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Getting Started in Phase II

❖ INTRODUCTION

Although a lot of work has been done in Phase I, the needs assessment committee (NAC) has insufficient information for making needs-based recommendations to the organization. More is required, and most of the time it comes from surveys (Web-based or regular mail versions), further analysis of records, epidemiological studies, other related techniques, and qualitative sources (face-to-face or cyberspace focus group interviews, individual interviews, nominal group sessions, observations, and community group forums or meetings). How the NAC starts into Phase II is the central focus of this chapter. It begins by discussing

- the need for more information,
- what mechanisms would work best for attaining information,
- whether multiple methods should be used and how such would be pulled together,
- what funds are available for Phase II, and
- what activities might be most beneficial overall.

What additional information would be most useful for the needs assessment? The answer flows out of the initial explorations and data-

gathering efforts from Phase II. The NAC already knows a good deal from records, prior evaluations and assessments, census data and related sources, discussions with key actors in the local context, reports from regional planning commissions, business groups, and state and national agencies. The results of Phase II are summarized in tables of what has been learned to date. Quickly review them—their content is a foundation for Phase II. They should be examined by the NAC before it arrives at a consensus that more is needed for making decisions about needs and future directions for the organization. Since Phase II entails additional costs (some possibly large), the group must be in agreement about seeking more data.

What does the review produce? The group may say it has looked at issues from different perspectives and there are no apparent problems that necessitate further attention. The organization does not have to do anything else, and the process has come to a logical end. Why should precious resources be allocated for a very limited payoff that would outweigh any potential benefits? The needs assessment may therefore be concluded.

A second option is that the NAC has a good grasp of the underlying problem(s), what is (are) causing it (them), and even what some possible solution strategies might be. Because of this, it can go directly to the end of Phase II or to Phase III and begin to think about solutions and plans for resolving problems.

Being able to move from Phase I directly to Phase III is desirable and will have a positive impact on the needs assessment budget. Many assessments can do this, thus bypassing the collection of additional data especially when not much value would be gained. This saves time and helps in maintaining the interest of the NAC. Long assessments can dissipate motivation.

The option of generating more information from new methods comes with costs from monetary, motivational, and schedule standpoints. But the NAC may be uneasy, and there may be political issues that require a stronger base of data for making recommendations. The committee wants a deeper sense of the need and what might be important to various constituent groups.

❖ MAKING THE PHASE II DECISION

Those summary tables (1.1 and 1.2) from Phase I illustrate the value of previous work and offer much guidance for Phase II deliberations. Ask probing questions such as the following:

- What are the understandings we have gained from Phase I?
- Are we at a point of agreement?

- Is the information sufficient for making Phase II or Phase III decisions or for terminating the needs assessment process, not going further?
- Do we feel comfortable with the decisions we are proposing?
- Are prior results in enough depth to justify our decision to the higher-level groups within the organization?
- Are the results corroborative, or are there any major sources of contradictory evidence?
- Are there missing areas that call for the collection of more data?
- Are these gaps of enough concern to propel us into Phase II?
- What methods might help fill in the gaps?
- Do we know enough about what different levels (service recipients, providers, the overall system) think about the needs areas?
- Are there other facts or opinions that should be gathered for enhancing the picture of needs?
- Would Phase II be worth it, especially if the costs are high?
- Which Phase II activities would yield the most useful information?
- What data sources would appeal (have credibility in a persuasive, positive way, not a political or negative one) to the organization?
- How could we pull together what might be a more complex, mixed methodology data set?

Table 1.1 One Useful Format for Displaying the Initial Work of the NAC

Area of Concern	*What Should Be*	*What Is*	*Sources of Information*	*What We'd Like to Know*	*Sources of Information*
Area 1 Subarea Subarea	Standards, expectations	Current status	Records, archives	More about status, perceptions of status, etc.	Other records, interviews, etc.
Area 2 Subarea Subarea Subarea					
Area *n*					

Source: From *The Needs Assessor's Handbook*, by J. W. Altschuld and D. D. Kumar, 2009, Thousand Oaks, CA: Sage. Used with permission.

