and mutual accountability that will aid each phase of the needs assessment.

Phase 1: perform a gaps analysis

The first phase of work is performing a gaps analysis, which estimates a particular need, the current availability of programs or services that address the need, and the difference between the two. That difference can be thought of as the gap between the real and ideal circumstances, observed and expected demand for a particular service, or supply and demand (Tutty & Rothery, 2001). Identified gaps can be disaggregated by race, ethnicity, gender, neighborhood, intersectional identities, and other demographic characteristics to understand if and how gaps are disproportionately distributed. Gaps can exist in terms of access to services, quality of services, and outcomes of services, though these terms will likely carry different meanings across stakeholder groups and jurisdictions.

Before analyzing any data, identify the need or social problem, existing services and supports (formal and informal) that address the need, and jurisdictions or populations served. Avoid presuming the solution to the social problem at the outset and instead focus on defining what the ideal circumstances would be in terms of access, quality, and outcomes if the social problem were solved. Also reflect upon the ways in which inequity could appear in service provision and any existing data on the matter. This is a natural place to ask stakeholders to illuminate differing perspectives on these topics that can help frame the analysis.

Estimate level of need

With this framing in mind, quantitative analysis begins by estimating the level of need, for example, the number of older adults requiring skilled nursing care across a state or the number of families who need affordable housing in a city. A common way to understand need in health care settings is through measures of prevalence (i.e., total cases) and incidence (i.e., new cases), but these concepts can also be applied to social welfare programs (Dicker, Coronado, Koo, & Parrish, 2006). For instance, a gaps

Table 1. Examples of data sources for gaps analysis.

Common Data Sources for Gaps Analyses	Examples	Advantages	Disadvantages
Decennial Census	N/A	• Covers entire population • Some data publicly available • Serves as the basis for funding allocation, population projections, and other planning decisions for many government programs	• Only produced every 10 years • Subpopulations or small geographies may be unavailable or have a high margin of error • Does not include qualitative data from stakeholders
Surveys	American Community Survey Current Population Survey Household Pulse Survey New York City Community Health Survey Behavioral Risk Factor Surveillance System (BRFSS) Epidemiological Catchment Area Survey of Mental Disorders National Health and Nutrition Examination SurveyNational Survey on Drug Use and Health	• Data from comparable jurisdictions can be projected onto jurisdiction of interest • Potential to gather qualitative data from stakeholders	• Time- and resource- intensive to implement • Requires sampling expertise • Social problem or geographic area may not have established, routine survey data collection – requires new stream of work
Administrative Data	Youth Risk Behavior Surveillance System Medicare Provider Utilization and Payment Data J-PAL Catalog Of AdministrativeData Sets Pregnancy Risk Assessment Monitoring System	• Data may include entire population instead of just a sample • Potential for longitudinal data analysis • Collected throughout the course of routine HSO operations – does not require new stream of work	• May not directly measure what is needed for analysis • Data quality concerns can limit reliability and validity • Data may be unavailable when services targeted to entire communities and not tracked at individual level (e.g., libraries, parks) • Does not typically include qualitative data from stakeholders • Difficult to access if no request process in place for restricted datasets

analysis of food insecurity might start by tabulating the total number of adults and children reporting food insecurity (prevalence), or alternatively, by estimating the number of households that became food insecure following a recession (incidence).

Data to estimate need often come from the decennial census, surveys, and administrative data. See Table 1 for examples of these data sources along with their key advantages and disadvantages. The decennial census includes basic demographic and household composition data based on where people live, which can provide broad population characteristics, like the racial makeup of a city. These data can be used to estimate the relative number of people by race, ethnicity, age, or other demographics that an agency might expect to see participating in services. The U.S. Census Bureau and other federal agencies also conduct regular surveys with representative samples of the population that can be used to extrapolate population characteristics. For example, during the COVID-19 pandemic the Household Pulse Survey has regularly collected data on social and economic impacts of the pandemic (e.g., housing stability, food insecurity, employment, mental health) for each U.S. state and the 15 largest metro areas, which can be broken out by race, sex, and other demographics to approximate need in these jurisdictions (U.S. Census Bureau, 2021). In addition, survey data can come from epidemiological studies that measure prevalence of a condition (Dicker et al., 2006). State and local surveys that collect more granular information about particular social problems often contain the most precise estimates of need but are more costly and difficult to collect on a routine basis. In contrast, administrative data collected throughout the course of regular human service operations may be more readily available, though potentially not as direct a measure of need. Administrative data include service utilization, admission and discharge records, disease surveillance data, program spending, benefits receipt, and many other potentially viable sources of data to estimate need (see Hawn Nelson et al. (2020b) for more on the benefits, risks, and considerations for using and sharing administrative data).

