



From needs to dreams: An aspiration-based community needs assessment methodology

Chris Michael Kirk^{a,*}, Emmett Slobodzian^b, Ethan M. Yoo^{c,1} , Mark Valli^b

^a Trenton Health Team, USA

^b Norwescap, USA

^c Rutgers University, USA

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ABSTRACT

Community needs assessments are widely utilized tools that have been mandated by key regulatory bodies and legislation for many U.S. organizations. As the name implies, these practices typically focus on what is wrong with communities in order to ameliorate those problems. Even when assets are included in reports, deficits are usually emphasized in quantitative terms. This paper presents a novel methodology for conducting community assessments that centers on community-defined aspirations rather than externally-identified needs. Utilizing a mixed-methods, grounded theory design, the protocol reverses the standard practice by initiating inquiry with qualitative exploration of community aspirations before using quantitative data to validate and specify identified themes. The methodology was tested within a regional social service agency through an iterative process involving surveys and focus groups with program participants as well as staff, donors, and community partners. The results suggest potential benefits to this methodology including the strength of aspiration-based inquiry, the value of iterative approaches, and the ability to create a theoretical model of community functioning. Limitations and suggestions for future practice as discussed.

1. Introduction

Community needs assessments are commonly-used tools in public health, healthcare, and other fields. The practice of community assessment has been defined by the [National Association for City and County Health Officials \(2023\)](#) as “a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community”. Community assessments are mandated by a wide variety of government agencies including recipients of the Community Services Block Grant ([U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, 2015](#)) and is a public health standard ([Public Health Accreditation Board, 2023](#)).

In the United States, nonprofit hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years as a condition of maintaining tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. This requirement was established by the Patient Protection and Affordable Care Act of 2010 (ACA) and is administered by the Internal Revenue Service (IRS) ([Internal Revenue](#)

[Service IRS, 2023](#)). Hospitals must also develop and publicly adopt an implementation strategy to address identified needs ([Public Health Law Center, 2022](#)). This mandate was intended to strengthen hospitals' accountability to the communities they serve and promote greater alignment between nonprofit hospitals and local public health priorities.

Across all of these fields and institutions, a wide degree of variation has been observed in the interpretation and implementation of guidelines for entities conducting community assessments ([Ravaghi, et al., 2023](#); [Cramer et al., 2017](#)) with potential consequences for the communities being assessed. Conceptually, community assessments have the potential to generate collaboration, align resources, and develop sustainable change. Requiring entities to consider a set of real-life conditions can help drive public-serving organizations to adapt to changing conditions and meet evolving needs. Such requirements can also provide valuable benchmarks on which to assess change over time, helping decision-makers make tough calls on where to invest limited resources.

At the same time, these practices may have unintended consequences in communities. The very act of “assessment” is not an objective process disconnected from history, context, and culture. Rather, it is a political

* Correspondence to: 6 Kenmuir Ave, Morristown, NJ 07960, USA.

E-mail address: chrismichaelkirk@gmail.com (C.M. Kirk).

¹ (0000-0002-8163-0375) - ORCID

activity that intersects with the place, time, and people involved (Martí-Costa & Serrano-García, 1983). The decisions made around conducting an assessment and any action or intervention that follows thereafter may have a profound impact on the community and its members that could exacerbate long-standing issues and perpetuate inequities. Therefore, it is important to place a critical eye on these practices and explore methodologies that meet standards and produce meaningful information while minimizing deleterious effects on the communities of focus. The current paper presents a novel methodology for accomplishing this goal utilizing an aspiration-based, mixed-methods grounded theory approach for conducting community needs assessments.

1.1. Community definition

All community assessment practices require a population of focus. The focus can be based upon geographic boundaries, jurisdictions, demographic classifications, or other delineations. But, who has the power to define the community of focus, and how do communities get defined? In current practice, the community is most often defined by criteria that are external to the community itself. For example, non-profit hospitals in the United States are required to define the community of focus for their community health needs assessments (CHNA). In most cases, this definition has been created using a hospital's "catchment area" (i.e. the locations from which their patients/customers are drawn) (Ravaghi et al., 2023). In this case, the power for community definition is given to actors from an institution with interests that may differ from those of the community in question. Even geographic boundaries may be arbitrary and historical, conflicting with the current way of life for those within a community. Organizations with responsibility to conduct assessments face significant challenges in balancing the ability of communities to self-define with their own organizational objectives. It is likely impossible to fully address the intersecting interests of all existing communities and sub-communities within a catchment area, particularly in regional organizations, representing large populations with many sub-groups.