Table 1.2 A Phase I Decision-Oriented Framework

Need Area and Subareas	*Further Action Required*	*Reasons for Further Action*	*Preliminary Ideas About Causes and Solutions*	
Area 1 Subarea 1 Subarea 2				
Area 2				
Area 3				
Area *n*				

Source: From *The Needs Assessor's Handbook*, by J. W. Altschuld and D. D. Kumar, 2009, Thousand Oaks, CA: Sage. Used with permission.

The list gives a feel for the discussion of the NAC. The facilitator does not discourage the NAC from implementing Phase II activities, but the group should not prematurely jump into them. Deliberation and exchange of ideas are warranted. If the choice is to go forward, what methods should be considered?

❖ WHAT METHODS WOULD WORK BEST FOR ATTAINING INFORMATION?

It depends on the ability of the facilitator, the resources available for the work and the use of external assistance if necessary, the skills of the group to conduct a variety of methods or to work with others conducting them, the time required for implementation and if it will allow for the collection of meaningful information, the face validity of the methods within the organization, and whether the data from additional methods would expand or support prior understandings. What frequently happens is that a quantitative technique (a survey or an epidemiological study) and a qualitative technique are seen as appropriate. There are logical reasons why these multiple methods are used in Phase II and work well together.

Some needs (social problems, educational deficits, health care issues, poverty, community relations, drug and substance abuse, violence,

worker motivation) are complex and cannot be fully understood through the lens of a single method and its philosophical perspective. The idea is to look at the concern from multiple viewpoints and angles—to see the picture in different ways and to broaden the horizon from which it is contemplated.

Additionally, remember that Phase II of needs assessment relies heavily on records and archival data. Databases are examined, past studies perused, literature sources scanned for insights they might reveal about the problem and how it was studied (variables, methods), and reports from government and/or private agencies sought for guidance about the current need and features related to it. That is good, but Phase I strategies tend to lack direct input from service recipients and providers and the organization supporting them.

The last point has subtle dimensions—past versus more current data and collecting the views of the three levels of need. Most sources in Phase I are archival and may be dated. As an example, information regarding childhood diabetes (as derived from the National Health and Nutrition Examination Survey, NHANES) indicates that over a short period of time the number of children in the United States who are overweight or at risk for being overweight rose by 1%–2% (Chiasera, 2005). If the trend is based on a longer period, the rate of change might be lower because some of the older data might not be of as high a quality and would not fully reflect what is currently taking place. The childhood diabetes problem and its effects on health may be underestimated due to datedness.

On the other hand, the NHANES as a data system shows the strength of having information from multiple methods. While most of it is about physical measurements (height, weight, blood pressure and glucose levels, body-mass index, and other standard health measures) and demographics (gender, ethnicity), there are also data from intensive interviews about lifestyles, eating patterns, and so forth. The combination of methods is dramatic and, in totality, enhances understanding about the disease, not only what is going on now but what might happen in the future and what in the lifestyles of children might contribute to a possible epidemic at a later time. For diabetes, this is as meaningful as the "hard" health data in learning about the rapid rise of the disease. Each source does not give as complete a picture of need as when all of the sources are played off each other.

Why do quantitative (surveys or other techniques) and qualitative methods seem to be so prevalent and routine in the practice of needs assessment? Notice it isn't two quantitative or two qualitative methods

but one of each. In years of teaching program evaluation, the author strongly advocated the mixing of methods in just this way from his evaluation and assessment experience. The wisdom goes something like this:

> Numbers are concrete and believable, and if not presented, some decision makers will discount what the assessment has produced. Basic descriptive statistics are common in the newspaper and popular literature. They are part of everyday life. In needs assessment, they show in a straightforward manner what the discrepancies are or what the situation is. Without them we cannot carry the day.
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> But they are just numbers and by themselves cannot represent what it means to go through a health crisis or to experience the consequences of poverty. (What is it like to be poor or live in poverty? How does it affect one's self-image, especially if a person does not have a job or is homeless?)
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> Numbers may not be able to adequately inform us of the recreational, arts, or social needs of a community. We need to go beyond them for meaning, and that is an aspect of the patchwork quilt of needs assessment that qualitative data can provide. When we combine the two types of methods, believability in the results may rise exponentially. In many cases, information from qualitative sources helps decision makers "feel" the data—which come alive from the qualitative results (e.g., from case studies) that demonstrate what the quantitative data represent in terms of human lives. Example 1.1 is a demonstration of this principle.