When census, survey, or administrative data that directly measure need are unavailable or incomplete, proxy data can be used to model the risk of a particular condition or need within a given jurisdiction. This is especially useful when the available administrative data are missing non-service users. For instance, rural jurisdictions often have a shortage of mental health treatment services. This means that the available service utilization data will not provide an accurate estimate of need for these services.

There are two main ways to measure service needs through proxy data. The first and more ideal option is to find a large epidemiological study where population-specific rates of the condition or social problem have been determined. These studies typically include multipliers by race, sex, age, poverty status, and/or other subgroupings. Examples of such studies include the Epidemiologic Catchment Area Survey of Mental Disorders (U.S. Department of Health and Human Services, National Institute of Mental Health, 1994), the National Health and Nutrition Examination Survey (National Center for Health Statistics, 2017), the Pregnancy Risk Assessment Monitoring System (The Centers for Disease Control and Prevention, 2021), and the National Survey on Drug Use and Health (SAMHSA, n.d.-b). Using the total national multipliers or multipliers from the localities that most closely resemble the jurisdiction of interest, rates can then be applied to the service area population as a whole or to certain subgroups to estimate the prevalence of a condition or need.

A second way to use proxy data to estimate need is through a synthetic estimate (Kamis-Gould & Minsky, 1995). This multistep method estimates proportional need across a jurisdiction and within subareas or subgroups in the jurisdiction (e.g., Neighborhood A accounts for 25% of the city's need for youth diversion programs, Neighborhood B accounts for 10% of the need, etc. until adding up to 100%). Importantly, this method does not provide an estimate of the total number of people in need, but rather an estimate of how need may be distributed across a jurisdiction so that resources can be allocated proportionately. This process starts by developing consensus as to the factors associated with a particular condition and their relative weights, based on expert input (including experts through lived experience), research evidence, and readily available data (e.g., Census data, open data, public reports) (see Kamis-Gould and Minsky (1995) for further description of how to implement this method).

It is important to note that any method of need estimation is only as accurate as the data and expertise underlying the analysis. Whichever data sources and methods are selected, the potential for these estimates of need to introduce bias and replicate structural racism should be assessed. Ask questions like:

- How might the analysis systematically underestimate the level of need or undercount certain communities?
- Who might be missing from the data entirely?
- How could those overrepresented in human service data – often communities of color and people living in poverty – be harmed if identified as high need?
- How do historical funding patterns influence understanding of need?
- What relevant information is not included within existing data sources?
- What additional data or steps could help mitigate the potential for bias?

This is yet another place where authentic stakeholder engagement complements the quantitative assessment of need. Stakeholders who have lived experience or who work closely with communities identified as in-need may triangulate what the agency surmises about the potential for bias and may also bring new insights to these questions.

Table 1. Examples of Data Sources for Gaps Analysis

Estimate availability of services/resources

After developing an estimate of need, the next step is to estimate current availability of services that address the need (or “supply”). A common method for estimating availability is analyzing program spending, like how much money a state receives through the TANF block grant, the number of FTEs allocated to provide outpatient mental health services, how many domestic violence shelter beds are funded through a city’s annual budget, or the number of weekly meals provided by a mutual aid organization. For grant-funded programs this analysis is often straightforward since allocation to programs or regions is known by the agency providing services. Service utilization data can also be used to estimate supply (e.g., how many children received foster care services over the last year?). Estimating the availability of informal supports that address the social problem (e.g., mutual aid networks, strong familial and community ties) may be less straightforward if funding and service utilization data are not readily available. Additional data collection may be needed to understand the role of informal supports, which is further explored in Phase 2’s discussion of risk and protective factors.