Despite these challenges, attention should be paid to the way in which community is defined at the onset of CHNA processes. In outlining the principles of community-based participatory research (CBPR), Israel and colleagues (2005) described community as a "unit of identity" in which membership is socially constructed and contains "a sense of identification and emotional connection to other members, common symbol systems, values, and norms, shared interests, and commitment to meeting mutual needs" (Israel et al., 2005, 1464). Utilizing Israel's framework, Kirk et al. (2017) highlighted the potential for utilizing CBPR approaches to conduct CHNAs, suggesting that a community be defined not by patient type or demographic classification, but as the community defines itself. In contrast, community assessments that are defined by external actors may lack context while imposing impotent and potentially harmful interventions upon a community.

1.2. Needs vs. assets

The IRS and public health standards emphasize the collection of information around community health "needs" (Internal Revenue Service, 2022; Public Health Accreditation Board, 2022). While identifying gaps and opportunities for action is important, the emphasis on what is "wrong" with a community is problematic in that it may ignore the existence of strengths, assets, and resources available in the community already. As Mertens has written, "When the deficit perspective is used to frame a group as a 'problem' with barriers, then the strengths in that community are not likely to be recognized" (Mertens, 2008, 17). More alarmingly, the act of deficit-based (or need-based) assessment itself may indeed create harm on the community by defining it in stigmatizing ways. These microaggressions may impact the way the community sees itself and the potential to leverage community strengths, while

diminishing trust in institutions that could provide needed assistance.

While aggregation of community assets and resources is a required element in several mandated assessment criteria (Internal Revenue Service, 2022; Public Health Accreditation Board, 2022), these sections often seem to be an afterthought, discussed after the needs have been identified and the community defined. A recent scoping review revealed that less than one-third of empirical studies of community assessments included assets (Ravaghi et al., 2023). Needs-based assessments set a negative tone in such a way that even when assets are discussed, they are viewed from the vantage point of the gaps, not as resources unto themselves. (Altschuld et al., 2014). True asset-based assessments are much more rare.

Goldman and Schmalz (2005) outlined some of the core differences between needs-based assessments and asset-based assessments. The focal point of needs assessments are a deficiency or problem while asset-based assessments focus on resources and tools. They highlight that while identification of needs can lead to marshalling of resources to create strategic solutions, these assets are often employed only as solutions for addressing needs and not as factors in their own right.

In needs-based assessments, a priori judgements have often already been made that a community has problems based on history, systems of oppression, and previous data. These assumptions are often enacted by those outside the community upon those inside the community. While these assumptions may have reasonable validity based upon the existing evidence within the community, they are subject to biases, particularly when those making the judgements hold more power than those who are being judged. This approach may result in a set of needs and strategies that, while perfectly-aligned, exacerbate the deficit perspective and exclude community members from meaningful participation that can lead to empowerment and sustainability (Santos, 2020). Further, needs-based approaches may maintain or increase stigmatization within communities, leading to social exclusion (Reutter et al., 2009), mental illness (Mickelson & Williams, 2008), and the perpetuation of unfavorable states (Walker, 2014). Recognizing this challenge, in their article entitled "Strategies to Minimize Further Stigmatization of Community Experiencing Stigma: A Guide for Qualitative Researchers", Gabbidon and Cheneville (2020) present a number of tangible recommendations to avoid this including consultation with communities in the framing of research questions to ensure relevance and alignment with community desires while taking into account community vulnerabilities and power imbalances between the assessors and the assessed.

At the same time, it is important to recognize that many communities experience disproportionate need precisely because of long-standing systems of oppression, disinvestment, and exclusion (e.g., racism, classism, segregation, and colonialism). From this perspective, allocating additional resources to these communities is not an expression of deficit thinking but rather an acknowledgment of structural inequities and their cumulative effects. A nuanced approach to assessment must therefore hold both truths: that communities are often defined by external narratives of deficiency, and that structural conditions have indeed produced differential needs that justify targeted investment (Prilleltensky, 2008; Gee & Ford, 2011).

