

## Supplementary Information 1 – Interview questions for document analysis

Determining the questions to ask of the texts was informed by the scoping review of Lunn et al.

We applied interview technique to ask the following questions:

1. Who produced the text?
2. When/where was the text produced?
3. When/where was the text produced?
4. What is the collection source of the text?
5. What type of document is the text?
6. Who is the intended audience?
7. Who is the community served (social unit)?
8. What is the community description?
9. Who are the community partners (stakeholders)?
10. Are there any Indigenous community considerations?
11. What does the text say and what is the context?
12. What are the elements included in the needs assessment related to health and/or social needs?
13. Is intersectionality considered in the text?
14. Are there any obvious gaps in health and/or social care needs assessment items?

## Supplementary Information 2 – Feedback questions

Please review the CPNAT in your groups.

In addition to reviewing and providing feedback on individual elements of the CPNAT, please provide your answers to the following questions.

1. Does the structure of the tool make sense?
2. Are the concepts explained clearly in the tool? If not, please provide suggestions for improvements.
3. Is there anything missing from the tool that should be included? Please provide details.
4. What additional guidance would you need to be able to use this tool?
5. Do you see the tool being useful in your context? Please provide details.
6. Is there any additional feedback you would like to give on the tool?
7. What is needed to support the uptake and implementation of the Community Paramedic Needs Assessment Tool?
  - Do you see a role for HEC in this?
8. Is there interest in partnering with HEC to help develop and support pathways to spread community paramedics innovations?

## Supplementary Information 3 – Extracted Data

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2014 Sandra Kurdziel	Canada	English	Social Navigator Program - An Overview	Report	Healthcare, Social Services, Community Services, Public Safety Services (e.g., police, fire)	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, incarcerated, etc), Geographical - Urban	Hamilton's downtown area; people who use drugs; mental illness; poverty; criminal activity/repeat police interaction; social exclusion; general low SES	3. Outline stakeholder who should be involved with and/or consulted when conducting the community needs assessment		Are specific vulnerabilities or characteristics associated with this population that may result in marginalization? (e.g., minors, children in care, incarcerated, victims of human trafficking, sex workers, undocumented or illegal immigrants), Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?, Existing information to gather on the community (data, as applicable)	What health care access points exist in the community, what services do they provide, are they accessible and equitable?, What social care access points exist in the community, what services do they provide, are they accessible and equitable?, Do people experience homelessness in the community?	What is the status of SDH for the community?, Income, Housing, Food Security	Are specific mental health concerns present within the community?				
2020 County of Renfrew Paramedic Service	Canada	English	Community Needs Assessment - Wellness Clinics	Guideline	Healthcare	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, incarcerated, etc), Geographical - Regional, Priority Populations - orphaned patients; chronic medical conditions; mental health; frailty; high risk of falls; diabetes; substance use	County of Renfrew, Ontario; predominantly rural; includes lakes, rivers, natural spaces, farmland; significant forestry industry; aging population >65; chronic illness; mental health; people who use drugs; limited access to primary care.	2. Are there specific racial or identity considerations for the community?, 3. Outline stakeholder who should be involved with and/or consulted when conducting the community needs assessment, primary care; OT/PT; diabetes educators; community mental health; family health teams		Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?, Existing information to gather on the community (data, as applicable)	What health care access points exist in the community, what services do they provide, are they accessible and equitable?	What is the status of SDH for the community?, Income, Housing, Food Security, Education, Employment, Public Transport, Infrastructure, Early Childhood Development; Age (older adults, >65); gender identity/express ion; sexual orientation/attraction	Are specific mental health concerns present within the community?, Is there a mental health facility accessible to the community? (including inpatient services)		Are social activities accessible within the community?, Are social activities specifically aimed at adults over age 65?, Are there specific cultural or ethnic considerations for the community?	Yes	Objective of this document is to be used to guide a Community Needs Assessment to inform decision-making on determining ideal locations to establish Wellness Clinics in the county - prioritizing geographic vulnerability and priority populations
BCEHS	Canada	English	CP Community Selection	Guideline	Healthcare (includes paramedicine)	Structurally Marginalized (e.g., disabled,	Community Defined as rural, small	2. Are there specific racial or identity	General assessment for impact on	Is this community located in an		Age, older adults>65				No	