Issues of access and quality are particularly pertinent when estimating supply, as the mere number of available providers, service slots, or other units does not indicate if the available supply is accessible or of high-quality. For instance, an analysis of skilled nursing facilities could find that there are enough beds across the state to meet the projected need for nursing beds. However, further analyzing the accessibility of these beds could surface insights about which counties or subpopulations do not have enough nursing beds in their local community or which regions lack high-quality providers. Furthermore, even if the nursing facilities are rated high-quality by the overseeing regulatory agency, the client and family perspective may raise quality concerns that need to be addressed to enhance equitable service delivery.

Therefore, when assessing equity, it is critical to analyze who has (and does not have) access to higher quality programs, and how quality and access are defined by stakeholders. Some programs will have publicly available quality data at the provider level from state or federal regulatory agencies (e.g., child care facilities, hospitals, public schools). Collecting data directly from clients regarding program quality is also highly recommended given that metrics used in quality rating systems may not reflect the elements of quality that clients most value (Luther et al., 2019; Sion et al., 2020). Consider a child care facility that ranks highly in terms of safety, curriculum, and provider qualifications – all metrics that seem universally important and are often rated by state agencies. However, these metrics do not indicate if there are strong relationships and trust between parents and providers, if the curriculum is culturally nurturing for children of different backgrounds, or if important communications are provided in ways that are accessible to parents. In some instances, funding may be used as a proxy for quality. For example, differences in school spending between school districts could indicate potential disparities in school quality based on geographic location.

Another dimension of equity within the supply of service providers is the relative representation of clients and staff by race, ethnicity, sex, or other demographic characteristics (Meyer & Zane, 2013). If the characteristics of service recipients are not reflected in direct care staff, administrators, or board members of an organization, this may point to a need to improve staff and leadership recruitment practices. Finally, it is worth noting that this section does not provide an exhaustive list of factors that could impact equitable access, quality, and actual use of services. Indeed, measuring and understanding all dimensions of equity is complex, and some factors may not be readily countable, like the influence of racism, discrimination, or unique community protective factors. Integrating qualitative data from community stakeholders can often help uncover these dynamics, which is further discussed in Phase 2.

Estimate the gap between need and service availability

After estimating the distribution of need and available supply, the gap between these can be identified. To illustrate, when Latinx advocates in Philadelphia were concerned that their community was not being adequately served by the city’s homeless services, they approached state administrators and advocated for a gaps analysis. In response, the State of Pennsylvania Housing Finance Agency provided funding for a team of local researchers to analyze the available service usage data from the city (Culhane et al., 2019). They found that although Latinx people made up 23.5% of the population living in poverty in Philadelphia, this group was only receiving around 10% of the city's homelessness services. When looking further at representation within specific service types, the research team found that White people were overrepresented in street outreach receipt and Black people were overrepresented in shelter use, while Latinx people were underrepresented across both service types. From here, the team sought to further understand these patterns by engaging stakeholders to interpret the gaps analysis, using strategies described below in Phase 2.

While this example focuses on identifying gaps in access to services, other analyses might focus on gaps in quality or outcomes. For instance, housing subsidies are considered the highest quality homelessness intervention available. A gaps analysis of housing subsidies might ask if such services are disproportionately provided to one race or ethnic group. In terms of outcomes, a gaps analysis could be used to look at the differential distribution of housing stability. In other domains, distribution of outcomes can be understood through standardized testing scores or school suspensions, disease survival rates, rehospitalizations, recidivism, employment and earnings, or any other number of meaningful outcomes.

To further assess inequities within service provision, data on needs and availability must be disaggregated by relevant subgroups, such as race, ethnicity, age, sex, sexual orientation and gender identity and expression (SOGIE) (Delpercio & Murchison, 2017), income or poverty level, neighborhood, or any other characteristic for which reliable data exist. Data can also be disaggregated by multiple, intersecting identities – e.g., trans* multiracial youth, Black men with intellectual or developmental disabilities, older adults living in poverty. This type of disaggregation can generate meaningful insights about equity that have previously been overlooked or obscured (Crenshaw, 2017), such as if certain racial or ethnic groups have a disproportional gap in access to high-quality child care providers or how mental health service outcomes vary by household income level or form of health insurance. Though accessing and linking data for intersectional analyses is a common obstacle, when these data are available, breaking down the estimated gap between need and service availability into relevant intersections can profoundly inform the interpretation of root causes (Phases 2) and plans to correct for inequities (Phase 3).