Example 1.1

Health Care From a Personal Perspective

The author's secretary was caring for her aged father with limited family or other assistance. As his need for care intensified and required major intervention, she sought help from Medicare, Eldercare, his pension system, her employment health care program, university-based specialized programs, social service agencies, and similar providers. Since her office was right outside the author's, unintentionally he heard snippets of the phone conversations about the situation. Just the amount of time to go through all of the different providers was staggering.

What emerged was that the health care system (or is that *systems*?) was a complicated jigsaw puzzle of many players with varied roles to play. There were all sorts of eligibility, income thresholds, and other criteria to be met. It was like trying to weave through a complex, difficult, and hard-to-navigate maze with many turns that were, in reality, dead ends. In a sympathetic vein, one could sense her exasperation and discouragement about the experience and the toll it exacted.

Quantitative procedures for understanding health care needs are certainly useful and required, yet they seem to be inadequate to describe what is taking place from a personal point of view. The effect not only on the person in need but on the caregiver and loved one is apparent. This problem occurs in other countries. Marklund (2004) wove it into the thread of a mystery. Perhaps that Swedish writer went through the same type of experience as the secretary did.

Observations, focus group and individual interviews with varying levels of staff and recipients of services, and other such studies are useful. They reveal the human side of the equation and the despair that might (*will* is a better word) never show up in the statistics. Statistical presentations cannot convey these dimensions. To her credit, the secretary was doggedly persistent and eventually successful in pursuing options. Others may have simply given up in disgust and quit. Both qualitative and quantitative data alter and shape understanding and interpretation and are necessary for needs assessment.

Before going further, there is a subtle problem with archived data that must be raised. Quantitatively oriented assessors are sometimes enamored with numbers and may be unquestioning about numeric information. There is no doubt that analysis and use of quantitative results are important for needs assessment, but stop and ask how the data were entered into the base in the first place. What was included or excluded? Is there anything in the entry process that might affect interpretation or that should be thought of when looking at analyses?

There are many illustrations of what could happen by just blindly accepting the validity of data. In education, for example, there may be legal issues associated with teachers putting into writing concerns about a student and their perceptions of behavior. Could they be sued? Are their complaints or issues open to inspection by administrators or others? Would they receive system support if sued?

Might such concerns constrain what they enter into formal, open-ended comments? They may not state what they are really thinking. Other similar illustrations can be found in health (up-coding of illness to receive higher remuneration from an insurer; one illness in medical

records taking precedent over another, especially a physical one as compared to a mental one) or in economics (inaccuracies in the consumer price index) noted in prior needs assessment literature (Altschuld & Witkin, 2000).

Therefore the NAC and others working on the assessment are encouraged to probe into how a base was created and how data were entered into it. Do not take the meaning and quality of archived data on faith. This idea emphasizes the stress placed on having quantitative and qualitative data in needs assessment. More viewpoints on a problem are desirable.

❖ SHOULD MULTIPLE METHODS BE EMPLOYED?

The answer seems obvious, but the NAC and the facilitator of the assessment process must be clear as to what is involved in multiple methods. Do they possess the expertise to interpret and pull together all types of information into a meaningful, focused summary? What might happen if there is a *within-method* variation (explained later)?

The trade-off seems to be to use one method and get less information or to use more than one and increase the explanatory burden in a major way. The picture is more involved when information from different groups is obtained not from the same method but from different ones. Altschuld and Witkin (2000) described such an assessment in health and the difficulties observed in combining quality data coming from quite divergent sources. Arriving at a coherent synthesis was difficult in this instance. The decision about multiple methods should be entered into not lightly but only after careful planning for ways in which one source would complement or provide additional information not generated by another.

In terms of qualitative approaches, determining what the data tell you may be more difficult in practice than anticipated. Deriving themes across respondents, groups, and questions may be elusive. Sometimes there may be multiple groups (focus group interviews with parents, teachers, students, and administrators in education) with somewhat different questions for each constituency. Thus, within the qualitative technique, another layer of interpretation is being added to the data.

An extensive grounding in social science and/or the specific setting of the assessment is an important quality to have on the NAC for bringing out meaning. Beginners often have trouble in interpretation, especially when it comes to identifying explanatory themes that connect sections of the data. Experience plays a major role in extracting

themes. Choose the members of the NAC wisely for what might be entailed in the analysis of qualitative results. What might their insights be able to contribute to the understanding of the data?