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					services)	elderly, unhoused, refugee, migrant, incarcerated, etc), Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc), Geographical - Rural, Geographical - Remote, rural, small rural, remote	rural, and remote as per the MoH Rural Health Services in BC: A Policy Framework to Provide a System of Quality Care, 2015	considerations for the community?	surrounding Indigenous communities	urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?, Existing information to gather on the community (data, as applicable)							
Weeneebayko Area Health Authority (WAHA)	Canada	English	WAHA Paramedic Service's Indigenous Community Paramedic Program: Assessment of Health and Social Needs	Guideline	Healthcare (includes paramedicine services)	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, incarcerated, etc), Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc)	Indigenous patients in James Bay communities including Moosonee, Moose Factory, Fort Albany, Kashechewan, Attawapiskat and Peawanuck, Ontario.	2. Are there specific racial or identity considerations for the community?, 3. Outline stakeholder who should be involved with and/or consulted when conducting the community needs assessment	Do established reciprocal relationships exist between health and social care professionals and Indigenous Peoples and their communities?, What cultural considerations must be incorporated into health and social care provision?, Are traditional ceremonial processes respected and conducted?, Are Traditional Knowledge Keepers engaged in the design and provision of health and social care services?, Are there Indigenous facilities, centers, lodges?, What languages are spoken among the community?, Is time allowed in health and social care provision to tell and listen to stories?, Is information related to health and social care	Are specific vulnerabilities or characteristics associated with this population that may result in marginalization ? (e.g., older adults/>65, minors, children in care, incarcerated, victims of human trafficking, sex workers, undocumented or illegal immigrants), Do language or communication considerations exist within the community?, Existing information to gather on the community (data, as applicable)		What is the status of SDH for the community?				No	The objective of WAHAPS Indigenous Community Paramedic Program is to design a culturally sensitive and community-centered approach to assess the health and social needs of Indigenous patients in our James Bay communities including Moosonee, Moose Factory, Fort Albany, Kashechewan, Attawapiskat and Peawanuck. This program aims to improve healthcare outcomes by understanding and addressing the unique challenges faced by Indigenous communities.

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									services provided in a format and manner that is appropriate to the community?, Implement a comprehensive cultural competency training program for community paramedics. Educate paramedics on the historical context, traditions, and beliefs of the local Indigenous community. Foster an understanding of the social determinants of health in Indigenous populations.								
2014 Maureen Evashkevich & Michael Fitzgerald	Canada	English	A Framework for Implementing Community Paramedic Programs in British Columbia	Framework	Healthcare (includes paramedicine services), Government	Geographical - Rural, Geographical - Remote, Geographical - Regional, Geographical - Provincial				Are specific vulnerabilities or characteristics associated with this population that may result in marginalization ? (e.g., older adults/>65, minors, children in care, incarcerated, victims of human trafficking, sex workers, undocumented or illegal immigrants), Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?, Existing information to gather on the community (data, as applicable), workforce data; jurisdictional		What is the status of SDH for the community?				No	