The presence of race and ethnicity data provide the most straightforward way to disaggregate data for racial and ethnic groups, but sometimes these data are unavailable and may need to be imputed. Brown, Ford, Ashley, Stern, and Narayanan (2021) provide guidance for ethically imputing data for racial disaggregation. Neighborhood data can often proxy for these demographics. Even if race and ethnicity data are available, it may still be important to disaggregate data by neighborhood since where people live is connected to housing markets, school quality, poverty concentration, and the cumulative historical effects of systemic racism and discrimination within these areas (Sharkey, 2016). In this way, disaggregating data by neighborhood or other meaningful spatial units is both complementary to a population-wide gaps analysis and can also be used as a proxy for other missing data. However, it is important to keep in mind that using a proxy is always going to be speculative and imperfect. Geographic Information Systems (GIS) mapping tools are useful for graphically visualizing these data and using these insights to inform the siting of new programs or services to address neighborhood gaps in service access, quality, or outcomes (see Jenkins et al. (2021) for more on the benefits and examples of spatial analysis).

While disaggregating data by subgroups can expose inequities and help guide meaningful programmatic changes, also consider the risk of over-surveillance that may emerge from disaggregating data by subgroups (Hawn Nelson et al., 2020a). How disaggregated data are presented also matters – for example, visuals where red is equated to "bad" access, quality, or outcomes can feed deficit narratives about communities and overshadow potential areas of community strength. To balance these concerns, start with a clear purpose for the data and seek critical feedback from stakeholders as to the risks and benefits before deciding which data will be used for disaggregation and how it will be communicated (Hawn Nelson et al., 2020a).

Phase 2: interpret gaps analysis and identify root causes of inequity

In this second phase, contextual expertise, experience, and insights are gathered from stakeholders to better understand and explain the root causes of gaps uncovered in Phase 1, particularly any gaps resulting in disproportional or inequitable distribution of services. Stakeholders can help elevate and honor divergent perspectives on the path to consensus regarding underlying sources of disparity in service provision. It may be helpful to start by presenting the results of the gaps analysis and asking stakeholders for their initial reactions and interpretations. This step – often referred to as a "data walk" – can lead to further discussion of why stakeholders think certain gaps in service provision exist (Stokes-Hudson, 2018). The methods highlighted in the Convening Stakeholders section provide further options for ways to bring stakeholders together and elicit qualitative information on the interpretation of gaps. A plethora of potential root causes can be considered by stakeholders, but we broadly summarize them in four categories: risk and protective factors, barriers and facilitators to accessing services, historical patterns, and potential for discrimination.

Risk and protective factors

What individual, family, community, or societal level factors might contribute to increased risk for a condition or need? What factors might shield people from this risk (SAMHSA, n.d.-a)? For example, parental substance use, poverty, and exposure to environmental toxins are commonly cited as risk factors for child abuse and neglect, while adequate housing, access to health care, and family support may be protective factors (Child Welfare Information Gateway, 2004). Stakeholders can help identify lesser known or community-specific risk and protective factors that are not often visible in administrative data, such as mutual aid among immigrant communities, informal support systems, or spiritual and religious connections.

Barriers and facilitators to accessing services

Access issues are often subtle and difficult to measure, but highly important to revealing biases in service provision. Stakeholders can help surface explanations as to why some people or communities may not be able to access a service at all and are therefore not present in the data. For example, a Canadian study revealed that language barriers and agency misunderstanding and insensitivity to cultural values often prevent Muslim clients, particularly immigrants and refugees, from accessing human services (Graham, Bradshaw, & Trew, 2009). This work also suggests that service sites can facilitate greater access by designing culturally-specific programs that deliver services in the client's native language, accommodate daily prayer schedules, and acknowledge and honor the diversity of religious denominations within Islam (Graham et al., 2009).