The same logic would apply to dealing with quantitative methods when the NAC has to draw statistically valid conclusions from them. Some results are straightforward such as percentages, frequency counts, descriptive tables, bar charts, pie diagrams, and the like. Similarly, inferential statistics (testing hypotheses, generalizing beyond the sample that provided the initial data) can range from the basic to the complicated.

This may occur when we move from statistics to the formulation of policy. Consider the case of raising the standards on school tests and what effects might be observed by doing so. What are the implications of changing pass and fail points for schools, teachers, students, and programs? What might be the political fallout from lowering the fail point on graduation rates and perceptions of the school system? Are there possibilities for "gaming" the system? What do statistics tell us about the status of health in the United States (or another country), and how do we translate them into utilitarian policies? Or, in the business and industry sector, what might happen if we dramatically raised the fleet mileage standard for automobile manufacturers?

Some of these questions take us into epidemiology (see Chapter 4) and futures forecasting. The methodology and the rationale underlying projecting become complicated, depending on how far into the future assumptions about it are made. We probably would be able to estimate the immediate, short-term impact on pass-fail rates, but a lot of other factors could affect the estimates.

What might be changing in school systems to alter test scores? What resources are needed to deliver new instructional strategies? How might the curriculum be restructured, or should it be restructured? How might teachers and administrators feel about pressures to improve scores? Would some subpopulations be affected adversely, more so than others? Could strategies be quickly shifted and resources directed to ensure that weaker students receive more attention, and what could be the impact of not emphasizing the higher levels of skills required for gifted students? (One argument against school standards and tests to assess them is the focus on individuals just missing the proficiency cut score and away from the gifted and/or very poor students.) Should we teach more to the test, and if so, might there be a negative impact on student creativity and interest?

Thinking in terms of Level 2 service providers (teachers), what are the potential positives and negatives for them of changing how things are done? Would they be accepting and motivated? It does not take

much imagination to adapt this kind of thinking to business, government, higher education, and social services and programs.

For the futures forecasting, how good are the projections, and over what period of time would they hold? What assumptions have been made to determine the picture of some distant time ahead? What would other assumptions lead to, and what are the consequences of seriously flawed projections?

Sometimes, neither the NAC nor its facilitator has the skills and understanding to implement methods and analyze their results. The budget for the needs assessment should have a safety feature for hiring those who do as such skills and understanding might be needed for some quantitative and qualitative Phase II methods. Convincing administrators of this is necessary. To paraphrase the bard, "NAC and Facilitator, know thy skills well and be honest in your appraisal of them."

❖ HOW SHOULD THE RESULTS FROM MULTIPLE METHODS BE PUT TOGETHER?

The concern is that the data from Phase II activities and those brought forward from Phase I have to be integrated into a meaningful whole as much as possible. This is not easily accomplished. Analysis is taught but mostly from the isolated perspective of one type of method. Students learn how to treat data (qualitative and quantitative) but seldom how to think about evidence from multiple sets of data. In Book 4 of this KIT, details for how to pull data together are given. A few suggestions are offered in Table 1.3.

As you go down the steps, crossing out findings where there is agreement across sources, the lists per source rapidly shorten. The steps are a funnel with the number of items in Steps 8 and 9 being less, and better yet there may be none there. The steps do not deal with the quality of methods, but that is fairly easy to assess. If there was a well-conducted survey with high return and item completion rates and reliability, it would be stronger and take precedence over several quick individual interviews done for just some insight into the needs assessment situation.

Along such lines, if three to four focus groups were undertaken and revealed a consistent pattern of results, their quality would be apparent, and they would be of major importance for the assessment. The NAC should judge the adequacy of how each method was implemented and its validity (not in the strict measurement sense). This is a good idea, but don't devote a lot of time to making such assessments.