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										organization							
2017 CSA Group	Canada	English	Community paramedicine: Framework for program development (Z1630-17)	Framework	Healthcare (includes paramedicine services), Government	All of the above	Any community where a community paramedicine program is being developed, in Canada.	3. Outline stakeholder who should be involved with and/or consulted when conducting the community needs assessment, Housing agencies/organizations; volunteer organizations		Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?, Existing information to gather on the community (data, as applicable)	What health care access points exist in the community, what services do they provide, are they accessible and equitable?					No	
2021 Ontario Ministry of Long-Term Care	Canada	English	Community Paramedicine for Long-Term Care: Framework for Planning, Implementation and Evaluation	Framework	Healthcare (includes paramedicine services), Government	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, incarcerated, etc), Geographical - Provincial	Ontario: individuals who are waiting for placement in a long term care (LTC) home or who are soon to be eligible for long-term care.	Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment	Do established reciprocal relationships exist between health and social care professionals and Indigenous Peoples and their communities?	Existing information to gather on the community (data, as applicable)						No	
2023 John Taplin	Canada	English	Exploring paramedic care for the First Nations in Alberta: a qualitative study	Study (peer-reviewed)	Healthcare (includes paramedicine services), Research/Academia		Indigenous members of First Nations in Alberta	Are there specific racial or identity considerations for the community?	Study outlined 3 major themes specific to Indigenous experiences: racism, systemic barriers, solutions							Yes	experiences of racial discrimination; lack of alternate care options led to accessing paramedicine services; lack of ability to return home if needing to access services outside of the FN; burden of additional work to act as cultural mentors to non-Indigenous providers; moral distress of paramedics when observing discrimination that interfered with care.
2020 Ruggles	United States	English	Frameworks for Community Impact - Community	Study (peer-reviewed)	Healthcare (includes paramedicine services),	Geographical - Rural, Geographical - Regional/County	NVRH is located in Vermont's Northeast									No	Introduced the Northeastern Vermont Regional

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			Case Study		Community Services Research/Academia	y	Kingdom, a region known for its rugged rural landscape and independent and spirited people. The primary service area for NVRH is Caledonia and southern Essex counties, with just under 30,000 people. Population density in Caledonia County is 48.1 persons per square mile and 9.5 persons per square mile in Essex County. Both counties are bordered by the Connecticut River and New Hampshire to the east.										Hospital (NVRH) Community Health Needs Assessment
2021 Northeastern Vermont Regional Hospital	United States	English	Community Health Needs Assessment	Report	Healthcare (includes paramedicine services), Social Services, Community Services, Government	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, incarcerated, etc), Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc), Geographical - Rural, Geographical - Regional/County	Vermont's Northeast Kingdom; rural region; just under 30, 000 people; 25-bed hospital; rugged physical environment	Are there specific racial or identity considerations for the community?, Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment, community experts with special knowledge; "community assets" categories (Our Partners and Resources); healthcare & complimentary health; human services; MH and substance use; older adults; economic development; schools; food cycle; faith based; housing; arts & humanities;		Are specific vulnerabilities or characteristics associated with this population that may result in marginalization ? (e.g., older adults/>65, minors, children in care, incarcerated, victims of human trafficking, sex workers, undocumented or illegal immigrants), Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?, Do language or communication considerations exist within the community?, Existing information to gather on the community		Income, Housing, Food Security, Employment, Public Transport, Air Quality, Drinking Water, Access to Communications (see Section VII)	Are specific mental health concerns present within the community?, Is there a mental health facility accessible to the community? (including inpatient services)	What platforms or solutions are the community currently using?, Are any community members disproportionately affected by a lack of access to technology?, What barriers does the community face in using digital technology or tools?	Are social activities accessible within the community?	Yes	Key Health Equity Indicators - median income; people in poverty; income inequality; language spoken in the home; sexual orientation/gender identity; people with disabilities; access to healthcare; high school graduation rate; food environment index; severe housing problems; households with a computer; households with broadband internet; environmental factors (air pollution, drinking water)