Historical patterns

The role of prior policies, spending allocation, service siting, and other structural factors can influence current service provision and should be thoroughly investigated when in interpreting the gaps analysis (Hawn Nelson et al., 2020a). Consider if the loudest voices have typically determined where new services are located, rather than analyses of where services could be most impactful to intended participants. If a funding allocation formula has remained the same despite major changes to the economy or migration patterns in the jurisdiction, this may also signal a need to restructure resource distribution. Stakeholders will have important insights to contribute to this discussion, though it may also require that agency staff carry out additional research.

Potential for discrimination

Inequity is often distributed by historical patterns of discrimination in housing markets, education quality, and access to services. Neighborhoods that still experience high rates of poverty and education achievement gaps often align closely with neighborhoods that were redlined since the 1930s (Rothstein, 2017). Legacies of racism continue to impact today's systems, and discrimination manifests in obvious and nuanced ways in service provision. For example, multiple studies have shown that homelessness assessment instruments disproportionately rate White people as having higher need, which makes them more likely to receive high-quality housing assistance (Cronley, 2020). Regardless of intention, discrimination occurs with intended and unintended consequences, meaning that no institution is exempt from critically examining the potential influence of discriminatory practices (Hawn Nelson et al., 2020a). In addition to engaging stakeholders on this topic, analyzing data by address can show if service access, quality, or outcomes differ significantly based on neighborhood, school district, county, police district, or any other meaningful spatial unit.

Qualitative data gathered in stakeholder convenings can support triangulation, add depth to quantitative findings from the gaps analysis, and unearth underlying sources of disparity not captured in administrative data or other sources used in the gaps analysis (Ravitch & Carl, 2021). Where a gaps analysis typically addresses questions of "what," stakeholder engagement and root cause analysis can answer questions of "how" or "why." This process can also surface conflicting findings or disagreement, an important part of making meaning of data. Conflict often points to areas where additional data analysis, stakeholder input, or examination of existing policies may be necessary to clarify intention and impact, generate consensus, and move forward. The notion of holistic rigor illustrates the importance of balancing the "multiple ways of knowing and constellation of perspectives" (Beriont, 2021, para.10). Try to help people arrive at consensus on the major issues and prioritize focus areas. Additional information may need to be gathered to develop follow-up questions and analysis at this point, as this process is iterative and nonlinear. Ultimately, this type of mixed methods approach to analyzing data in parallel with authentic stakeholder engagement will provide for a more robust analysis (Creswell & Clark, 2017).

Phase 3: co-create an equity plan

In this third phase, stakeholders are gathered to co-create an equity plan drawing on insights from the gaps analysis and root cause exploration. This process aims not only to correct for historical inequities in service provision, but also to reimagine and plan for the future. Like the techniques of corrective action plans established during the Civil Rights movement, the core goal of an equity plan is to create concrete next steps to redress inequities and ensure accountability along the way. Stakeholders should be reconvened to discuss the proposed plan, provide feedback, and develop consensus for implementing it. Potential corrective actions to consider include:

- Expanding services and eligibility
- Developing more culturally appropriate service options or touchpoints
- Reallocating funds according to need
- Dedicating new funding streams to address need
- Ceasing programs or policies found to be discriminatory and/or harmful
- Choosing where to site a program based on geographic distribution of need
- Renegotiating program improvement goals in provider contracts
- Changing the way programs can be accessed
- Revising staff and leadership recruitment practices
- Strengthening informal supports and existing community assets

An equity plan connects findings from Phase 1 and Phase 2 to a clear plan of action. It should include measurable goals, deliverables, deadlines, and roles and responsibilities. This also includes developing mechanisms to track and evaluate progress toward goals and communicate results to stakeholders, advisory groups, the public, or any other entity that should be kept abreast of the plan. The team that conducted the gaps analysis or a newly configured team may assume this role. Ultimately, a gaps analysis is a strategy for measuring and holding up unmet need, disparity in service provision, or other inequities. The insights surfaced from this process are intended to drive action or change that benefit the community and remedy prior gaps in service provision.

Challenges

Below we describe three key challenges for implementing the methods described in this paper: coordinating across multiple levels of government, collaborating between academic and practitioner circles, and improving secure access to high quality data for analysis. To carry out the aims of the Executive Order and enhance equitable distribution of human service programs, sufficient attention and resources must be given to each of these challenges. Although this list is not exhaustive, it encompasses what we view as the most pressing issues HSOs face when conducting equity-focused needs assessments.