Table 1.3 General Steps for Handling Needs Assessment Data From Mixed Methods

Step	*Description*
1. Scan the results	Look at each method and its purpose in the needs assessment (ascertaining ratings of need areas, gaining perceptions of potential concerns held by groups, generating ideas, getting feedback about needs and the process, level of skills held by the group being studied, and desirable levels of same).
2. Observe main findings and patterns	Determine the main findings and discernable patterns from each method.
3. Array findings in order	Display the findings from the strongest (most supported by data) to the weakest per method. Strength comes from the numbers agreeing on an item, comments frequently stated in interviews, etc.
4. Observe agreement	Determine areas where the results across methods are in agreement.
5. Show agreement	On a separate sheet list findings that hold across *all* methods.
6. Indicate majority findings	Note findings where a majority of sources agree and there are no contradictory ones from any method. Contradictions do not often occur, but when they do, they are difficult to reconcile.
7. Think about partial agreement and some contradiction	Repeat Step 6 but for findings where there is agreement from some sources with contradictory and/or negative findings from others.
8. Consider single findings	Show findings that stand alone (come from individual sources) and for which there is no corroboration.
9. Consider findings in disagreement	List the findings in which the sources are in disagreement.
10. Decide if views of data collection should be included	Summarize perceptions regarding the data. (Clearly label this section as the opinions of a single individual or group, if from the NAC. The facilitator and the NAC are participants in the process, and their views may be valuable for decision making.)

If sources are corroborative, even if some were not well implemented, quality may be of diminished import as to its impact on the needs assessment results. With agreed-upon needs in front of the NAC, the dinner table has been set for use of the results (prioritization and action planning). Usually, there are too many needs for the organization to attack simultaneously. Some will have to be selected and their causes examined.

So far the chapter has been a start into Phase II with an emphasis on the need to obtain more information. Now a concrete choice must be made as to what specific methods should be described in subsequent chapters. This is not a simple decision since the number is relatively large. Moseley and Heaney (1994) cited numerous methods used across disciplines. In Book 1 of this KIT, Altschuld and Kumar (2009) presented an expansive list. Not all methods can be dealt with here, and therefore surveys, epidemiology, and a variety of interviewing procedures will be explained in detail. They are common in needs assessment with surveys being prominent, epidemiology being widely seen in some fields (health, insurance), and almost all assessments employing focus group or individual interviews.

❖ HOW MUCH BUDGET IS AVAILABLE FOR PHASE II?

Why wasn't this section placed earlier in the chapter? Doesn't the budget determine everything? Doesn't it put constraints on what we do or should consider doing? Why get worked up about things that cannot be done because the resources aren't there? If you begin with the budget, you put on blinders and may not be creative and entrepreneurial in thinking about methods. Why be hamstrung at the start before getting into Phase II? At times, there may be shortcuts that reduce costs and still yield a great deal of information. Think of ways to collect the data first, and if they are too costly, look for alternatives or other ways to implement them. Brainstorm and be open to all kinds of methods before getting into what the budget allows or doesn't. Ask what additional information you need and how you can get it. At the onset, there are no "right" or "wrong" ideas. All possibilities should be considered.

Budget might limit not what methods can be used but just their scope. While three or four focus group interviews (FGIs) might be desirable, only two might be done to save dollars. The same type of thinking applies to individual interviews or the number of observations to be made. Or some FGIs may be done in cyberspace (see Chapter 5) with less demand on

scarce resources. There are many ways to implement or improvise with methods striking a balance between budget and practicality.

The sample for surveys could be limited in size or the number of groups involved. You could decide to do a survey on the Web rather than through regular mail. It would speed up return but would incur some costs (mostly minor) and would come with a few disadvantages (limitations of format, and only those with Web access or computer savvy could participate). Could the needs assessment accommodate the loss of some sample from not getting to certain segments of the population? Might some bias in the data occur with the use of technology? What are the trade-offs that the NAC is willing to make? Can some additional error be tolerated by not having ideal conditions? It may be that the confidence interval is larger, but what's the big deal? And with multiple methods, error might be compensated for if methods are corroborative.

Also remember that the NAC is a working committee with good leadership and carefully selected members. It could be a valuable resource for data collection. Could members of the committee be trained to conduct individual interviews? Could this be done in teams to cut down on bias that might creep into the procedure? Could the same be done for FGIs, and/or could surveys be distributed to intact groups? The only caveat is that it might be easier for the NAC to implement some techniques (e.g., interviews) than to analyze and interpret results.