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								physical activity; recreational waterways; other local or regional resources/attractions; media		(data, as applicable), Suicide data; primary care to population ratio; mental health data; primary care visits;							
2022 Franz et al	United States	English	Overview of the Most Commonly Identified Public Health Needs and Strategies in a Nationally Representative Sample of Nonprofit Hospitals	Study (peer-reviewed)	Healthcare (includes paramedicine services), Community Services, Government, Research/Academia		nationally representative sample of nonprofit hospital Community Health Needs Assessments										Table 1. Definitions and Categorization of Community Health Needs, categories: mental health; substance use; SDOH; preventative health; access to care; obesity; chronic disease; cancer; senior health; maternal and child health; heart disease; tobacco; asthma; paediatrics; infectious disease
2021 Loo et al	United States	English	Understanding community member and health care professional perspectives on gender-affirming care—A qualitative study	Study (peer-reviewed)	Healthcare (includes paramedicine services), Research/Academia		transgender and gender diverse (TGD) people in rural counties in Massachusetts, New York, Connecticut, Vermont, and New Hampshire, USA					gender, transgender, gender diverse				No	Results: Both community members and HCPs spoke of the need for connectedness and linkages among disparate health system components for gender-affirming health care. Participants expressed this priority through calls for systems-level improvements within existing services (e.g., expanded data collection, expanded mental health services, inclusive and affirming health care environments, and TGD staff). They also expressed the need for

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																	expanded TGD community outreach and engagement (e.g., incorporation of a patient feedback process, TGD health navigators, and resource mapping).
2018 Velonis et al	Canada	English	“One program that could improve health in this neighbourhood is ____?” using concept mapping to engage communities as part of a health and human services needs assessment	Study (peer-reviewed)	Healthcare (includes paramedicine services), Social Services, Community Services, Government, Research/Academia	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, incarcerated, etc), Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc), Geographical - Urban	Urban setting: key informant sought from "priority populations" - youth, seniors, individuals of Indigenous decent, immigrants, self-identified LGBT, Mandarin and Bengali speakers, and individuals experiencing mental health or addictions issues.	Are there specific racial or identity considerations for the community?, Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment		Are specific vulnerabilities or characteristics associated with this population that may result in marginalization ? (e.g., older adults>65, minors, children in care, incarcerated, victims of human trafficking, sex workers, undocumented or illegal immigrants), Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?, Do language or communication considerations exist within the community?, Existing information to gather on the community (data, as applicable)	What health care access points exist in the community, what services do they provide, are they accessible and equitable?, What social care access points exist in the community, what services do they provide, are they accessible and equitable?, What social services exist in the community, what services do they provide, are they accessible and equitable?	What is the status of SDH for the community?, Housing, Education, Public Transport, Access to Communication s (see Section VII), disability		Are social activities accessible within the community?, Are social activities specifically aimed at adults over age 65?, Are supports available to people experiencing the effects of violence or abuse within the community?	No	Granularity of service availability as walk-in, after hours, 24/7, outreach for accessibility	
2023 Summers-Gabr et al	United States	English	One Decade Later: The Generalizability , Diversity, and Inclusion of Community Health Needs	Study (peer-reviewed)	Healthcare (includes paramedicine services), Social Services, Community Services,	Geographical - National	study of generalizability and diversity of community health needs assessment data; from									No	Data collected by hospitals and used to determine CHNA health priorities are not

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			Assessments		Government, Research/Academia		national data sources										representative of the region they serve. ■ Well-defined regulations around data collection should be made so that community benefit dollars are invested into priorities that represent the whole population and not a subset of individuals. ■ These regulations should include offering surveys in languages other than English, recruiting and offering verbal surveys for those who cannot read well, and recruiting and offering surveys in alternative ways for those who do not have Internet access. ■ The vast majority of hospitals do not collect any primary youth data when conducting a CHNA; youth participation should be incorporated to better understand and strategize how to improve health disparities for youth. ■ If the timeline requirements for hospitals' CHNA and public health departments' Community Health Assessment could be changed to the same length, the two entities