This attention to potential re-stigmatization of the communities also suggests the need for asset-based approaches, which have been demonstrated to help community members "reconceptualize their contexts as being inherently resourceful and resilient," (Lazarus et al., 2017, 54). In this approach, administrators act as facilitators and catalysts in relationship with the community of focus, not as saviors impacting the community from outside of it (Altschuld et al., 2014). Growing data suggests that a focus on assets results in more sustainable change (Mathie & Cunningham, 2003). As Jakes et al. (2015) described, "When community change is internally driven, people who have been dis-counted as mere recipients of services, instead become providers (of skills and assets) and change-makers" (p 393).

1.3. Voice and control

Another potential issue with standard community assessment practice is that, often, the power and control of the process and any resulting action lies within the institution conducting the assessment and not with the community itself. The community becomes a unit of study to be diagnosed and “fixed” by external actors with higher levels of power and resources. This standard approach centers the experience of the institution and not of the community of focus.

A defining feature of the CHNA process is the expectation of meaningful community engagement, including input from public health experts, community members, and underserved populations (Pennel, et al., 2015). While the IRS explicitly requires hospitals to “take into account input from persons who represent the broad interests of the community served” and mandate the dissemination of the report to the general public (Internal Revenue Service IRS, 2023), many institutions have struggled to incorporate meaningful input from community members in their community assessments (Cain, 2017; Barwise et al., 2022; Puro et al., 2023, Ravaghi et al., 2023), with potential bias in samples from whom data are derived (Summers-Gabr & Cantrall, 2023). Analyses of hospital-led CHNAs and their associated Implementation Plans suggests that while most hospitals are gathering feedback from community members, the level of that feedback is often limited. One recent study found that while 89% of hospitals engaged community members in some way through the needs identification process, only 14% continued to engage community members in the development of their implementation plans (Burns et al., 2023) This builds on previous research that categorized levels of participation, finding that only 4% solicited moderate participation from the community, and only 2% involved community residents in the development of strategies (Pennel et al., 2015). The limited voice of community members may be a cause for the sparse discussion of health and social equity within these assessments (Singh et al., 2023).

In contrast, assessments could identify inherent power asymmetries and commit to asking deeper questions around social justice (Moran Jackson et al., 2018). Law and Ramos (2017) outlined the need for methodologies that overcome the power imbalances between the “studiers” and the studied. Instead of external forces creating knowledge about communities, they argue for the co-creation of knowledge with communities in a way that gives value to the different epistemologies owned by “ordinary people”. They write:

Firstly, participatory knowledge co-creation has a political imperative because it allows for the amplification of ordinary people’s voice in situations that affect them. Active participation enables awareness of community members’ agency and ability to take private and public political actions to nurture their own development. Through such processes, traditional “experts” share a similar status with participants.” p 64

One challenge in obtaining this deeper definition of community functioning is an overreliance on quantitative data and closed-ended qualitative inquiry. A recent review found that only 34% of community health needs assessment articles utilized qualitative approaches (Ravaghi et al., 2023). In contrast to quantitative approaches that diminish the voices of those who are experiencing the phenomena. (Moran Jackson et al., 2018), qualitative methodologies may help focus initiatives on what is most important to residents (Leung et al., 2004) and provide opportunities to discuss community assets as well as needs (Goldman & Schmalz, 2005), considering important factors like culture and context that can be muted in quantitative assessments (Cain et al., 2017).

1.4. Adding aspirations

As described, community assessments that are externally-controlled and deficit-focused may have problematic effects upon communities that limit impact and increase stigmatization in ways that may maintain

or exacerbate existing disparities. While asset-based approaches offer significant value in contrast to needs-based approaches, they can be complimented by adding the perspective of self-defined aspirations for the future. Both needs-based and asset-based approaches focus on the current state of a community, while the individual and collective aspirations of community members present a future orientation that, while influenced by the current situation has power in and of itself for the community, as a collective of diverse and often shared dreams, to define its desired future states.

A great deal of research supports this idea that aspirations themselves serve as both motivators of behavior and predictors of future outcomes. Aspirations have been defined as “a subset of an individual’s beliefs, preferences, and capacities that are specifically relevant to behavior regarding the future” (Bernard & Taffesse, 2012). Aspirations may be overt or latent and may change over time (Hart, 2012).