Experienced facilitators teach the NAC to ensure quality, consistency, and objectivity in its work. Bias (probably not intentional) or some subconscious cueing could drift into an FGI or an interview without some standardization. NAC members have invested psychologically in the needs assessment, have given their precious time to it, and now have a sense of ownership. They may be stakeholders who have perceptions and expectations or have developed almost hidden anticipations for what might result. Without realizing it, they could in subtle ways influence interviewees as to "correct" answers even though interviewers should not promote such responses.

With brief training on how to interview, they would conduct the method in a more appropriate manner. This would tend to ameliorate problems. If small teams of NAC members were used, they could debrief after implementation and ask each other openly and frankly about such concerns, and this self-checking mechanism is encouraged.

Utilizing the NAC costs less than seeking outside assistance. There are limits to this, especially when NAC members have other demanding duties. When they can be used, a lot can be accomplished. When

they cannot and funds are available, use outside investigators who have no attachment to the needs assessment and its area of focus. In this case it is beneficial to have the NAC participate with them to get a feel for the methods and what the data might mean. And even with experts you could still go with smaller samples or adapt methods to cut expenditures.

As an illustration, instead of doing a standard Delphi survey (a technique with many iterative surveys with each survey being adapted from the prior one), why not distribute surveys on the Internet (Hung, Altschuld, & Lee, 2008) or use the Group Delphi form of the procedure? The latter utilizes an intact group with the surveys being completed in one 3- to 5-hour session. It is not the same as the standard procedure, but it might work as well.

For such options, make sure that the strengths and weaknesses (what information you might not get or might get less of) are clear in terms of the possible effect on needs assessment outcomes. Most facilitators are trained in methodology and know the pros and cons of methods. Many times the loss from alternatives is tolerable and acceptable. If the facilitator is unfamiliar with a method, a quick search of the literature or the Internet and/or outside advice will often provide the necessary insights.

❖ OTHER RESOURCE OPTIONS

If the organization has an office of institutional research (evaluation or planning), see if you can use it. Nearby universities might be contacted about graduate or advanced undergraduate student help in exchange for the experience of working on a needs assessment. Many students in relevant fields seldom have been involved in such an assessment, so if they are, make sure their contribution to the organization and the effort is noted in final reports. Other agencies (state offices, regional planning groups, etc.) might also be willing to assist.

The final thought is one that will give headaches to administrators when they review needs assessment budgets. Due to many unexpected twists and turns, it is almost impossible to specify what will happen in Phase II when the assessment starts in Phase I. There is no template that permits accurate prediction of what will occur. The need for specialized methods and skills may arise. The prudent facilitator anticipates this and includes some funds for it in the initial budget (or finds qualified individuals and solicits free assistance). Such funds should be noted in the first budget, and administrators should be alerted that

more funds might be needed at certain times. The facilitator's knowledge of the organization (see the Cultural Audit in Book 2 of the KIT) is helpful in approaching this delicately and tactfully. Maintaining channels of communication and using them is of major importance.

❖ TOWARD A PHASE II SET OF ACTIVITIES

Deliberations are now completed, and they point to the need for more information by qualitative and quantitative means. The committee pursues this course with full knowledge of what might be involved. Everyone is primed for the arduous yet potentially very rewarding work of Phase II. In the next few chapters, more details are given about methods with examples of what others have done. Advice will be offered as to how procedures might be adapted to other contexts as well as pitfalls to avoid. Needs assessment is characterized by subtle judgments made within the parameters of unique situations shaped by political circumstances, groups, and individuals. As necessary, make adaptations.

Highlights of the Chapter

1. Don't rush into Phase II activities; they require new data collection methods, analysis, and interpretation strategies.
2. Careful deliberations are required by the NAC given the additional costs and whether the new information will be of value for needs assessment decisions. Build from Phase I as much as possible; the needs assessment process overlaps and is interrelated.
3. Generally, the idea of using multiple methods with one being qualitative and the other quantitative is stressed for understanding complex needs. This is a good feature of needs assessment and is strongly encouraged.
4. Multiple sources of data and information from Phases I and II have to be amalgamated into a meaningful whole for decision making. This is not easy. An ordered strategy for doing this was offered.
5. Costs for Phase II could be the "Catch-22" or the fly in the ointment. In anticipation of how funding may impact plans, ideas were given for getting around the potential roadblocks due to insufficient resources.
6. Lastly, communication is an essential ingredient in a successful needs assessment. Never lose sight of that fact and its relevance to the process.