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																	could unify, collect better-quality data, and align improvement plans.
2017 Hernandez et al	United States	English	Oral Histories as Critical Qualitative Inquiry in Community Health Assessment	Study (peer-reviewed)	Healthcare (includes paramedicine services), Research/Academia	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, incarcerated, etc), Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc)	urban, Mexican ethnic enclave	Are there specific racial or identity considerations for the community?									Qualitative methods such as focus groups and interviews are common methodologies employed in participatory approaches to community health assessment to develop effective community health improvement plans. Oral histories are a rarely used form of qualitative inquiry that can enhance community health assessment in multiple ways. Oral histories center residents' lived experiences, which often reveal more complex social and health phenomena than conventional qualitative inquiry. Oral histories were most meaningful in their original audio form, adding to a holistic understanding of health by giving voice to complex problems while also naming and describing concepts that were culturally unique. Moreover, the oral histories collectively articulated a

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																	counter narrative that celebrated community cultural wealth and opposed the mainstream narrative of the community as deprived. We argue for the recognition and practice of oral histories as a more routine form of qualitative inquiry in community health assessment. In the pursuit of health equity and collaboratively working toward social justice, oral histories can push the boundaries of community health assessment research and practice.
2020 Santos	United States	English	Non-profit Hospital Targeted Health Priorities and Collaboration With Local Health Departments in the First Round Post-ACA: A National Descriptive Study	Study (peer-reviewed)	Healthcare (includes paramedicine services), Social Services, Community Services, Research/Academia	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, immigrant, incarcerated, etc), Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc), Geographical - Urban, Geographical - Rural, Geographical - Regional/County, Geographical - Provincial/State, Geographical - National		Are there specific racial or identity considerations for the community?		Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?, Existing information to gather on the community (data, as applicable)		What is the status of SDH for the community?, Income, Employment, uninsured	Are specific mental health concerns present within the community?, Is there a mental health facility accessible to the community? (including inpatient services), availability of psychiatric beds			No	inclusion of paediatric-specific services
2022 Rayan-Gharra et al	Israel	English	Shaping health: conducting a community health needs assessment in culturally diverse peripheral	Study (peer-reviewed)	Healthcare (includes paramedicine services), Research/Academia	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, immigrant,	Galilee residents, Israel	Are there specific racial or identity considerations for the community?, Outline stakeholders		Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or	What health care access points exist in the community, what services do they provide, are they accessible	What is the status of SDH for the community?, Income, Housing, Food Security, Education,	Are specific mental health concerns present within the community?, Is there a mental health facility		Are there specific cultural or ethnic considerations for the community?, Are supports available to	Yes, CHNA analyzed by ethnicity and municipal clusters	Solutions: 1. improve the quality of care 2. community-based prevention partnerships 3. creating a

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			population groups			incarcerated, etc), Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc), Geographical - Urban, Geographical - Rural, Geographical - Regional/County		who should be involved with and/or consulted when conducting the community needs assessment, religion		bedroom community?, Do language or communication considerations exist within the community?, Existing information to gather on the community (data, as applicable)	and equitable?, What social care access points exist in the community, what services do they provide, are they accessible and equitable?, What social services exist in the community, what services do they provide, are they accessible and equitable?, race, ethnic discrimination impacting equitable access to services	Employment, Public Transport, Infrastructure, Air Quality, Drinking Water	accessible to the community? (including inpatient services)		people experiencing the effects of violence or abuse within the community?, sense of community		regional integrated care model
2023 Pazzaglia et al	Italy	English	Community Health Assessment Tools Adoptable in Nursing Practice: A Scoping Review	Scoping Review (peer-reviewed)	Healthcare (includes paramedicine services), Research/Academia	All of the above	Scoping review of Community Health Needs Assessments			Existing information to gather on the community (data, as applicable)		What is the status of SDH for the community?				No	Themes: education and skills of the health professional conducting the CNA; shared decision making; community engagement and empowerment; "culturally competent" approach; development of social policies; flexibility and adaptability of tools
2008 Sharma	United States	English	Putting the Community Back in Community Health Assessment	Study (peer-reviewed)	Healthcare (includes paramedicine services), Social Services, Community Services, Research/Academia		Communities requiring a community health needs assessment (CHNA)										definitions & dimensions of CHA (CHA as a continuum); defining & characterizing a community; defining health; 8-step process focused conceptual model of a CHA
2018 Akintobi et al	United States	English	Processes and Outcomes of a Community-Based Participatory Research-Driven Health Needs Assessment: A Tool for Moving	Study (peer-reviewed)	Healthcare (includes paramedicine services), Research/Academia		Communities requiring a community health needs assessment (CHNA)									No	Community-based participatory research-driven community health needs assessment (CBPR-driven CHNA)