The concept of aspirations relates closely to the construct of “possible selves”, perceived future identities that may be “expected” (e.g., I will graduate from college), “hoped-for” (e.g., I hope to own my own business), or even “feared” (e.g., I don’t want to be homeless) (Markus & Nurius, 1986). Aspirations and possible selves are grounded in the perceived reality of the moment and influenced by context (Oyserman & Fryberg, 2006). A possible self can be motivating, but the nature of the context affects that motivation, with “success-friendly” contexts leading to greater motivation toward aspirations (Oyserman et al., 2015). Individuals may lack the capacity to aspire, and this capacity may be limited or enhanced by the context in which they live. This has been described as “horizons for action” (Hodkinson et al., 2013), “navigational stars” (Hart, 2016, 336), and “windows” (Ray, 2023, 2). Each of these constructs describe how the ability of individuals to aspire to possible futures is affected by the experience and context for that individual, with those experiencing significant trauma unable to imagine futures that are positive.

Aspirations provide a powerful, asset-based, context-dependent view into the future trajectory of an individual or community, making them an ideal foci for community assessment processes. By focusing on aspirations as the beginning of inquiry, the a priori assumption of needs assessments changes from “this is a community that has problems that we need to fix” to “this is a community that has aspirations for the future that we might be able to help them achieve”. To test this approach, the authors conducted a mixed-methods grounded theory assessment that centered on the aspirations of community members, followed by an identification of existing barriers and available resources related to the achievement of those aspirations. This approach allowed for community self-definition according to positive goals, while also adding a rich understanding of barriers and obstacles that were perceived to inhibit the formation, activation, and realization of those aspirations. The case study that follows describes this approach.

2. Materials and methods

The current case study was conducted in a regional social service agency. The organization provided a portfolio of services focused on poverty alleviation to approximately 30,000 individuals each year. Services included early childhood education, food access, employment supports, financial empowerment services, and healthcare access across a five-county region. A total of 1.9 million individuals lived in the region of which 45% identified as White, 26% as Hispanic/Latinx, 18% as Asian, and 8.5% as Black or African American (U.S. Census Bureau, 2022). Almost one in three residents in the region had insufficient economic resources to survive within the high-cost region (United Way of Northern New Jersey, 2020). The counties included both suburban and rural communities.

As part of the organization’s core funding, it was mandated to complete a community needs assessment every three years. As outlined in the organizational standards of the Community Services Block Grant, the assessment was to collect information directly from “low-income

individuals” and include data on the prevalence of poverty as well as information on the causes and conditions of poverty and related needs. (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, 2015). In previous iterations, these assessments included an analysis of aggregate quantitative data for the identified counties (e.g., poverty rates and median income) along with service-focused surveys and focus groups that asked program participants, staff, and community partners to identify what they needed from a selection of pre-defined options (i.e., based upon perceived community deficits). This approach led to strategy conversations that defined the community by these perceived deficits and led primarily to the identification of traditional tools and strategies to address such deficits.

In 2022, the organization decided to take a new approach to the community assessment, incorporating principles from community-based participatory research (Israel et al., 2005). The team’s goal was to design a methodology that would allow the community to define itself in a positive light while identifying challenges and opportunities related to the hoped-for selves and collective aspirations of the community. The hope was that this approach would provide a deeper perspective of community strengths and needs and lead the organization to make better choices about future interventions, partnerships, and resources to address obstacles.

2.1. Design

This assessment utilized a mixed-methods grounded theory (MM-GT) design. Grounded theory is a research method in which an attempt is made to “generate or discover a theory” (Creswell, 2007, 63). Utilizing Corbin and Strauss’ (1990) approach, an iterative process was established to collect and code data to inform theory development via a series of hypotheses and development of a conditional matrix. The incorporation of mixed-methods into grounded theory (MM-GT) has been growing as a useful tool (Johnson et al., 2010). In a review of 61 articles utilizing a MM-GT approach, Guetterman and colleagues identified a series of advantages to the usage of the methodology across a wide range of disciplines and topics (Guetterman et al., 2017). This “emic” approach was chosen to allow the theory to emerge from the perspectives and worldview of the participants, not any predetermined conceptualizations held by the research team.

This project utilized a multi-modal, iterative process to develop a grounded theory. Qualitative methods included focus groups and open-ended surveys analyzed thematically. These were supported by quantitative analysis of secondary data including both publically-available sources and proprietary administrative data from the sponsoring organization. Data collect began with a survey that was distributed via email link utilizing Microsoft Forms. The survey was available in both English and Spanish based on the most spoken languages in the region. Multiple invitations were dispersed over a two-month period utilizing targeted email, newsletter articles, and social media posts.