Coordination across government

Coordinating needs assessments across multiple levels of government – federal, state, and local – is a complex but necessary challenge in assessing equity in human service programs. Executive Order 13985 (2021) directs federal agencies to evaluate equity within their programs, and to do so, these agencies will need data and ideally multiple sources of data to triangulate findings. Many U.S. social welfare programs are overseen at the federal level, but administered by states and localities (e.g., child welfare, TANF, SNAP, Medicaid, child support enforcement, Head Start), allowing for some discretion over how benefits and services are distributed within jurisdictions. Federal agencies typically have high-level data about the distribution of services, but state and local agencies tend to maintain more nuanced data needed for disaggregation and rich analysis at smaller geographies and for more granular demographic groupings.

In addition, authentic stakeholder engagement is often more fruitful for understanding root causes of the social problem and generating realistic, effective solutions when conducted at the local level. In the example from Philadelphia discussed earlier, a gaps analysis aimed to understand the city's disproportionately low rates of homeless service use by the Latinx community (Culhane et al., 2019). Several explanations emerged from focus groups with Latinx individuals who had experienced homelessness, frontline service providers, city agency staff, and nonprofit leaders, which included: negative perceptions of the services, a lack of Spanish-speaking staff, service access points located in unfamiliar neighborhoods, and formal and informal support systems outside city services that mitigated housing instability. The resulting equity plan directly addressed these findings by allocating funding to the creation of a new intake unit within a Latinx social service provider and more conveniently located in a predominantly Latinx neighborhood, as well as the funding of a new rapid rehousing program in that neighborhood for people experiencing homelessness or at risk of homelessness. These solutions were highly localized and not something that federal or state intervention could have addressed as directly and efficiently. Needs assessments must be conducted on the ground at the local level, where community members interact with programs. The challenge, then, is how to roll up these local data, including community stakeholder input, to the state and federal level where broad policy decisions can be made. This will likely require increased capacity at higher levels of administration to manage intergovernmental affairs and develop clear communication channels for equity-related data (U.S. Government Accountability Office, 2020).

Collaboration between academics, practitioners, and community members

Enhancing collaboration across the field to support equity-focused needs assessments is yet another key challenge to address. Macro social welfare academics, students, and practitioners, along with community members who participate in services, each have unique expertise to contribute to an equity needs assessment. Academic partners can bring knowledge of relevant research methods and theories, access to funding sources, and connections to a broad network of experts who can enhance a study of need. Practitioners and students working within HSOs are experts in program operations and policies, relational and political dynamics, and administrative data that can be used for analysis. Community members, including those with lived experiences and those advocating on behalf of communities, hold expertise in the ground-level impacts of human service programs and policies; they can provide qualitative narratives about what needs are being met by human services and for whom, and who is not served adequately by available services. These data are not contained in administrative data systems and are invaluable for an equity-focused needs assessment.

The benefits of enhanced collaboration in human service provision are broadly recognized, but there is a dearth of generalizable knowledge about how to facilitate it (Gazley, 2017; Giffords & Calderon, 2015). The literature on this topic includes abundant examples of successful collaborations, but lessons learned from these studies do not often translate outside the unique partnership context (Gazley, 2017). A systematic review of nonprofit collaboration studies conducted over four decades found limited advancement in research methods and theories to understand how cross-sector collaboration works across this period (Gazley & Guo, 2020). However, Gazley (2017) highlights what is currently known about how collaboration across stakeholder groups works – that successful partnerships tend to have aligned goals, underlying political motivation, shared opportunities for increased efficiency or risk and uncertainty reduction, and internal capacity and staffing to support joint endeavors.