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			Health Disparity Reporting to Evidence-Based Action														
2015 Schafer, Dawson	United States	English	Assessing Community Health Needs in a Rural Area: Determining Best Practices to Meet New Affordable Care Act Requirements	Study (peer-reviewed)	Healthcare (includes paramedicine services), Research/Academia	Geographical - Rural	Rural communities requiring a community health needs assessment (CHNA)	local school district		Existing information to gather on the community (data, as applicable)						No	develop community partnerships; use assortment of community-based participatory research (CBPR) data collection methods; data ownership and control - disseminate results broadly to community
2016 Suiter	United States	English	Community health needs assessment and action planning in seven Dominican bateyes	Study (peer-reviewed)	Healthcare (includes paramedicine services), Social Services, Community Services, Research/Academia, NGO	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, immigrant, incarcerated, etc), Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc), bateyes	bateyes (impoverished communities in the Dominican Republic)	Are there specific racial or identity considerations for the community?		Are specific vulnerabilities or characteristics associated with this population that may result in marginalization ? (e.g., older adults >65, minors, children in care, incarcerated, victims of human trafficking, sex workers, undocumented or illegal immigrants), Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?, Existing information to gather on the community (data, as applicable)		What is the status of SDH for the community?				Yes, access to health services; employment and health; environment and health; political power and health	intersectional analysis; priority on child health
2023 Ravaghi et al	United States	English	A scoping review of community health needs and assets assessment: concepts, rationale, tools and uses	Scoping review	Healthcare (includes paramedicine services), Research/Academia		Communities requiring a community needs assessment									No	Terminology: Community Needs Assessment (CNA); Community Health Needs Assessment (CHNA); Community Health Needs

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																	and Asset Assessment (CHNAA); definitions of needs, differentiating between health need and healthcare need; definition of community; definition of assets; definition and key steps of a CHNAA
2023 Henrikson, Bishop	United States	English	Conducting a Community-Level Needs Assessment Through Dynamic Engagement With Stakeholders	Guideline, Study (peer-reviewed)	Healthcare (includes paramedicine services), Research/Academia	Geographical - Rural	A K-12 school district in a rural area of Washington state	Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment		Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?	What social care access points exist in the community, what services do they provide, are they accessible and equitable?, What social services exist in the community, what services do they provide, are they accessible and equitable?, specifically assessed childcare needs of families with school-aged children					No	strengths-based approach to cultivating partnerships; prioritized trust-building by applying community-based participatory research methods; phased approach to conducting CNA - Phase 1: The Strategic Development of Processes and Resources Phase 2: Refining the Focus for Deeper Insights Phase 3: The Comprehensive Analysis of Data
2018 Powell et al	United States	English	A Content Analysis of Nonprofit Hospital Community Health Needs Assessments and Community Benefit Implementation Strategies in Philadelphia	Study (peer-reviewed)	Healthcare (includes paramedicine services), Research/Academia	Geographical - Provincial/State	Nonprofit hospital community health needs assessment content analysis in Philadelphia									No	CHNA organized into domains: Clinical Care (access to care, quality of care), Health Behaviours, Physical Environment, Social and Economic Factors
2015 Pennel et al	United States	English	Nonprofit Hospitals' Approach to Community Health Needs Assessment	Study (peer-reviewed)	Healthcare (includes Public Health, paramedicine services), Research/Academia	Geographical - Regional/County, Geographical - Provincial/State, prompted to define community	review of community health assessment and implementation strategy reports in Texas	Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment				What is the status of SDH for the community?				No	examination of causation; identification and prioritization of needs; clear goals and measurable objectives