A theoretical sampling approach was utilized throughout the study to obtain data from individuals with information relevant to theory development. The initial survey sample contained a primary audience of individuals participating in the programs and services offered by the organizing agency. These individuals on average had less access to financial resources and were more likely to be people of color, women, or recent immigrants. A total of 172 program participants responded to the initial survey.

The same survey was also sent to secondary audiences. These included donors to the organization (160 respondents), staff of the organizations (83 respondents), volunteers of the organization (10 respondents), key informant community partners (21 respondents), and the general public via social media outreach (10 respondents). These populations were included to acknowledge the role of multiple stakeholders on community well-being and value diverse perspectives.

As analysis was conducted, additional sub-populations were selected

to participate in focus groups based on underrepresentation within the survey sample and a unique contribution to the emerging findings from the study. These included staff from the agency, key partner organization representatives, and select groups of program participants. For example, when analysis revealed unique challenges among newly-migrated households, multiple focus groups were held in Spanish to further capture the perspectives of these populations. Each focus group included the same four basic prompts with tailored follow-up questions based upon the population and the path of the conversation.

As qualitative data were being collected, quantitative analyses were conducted to add context to the emerging themes in the grounded theory model. This included specific follow up questions in the focus groups to expound upon those themes and the acquisition of quantitative data from multiple, public sources. These included internal organizational data, census data, health department data, and financial empowerment. For example, as participants expressed their aspirations to attend college, and perceived barriers in finding affordable childcare, quantitative data on childcare availability and subsidies were included in the study. Often mixed-methods approaches use the qualitative data to deepen understanding of the quantitative data. This approach used the quantitative data to validate and specify the opportunities and barriers identified in the qualitative analysis.

2.2. Materials

The primary data collection included the responses to four open-ended prompts as displayed in Table 1. These prompts were strategically placed to include questions about hopes and aspirations first, before asking about obstacles in reference to those aspirations. This stands in contrast to the traditional approach that used quantitative data to say “You have X challenge” and then asked about what strengths or assets might help address that challenge. The same four prompts were utilized in each data collection method, with additional sub-questions and clarifying questions asked in focus groups based upon the evolving theoretical model.

2.3. Plan for analysis

Survey data, focus group memos, and interview transcripts were used for the open coding process. Team members worked individually to apply codes to the text responses. These codes were discussed and refined weekly in team meetings. Next, the team completed an axial coding process that grouped the key codes into larger categories based on relationships between the data. The team then utilized an iterative, constant comparative method to refine codes with collection of new data and to inform future data collection activities that could confirm, contradict, or expand the emerging theories. The codes were then formed into a theoretical model. Data were collected to the point of theoretical saturation.

3. Results

The purpose of this case study is to highlight a new methodological approach to conducting community assessments. A full description of the results of the original assessment is published elsewhere (Author, nd). While each community is distinct, three fundamental elements were identified in this study that can be included by other entities as they design assessments. These include 1) focusing the level of initial inquiry on aspirations, 2) iteratively weaving qualitative and quantitative data, and 3) creating a model that illustrates a theory of community functioning.

The first fundamental element is to focus the level of initial inquiry on future aspirations of community members. Traditional assessments often rely on quantitative data to identify what is wrong with communities, and sometimes engage community members in validating these assumptions. In contrast, this approaches asks people to imagine their

Table 1
Survey and Focus Group Prompts.

I hope to live in a community where _____
The thing (or things) that I most want to achieve in the next five to ten years is _____.
Right now, the biggest challenge I face to achieving my aspirations is _____
Right now, the biggest challenge our community faces is _____

person (e.g. the thing I most want to achieve in the next five to ten years) and collective (e.g. I hope to live in a community where _____) aspirations for the future, and then talks about perceived barriers and obstacles in relationship to those aspirations. By adopting this approach, assessments ground their subsequent inquiry and action plans in things the community wants and hopes for, minimizing the potential for top-down biases and stigmatization.

The second benefit from this approach is the utilization of grounded theory in an interactive process. Many traditional assessments follow a standard format with defined phases (e.g. secondary data analysis, followed by a survey, followed by focus groups). While there are advantages to planning out projects in these ways, an iterative approach allows the team to be responsive to emerging themes, particularly those that may differ from dominant narratives.