Undergirding all of these mechanisms is the need for sufficient funding from policymakers and HSO administrators to support community-engaged needs assessment processes and implementation of equity plans. Lack of funding is a well-documented barrier to implementing policy and program changes that are sustainable over time, and thus, funding should be discussed upfront as part of the strategy to enhance collaboration amongst partners (Health Policy Project, 2014). Additionally, these collaborative efforts require strategies for engaging stakeholder groups with differing epistemologies and worldviews. Hawn Nelson et al. (2020a) outline specific steps for identifying diverse stakeholders, assessing their various interests in the project at hand, and addressing prior harms as part of the stakeholder gathering process (see Toolkit Activity 1). The Trust/Benefit Matrix discussed earlier is another tool that can be used to unearth diverging perspectives between community members and HSOs and work toward agreement on how to pursue a needs assessment (Toi Āria Research Centre, n.d.). To the extent that there are disputes amongst stakeholders about the needs assessment itself or plans to redress inequities, Forester (2009) offers guidance on facilitation and mediation approaches for participatory governance processes along with examples of state and local governing disputes that have been resolved with these techniques.

Improving secure access to high-quality data

Lastly, secure access to high-quality data for analysis poses a challenge to conducting robust, equity-focused needs assessments. The OMB (2021) highlighted three reasons as to why –

cumbersome access procedures can lead to underutilization of some datasets, legal restrictions and technical obstacles to creating secure data sharing environments render some data inaccessible, and missing data may preclude analyses altogether. We would also add data quality to this list, which can include missing data as well as data accuracy, reliability, validity, and bias (AISP, 2021). Data quality issues should be thoroughly assessed when working with administrative data, as these data are primarily collected for program operations and may not be appropriate to reuse for research and analysis (Hawn Nelson et al., 2020b). In addition, common relational and non-technical barriers to data access that may impact equity needs assessment projects include agency reluctance to make data available due to lack of trust, misconceptions about the legality of data sharing, uncertainty as to what data exist due to lack of metadata documentation, and shortage of capacity to wrangle and clean data (Gibbs et al., 2017; Hawn Nelson et al., 2020b).

The emerging field of Integrated Data Systems (IDS) offers a potential solution to these challenges in accessing data. An IDS is a formalized effort for routine cross-sector administrative data sharing and reuse with strong governance and legal agreements (also referred to as a data hub, data collaborative, or data trust) (Hawn Nelson et al., 2020b). An IDS is designed to support secure data access through transparent, efficient governance and request processes that maintain security and privacy. Moreover, this type of infrastructure may be particularly helpful for looking at inequities in service utilization that may emerge at the intersection of domains, such as former foster youth experiencing economic insecurity after exiting child welfare (Byrne et al., 2014); or across multiple programs within a domain, such as child care assistance and kindergarten and preschool enrollment matched with birth records to understand risks for school readiness (Rouse et al., 2020). IDS data can also be used to disaggregate by intersectional identities, smaller geographies, and specific subgroups. Equity assessments in HSOs can leverage IDS at the state and local level, though there is still work to be done to ensure that IDS are sustainably resourced to meet cross-agency needs and incorporate an equity lens throughout the data lifecycle.

Conclusion

This paper reflects both a pressing need for federal, state, and local HSOs to address equity within their programs and an opportune moment to bring together academic, applied, and lived expertise to support this effort. We describe a three-phase methodology that centers around engaging stakeholders to analyze gaps in services, assess root causes, and co-create equity plans that correct for current or historical disparities in service provision. While this paper responds directly to the Biden Administration's Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, this methodology is intended for use by any organization or community group that seeks to improve equity. For organizations that are hesitant to undertake equity-focused needs assessments, macro social workers can build buy-in with leadership by drawing on the Executive Order to demonstrate that assessing equity is now a national priority that will continue to trickle down to HSOs at all levels. Identifying early allies and champions can help generate momentum and address leadership concerns upfront (Hawn Nelson et al., 2020a). Macro social workers may also advocate for this work by analyzing existing data to show where inequities currently exist (Delaney, 2018), applying for funding to offset labor and resource costs, and strategically tailoring the rationale and evidence for conducting equity needs assessments to various decision-maker audiences (Farrer, Marinetti, Cavaco, & Costongs, 2015).

The methods described here are particularly relevant in the context of the larger social and cultural reckoning we currently face in response to racialized violence and longstanding inequities in resource allocation and service provision. It is imperative that human service agencies move quickly to implement equity needs assessments and that the field continues to develop solutions for the three key challenges described above – coordination across multiple levels of government; collaboration between academics, practitioners, and communities; and secure access to high-quality data. Confronting these challenges head on and approaching equity assessments as opportunities to learn and act with community input will help inform more effective social policymaking and support more equitable provision of human services.

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