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2016 Santilli et al	United States	English	Applying Community Organizing Principles to Assess Health Needs in New Haven, Connecticut	Study (peer-reviewed)	Healthcare (includes Public Health, paramedicine services), Research/Academia	Geographical - Regional/County	New Haven, Connecticut	Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment		Existing information to gather on the community (data, as applicable)						No	benefits of applying community organizing principles to approaches for conducting CNA
2020 Bias et al	United States	English	The Importance of Individual-Site and System-Wide Community Health Needs Assessments	Study (peer-reviewed)	Healthcare (includes Public Health, paramedicine services), Research/Academia	designated hospitals in determined medicine system	eight hospitals affiliated with West Virginia University medicine system	Are there specific racial or identity considerations for the community?, Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment		Do language or communication considerations exist within the community?, Existing information to gather on the community (data, as applicable)	What health care access points exist in the community, what services do they provide, are they accessible and equitable?, What social care access points exist in the community, what services do they provide, are they accessible and equitable?, What social services exist in the community, what services do they provide, are they accessible and equitable?	What is the status of SDH for the community?, Income, Housing, Food Security, Education, Employment, Public Transport, Infrastructure, Air Quality, Drinking Water	Are specific mental health concerns present within the community?, Is there a mental health facility accessible to the community? (including inpatient services)		Are social activities accessible within the community?	No	
2001 Melton et al	United States	English	A Community Needs Assessment for a SANE Program Using Neuman's Model	Guideline, Study (peer-reviewed)	Healthcare (includes Public Health, paramedicine services), Research/Academia	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, incarcerated, etc), Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc)	rape and sexual assault survivors	Are there specific racial or identity considerations for the community?, Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment		Is this community located in an urban, suburban, rural, mixed, isolated geographic setting, or bedroom community?, Do language or communication considerations exist within the community?, Existing information to gather on the community (data, as applicable)	What social services exist in the community, what services do they provide, are they accessible and equitable?	What is the status of SDH for the community?, Income, Education, Employment, Public Transport, Infrastructure	Are specific mental health concerns present within the community?			No	Guideline for a CNA for SANE Program using the Neuman Model that differentiates between: intrapersonal environmental factors, interpersonal environmental factors, extrapersonal environmental factors - all include: physiological, psychological, developmental, sociocultural, spiritual, client perceptions; "client" is an open system
2018 Van Gelderen et al	United States	English	Trialing the Community-Based Collaborative Action Research	Guideline, Study (peer-reviewed)	Healthcare (includes Public Health, paramedicine services), Research/Academia		rural communities									No	Uses the Community-Based Collaborative Action Research

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			Framework: Supporting Rural Health Through a Community Health Needs Assessment		emia												Framework (CBCAR) to facilitate community engagement and promote collective trust; developed by Pavlish and Pharris 2012
2017 Bias et al	United States	English	The Impact of Community Input in Community Health Needs Assessments	Study (peer-reviewed)	Healthcare (includes Public Health, paramedicine services), Research/Academia		Communities requiring a community needs assessment	Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment, community participation and input is key to identifying unique health needs									community input identified injury control and mental health as top priorities
2015 Pennel et al	United States	English	Community Health Needs Assessment: Potential for Population Health Improvement	Study (peer-reviewed)	Healthcare (includes Public Health, paramedicine services), Social Services, Community Services, Research/Academia		Communities requiring a community needs assessment	Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment, defining community beyond hospital or clinic populations				What is the status of SDH for the community?, identifying broader determinants and points of intervention				No	recognizing population health improvement as a shared responsibility; identifying drivers and root causes of health issues; implementing clinical and non-clinical interventions
2018 Mannix et al							Utah urban American Indians and Alaskan Natives	Veterans	Are there Indigenous-specific barriers to healthcare utilization? Is there Elder care support services?	Existing information to gather on the community (data, as applicable)	What health care access points exist in the community, what services do they provide, are they accessible and equitable?, What social care access points exist in the community, what services do they provide, are they accessible and equitable?, What social services exist in the community, what services do they provide, are they accessible and equitable?	What is the status of SDH for the community?, Education, Employment, Disability	Are specific mental health concerns present within the community?, Is there a mental health facility accessible to the community? (including inpatient services)	What platforms or solutions are the community currently using?, Are any community members disproportionately affected by a lack of access to technology?, What barriers does the community face in using digital technology or tools?, Are there technology assistance services?	Are social activities accessible within the community?, Are there specific cultural or ethnic considerations for the community?, classes - cooking, art, gardening	No	