Finally, the grounded theory approach outlined here allows for the development of themes and placement of those themes into a theoretical model. Common themes emerged from the analysis and were grouped into axial categories that included personal aspirations, perceived obstacles, and contextual factors. The resulting model illustrated the presence of strong aspirations in the respondents to the assessment that were directly impacted by salient obstacles. For example, the predominant aspiration theme was “financial well-being” which was most often accompanied by the obstacle of “asset poverty”. In addition, the model allowed for an ecological understanding that included contextual factors like oppressive systems, community infrastructure, and the impact of emergencies. Secondary quantitative data were incorporated when appropriate to illuminate the qualitative themes. For example, census data on median household income was included to add context to the obstacle of “asset poverty”.

The methodological approach also allowed for the use of metaphor in communicating the results. During the analysis, the team arrived at the metaphor of a bus journey to describe the model in accessible terms. In this journey, everyone was on the same bus and headed in the same direction. This was exemplified by one of the key findings that across diverse populations, the personal aspirations of individuals are more alike than different and to show the interconnectedness of each journey. Obstacles were described as traffic jams (that slow down the pursuit of an aspiration), potholes (that make that journey more difficult), road closures (that stop the journey altogether), or fog (that inhibits the ability to see the destination). Data were made publicly available in an interactive dashboard that incorporated this metaphor, helping tell a story that static reports and charts are unable to describe.

4. Discussion

Community needs assessments are embedded in the policies and practices of organizations across multiple sectors. At best, they are essential tools that guide intervention and action toward the most pressing priorities of interest to the community itself. At worst, community assessment practice is conducted in a way that serves the interests of the sponsoring organization over those in the community and perpetuates stigmatizing narratives that may exacerbate systemic racism, oppression, and discrimination.

The approach described in this paper presents a promising model for eliminating some of the potential downsides of these assessment practices in multiple ways. First, emphasizing aspirations presents an opportunity for communities to define themselves according to positive attributes as opposed to having deficit-base definitions imposed on them

from outside. The community then may be redefined from “poor” or “vulnerable” to aspiring for financial well-being, healthy families, and community impact. While identifying gaps can lead to the accountability of institutions to address them, the participatory, asset-based methodology identified herein creates an opportunity for co-identification of those gaps in ways that align with the aspirations of communities. We have a long history of well-intentioned policies and practices that have been implemented by powerful institutions without community participation. This approach does not deny or minimize the existence of gaps. It simply grounds those gaps in the aspirations of the community itself, not the perceived needs from external actors.

A secondary outcome of this approach is the identification of commonalities across populations. While the primary focus of this assessment was on the participants in an anti-poverty program, data were also collected from donors, staff, and other stakeholders. The analysis revealed more commonality than difference across the groups. While financially-related themes (financial well-being, asset poverty, cost of living) were more salient among program participants (compared to donors), these themes were widely identified across all groups. In an increasingly divided world, there may be value in understanding that the things that drive individuals are basically the same despite their demographic or socioeconomic groups.

The grounding of obstacles in relation to aspirations is another key benefit to this type of approach. Traditional assessments take arbitrary data and use it to describe communities. For example, a report might state the poverty rate (i.e. the number of individuals with annual household incomes below the federal poverty level) for a certain neighborhood is a certain percent. While a lack of income may be a serious issue that is worth effort on the part of the organization, what is it that makes that lack of income relevant? Is it because a dominant culture says that individuals should have a certain amount of income to be productive members of society, and therefore those who do not meet that threshold are therefore “poor”, “vulnerable” or “at-risk”? Such an assertion, based on assumptions from a culture external to the community, is problematic.

Another benefit to this approach is the ordering of mixed methods, using multiple rounds of quantitative and qualitative inquiries to develop the themes more fully. Many community assessment practices incorporate mixed-methods, most often collecting quantitative data measures like the prevalence of hypertension or the crime rate and then utilizing qualitative methods like focus groups to further explicate the quantitative numbers. This is a quality practice, but the approach in this study reverses this order — collecting qualitative data first, and then supplementing that data with quantitative data of relevance. For example, in the current assessment participants strongly expressed that “asset poverty” was a barrier to their aspiration for “financial well-being”. They described having a lack of money, little savings, and limited assets like homes or cars. Quantitative data were utilized to supplement and confirm the findings, adding valuable depth to the expressed lived experience of the participants. Secondary data on income levels, asset levels, and reported emergency savings were all collected, adding to the understanding of the construct.

While this paper highlights a process completed in a social service agency, it also has particular implications for entities that have mandated community assessments processes, including hospitals and health departments. Both entities provide critical, life-saving services to the communities in which they reside, and both often possess disproportionate economic and regulatory power compared to the

communities of focus and a bias toward identifying the things that matter to them (e.g. cancer screening) that may or may not align with the needs and desires of the community.

4.1. Limitations and suggestions for future practice

Despite these strong benefits, this approach to community assessment also has its limitations and risks. First, the very act of an institution asking about aspirations may have triggering effects on community members. Also, participants may be overtly or covertly compelled to express aspirations that align with the dominant cultural narrative. Power dynamics could influence results as in this case many of the respondents relied upon the organization to provide services to them. Responses could have been biased based upon these power asymmetries or influenced by the awareness of who was asking the question. This raises an ethical question about whether an assessing entity (e.g. hospital, public health department) should ask about aspirations that they know they will not be able to fulfill. While the positives identified above likely outweigh this risk, it is an important factor for people to consider.

Another limitation of the current study was the use of survey and focus group data. Aspirations are complex concepts that may be difficult to express in a text box or within the confines of a group interview. Utilization of in-depth interviews with a subset of participants would have strengthened the assessment and added depth to the included themes.

Finally, response rate is often a challenge for community assessments and the same was true for this assessment. It is possible that a response bias influenced the results. For example, individuals with less salient aspirations may have declined to participate, leaving out important perspectives that would have changed the theoretical model. While the study did utilize strategies to engage populations with lower response rates (e.g. newly-migrated parents), additional considerations may be employed in future assessments. Given the regional nature of this assessment, it was unable to target nuances at a municipality or neighborhood level and did not explicitly explore differences in sub-populations (e.g. race, gender identity, etc.). Future assessments might be more targeted to explore the nuance within these populations and add more depth to the voice of groups.

5. Conclusion

While community assessment is a critical practice to ground the interventions and activities of organizations in the reality “on the ground”, methodologies are needed that seek to better understand communities from their perspectives and avoid perpetuating stigmatizing narratives imposed on the community from external actors. By defining communities by their aspirations, in their own words, the assessment described here is one approach that can make assessments more useful and empowering. Organizations and researchers conducting community assessments should consider utilization of individual and collective aspirations as a foundation for their work.

CRedit authorship contribution statement

Mark Valli: Writing – review & editing, Project administration. **Yoo Ethan:** Writing – review & editing, Investigation, Formal analysis, Conceptualization. **Emmett Slobodzian:** Writing – review & editing, Investigation, Formal analysis, Conceptualization. **Chris Michael Kirk:** Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Formal analysis, Conceptualization.

Declaration of Competing Interest

none

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- Dr. Chris Michael Kirk** is an applied Community Psychologist with a career in academic, public health, healthcare, and non-profit community-based organizations. He currently serves as the Chief Program Officer at Trenton Health Team, a New Jersey-designated Regional Health HUB, focused on health equity. Dr. Kirk holds a Ph.D. and Master of Arts in Community Psychology from Wichita State University and a Bachelor's Degree from MidAmerica Nazarene University.
- Emmett Slobodzian** is the Program Impact Manager at Norwescap. After starting his career in marketing, Mr. Slobodzian spent a year of services as an AmeriCorps VISTA at Norwescap before joining as a full-time employee. Emmett holds a Bachelor's Degree in Management from The College of New Jersey.
- Ethan Yoo** is currently a Fellow at the Eagleton Institute for Politics at Rutgers University. After completing a Bachelor's degree at Swarthmore College, Ethan spent a year as an AmeriCorps VISTA Program Evaluation Specialist at Norwescap. He is current pursuing a Master of Information with a focus on Data Science at Rutgers University.
- Mark Valli** is the CEO of Norwescap, bringing decades of experience in the nonprofit sector to his leadership of the agency. Prior to joining Norwescap in 2018, Mark served as CEO for the Community Charter School of Paterson (CCSP), a community school serving over 900 students K-8 in Paterson, New Jersey, where he helped transform the struggling school into an institution demonstrating steady academic progress for its students. Mark holds an MPA at Rutgers University and earned his BA from Swarthmore College.