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2017 Pennel et al	United States	English	A Mixed-Methods Approach to Understanding Community Participation in Community Health Needs Assessments	Study (peer-reviewed)	Healthcare (includes Public Health, paramedicine services), Social Services, Community Services, Research/Academia		Communities requiring a community needs assessment	Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment, importance of community participation; emphasis on engaging a "broad array" of community partners when conducting CNA (e.g., non-health partners)								No	
2018 Cho et al	South Korea	English	Community health needs assessment: a nurses' global health project in Vietnam	Study (peer-reviewed)	Healthcare (includes Public Health, Community Health, paramedicine services), Research/Academia		rural communities in Vietnam	Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment		Existing information to gather on the community (data, as applicable)	What health care access points exist in the community, what services do they provide, are they accessible and equitable?, What social care access points exist in the community, what services do they provide, are they accessible and equitable?, What social services exist in the community, what services do they provide, are they accessible and equitable?					No	Public Health - access to immunizations; family planning; HIV services. Incorporate capacity of healthcare providers and capacity of community into CNA; wait times
2020 Berkley-Patton et al	Jamaica	English	Engaging Church Leaders in a Health Needs Assessment Process to Design a Multilevel Health Promotion Intervention in Low-resource Rural Jamaican Faith Communities	Study (peer-reviewed)	Healthcare (includes Public Health, Community Health, paramedicine services), Social Services, Community Services, Research/Academia	Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc)	14 Jamaican faith parishes	Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment, involve faith communities in CNA, intervention design and								Yes	endorsed using community-based participatory research (CBPR) approaches to increase engagement with CNA, health promotion, and health services utilization

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								research process									
2016 Cain et al	United States	English	The Power of Community Voices for Enhancing Community Health Needs Assessments	Study (peer-reviewed)	Healthcare (includes Public Health, Community Health, paramedicine services), Social Services, Community Services, Research/Academia	Structurally Marginalized (e.g., disabled, elderly, unhoused, refugee, migrant, incarcerated, etc), Identity-based (e.g., race, ethnicity, gender, sexual orientation, religion, etc), Geographical - Urban	Abbott Northwestern Hospital, Minneapolis, Minnesota	Are there specific racial or identity considerations for the community?, Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment	view culture as a healthcare resource							Yes	Themes: view culture as a healthcare resource, foster community connections, be present
1994-2023 University of Kansas Centre for Community Health and Development	United States	English	Community Tool Box	Tool, free, online public service resource	Healthcare (includes Public Health, Community Health, paramedicine services), Education, Social Services, Community Services, Government, Research/Academia	All of the above	Communities requiring a community needs assessment	Outline stakeholders who should be involved with and/or consulted when conducting the community needs assessment		Existing information to gather on the community (data, as applicable), community history; social structure; governance structure	What health care access points exist in the community, what services do they provide, are they accessible and equitable?, What social care access points exist in the community, what services do they provide, are they accessible and equitable?, What social services exist in the community, what services do they provide, are they accessible and equitable?, assess service utilization and service coordination	What is the status of SDH for the community?				No	Photovoice surveys, comprehensive preparatory checklists, facilitation guidance, analysis, evaluation resources