2022

GUIDANCE
for Updating Community Needs Assessments

CDVSA

Alaska's Council on
Domestic Violence
& Sexual Assault

Guidance for Updating Community Needs Assessments

Prepared for:

Prepared by:

Guidance for
Updating Community Needs Assessments

BACKGROUND

Organization of Document

This guidance document is to support and benefit anyone working to prevent domestic violence and sexual assault (DV/SA). Commissioned by the Council on Domestic Violence and Sexual Assault (CDVSA, "the Council"), this document is intended to support Primary Prevention Programming (PPPG) grantees in completing a "refresh" of community needs assessments (CNA) for DV/SA primary prevention programming.

This information is provided to guide grantees in undertaking a shortened CNA process to build on existing knowledge and understanding of community conditions, and to reduce demand on resources. A CNA provides critical community information and for PPPG can assist in efforts to address the primary prevention of DV/SA. Guidance for updating CNA's is summarized in three steps[1]:

1	Explore
2	Assess
3	Utilize

What is a Community Needs Assessment?

A CNA provides a snapshot of local systems and environments to identify areas for change. This process entails collecting information to identify community characteristics, strengths, issues, priories, and resources.

For CDVSA grantees, this assessment focuses on the capabilities of the community, such as its citizens, agencies, and organizations, to implement DV/SA primary prevention. In the process of completing a CNA, you gather information to better understand the conditions and factors that can either contribute to or prevent DV/SA in your local community. The assessment is a tool for planning prevention programming because it helps identify the strategies and resources available based on the conditions and problems present within the community. Grantees can expect to get a deeper understanding of their community members, partners, and resources.

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[1] Donaldson, J., Franck, K. (2016) Needs assessment guidebook for Extension professionals. University of Tennessee.

If you are a grant recipient of CDVSA PPPG funding, you are required to undertake a CNA process by Year 02 (i.e., FY2023). CDVSA requires grantees to complete and submit, by July 30, 2023, a completed or refreshed CNA. This request ensures grantees are utilizing the relevant knowledge and community context to inform and expand prevention efforts. The following instruction is provided by CDVSA regarding CNA requirements:

- ❖ If you have completed CNA within the past 5 years, you are required to 'refresh' this report;
- ❖ If your community and/or prevention team has not completed a CNA within the past 5 years, you are required to conduct a CNA.

CDVSA also provided the following guidance:

> *It is allowable for grantees to meet this condition internally if they can demonstrate staff and/or community prevention team capacity. Grantees may also contract with local researchers and/or evaluators to meet this condition. Grantees may use up to 10% of Prevention funds for technical assistance. Technical assistance can include but is not limited to assistance with the design, implementation, data collection and interpretation of required Community Needs Assessments (CNA), strategic planning and project evaluation.*

> *In the original RFP, a completed or updated Community Needs and Assessment (CNA) was required within the first year of funding, though given the delayed start we are updating the guidance and providing additional clarification.*

There are existing TA materials, templates, and other resources about CNAs that can help your team conduct this information seeking and learning. Please reach out to your technical assistance support providers at ANDVSA and visit the Prevention Team Basecamp page to access these resources (esmith@andvsa.org). You can also reach out to Ann Rausch (ann.rausch@alaska.gov) and she can connect you with additional guidance or technical assistance.

Step 1 :: EXPLORE

Planning

Updating a CNA consists of similar practices to a full assessment process. Like the full process, you will want to create a plan and gather a steering committee or workgroup to assist in laying the foundation of the assessment. To begin this process, we recommend starting with finding previously completed CNAs – these can serve as templates and much of the information is still relevant and can guide your plan creation process. Creating a plan helps determine the assessment scope, outlines what already is known from the past CNAs, and establishes a timeline for program planning, implementation, and what to do after the information is collected. Additionally, creating a plan can help center cultural considerations, such as cultural sensitivity and equity, so that when considering the resources and needs - as many perspectives, knowledge, and experiences are accounted for. Remember, no one person from a certain group represents the views of the entire group, but it is imperative to understand the diverse needs, norms, and values of the community. Cultural sensitivity in CNA's is vital to ensuring effective implementation long-term, especially when collaborating with diverse communities in Alaska[2].

The purpose of planning a steering committee is to ensure that there is a commitment for conducting this update from close partners and members of your organization[3]. This committee can help consider the needed data sources, determine preliminary priorities, find resources, and identify major concerns as a starting point[4]. The committee should be representative of those organizations and individuals that are critical to ensuring the success of the assessment strategies[4]. The committee or team could be a new group, short-term, or could be comprised of existing coalition members or involve external consultants to undertake the CNA.

> ### Don't work on it alone!
>
> The formality of engagement can look very different and depend on resources - the point is to involve others to ensure you have as full and accurate a reflection of current needs and resources as possible.

Interested Parties

Gathering partners, whether that be your coalition or creating a steering committee or workgroup, will be useful in planning the CNA process more effectively[5]. These partners, or interested parties, are those affected by the issues that this assessment will address. For example,

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[2] Chau, Kenneth. (2008) Needs assessment for group work with People of Color: A conceptual framework. Social Work with Groups. 15 (2-3), 53-66. Doi: 10.1200/J009v15n02_05

[3] Jurmo, P., Folinsbee, S. (1994) Collaborative needs assessment: A handbook for workplace development planners. ABC Canada. ISBN: 0-9699159-1-8.

[4] U.S Department of Education. (2001) Comprehensive needs assessment. Office of Migrant Education. https://www2.ed.gov/admins/lead/account/compneedsassessment.pdf

[5] Warheit, G., et al. (1979) Needs assessment approaches: Concepts and methods. U.S Department of Health, Education and Welfare.

coordinating with system-partners to gather updated information regarding their services, goals, and levels of collaboration will be helpful in steering the success and usefulness of the strategies[5]. Collaborating with local educators could highlight unique needs for after-school programming or challenges for engagement. Coordinating the CNA update with community partners has many advantages, including:

- ❖ greater understanding
- ❖ leveraging skills and expertise
- ❖ sharing resources
- ❖ strengthening relationships
- ❖ increasing planning & coordination for implementing strategies to address the issue.

When thinking about who to include in the CNA update, consider assigning a priority[6] for who should be at the table and invite them to join the committee:

- ❖ **Level 1 (primary)**—*service receivers*: youth/individuals under 18 years of age, clients/patients, information users, long-term residents, seasonal residents, parents
- ❖ **Level 2 (secondary)**—*service providers and policymakers:* teachers, social workers, health care professionals, librarians, administrators, supervisors, managers

> Those in level one should be priority in this process. These are the people for whom the system exists for.

Have any community partners or agencies completed a CNA or a Community Health Needs Assessment? If so, is this something that could be shared and reviewed for information relevant to the issue(s) you are addressing?

Consider the following when reaching out for support in completing an update to your CNA :

- ➢ Do any community partners have experience with CNA?
- ➢ Are there new or existing partners that can/should be approached?
- ➢ Who are the parties and/or persons who could and might be interested in participating in this, what role would they serve?
- ➢ How could this process be valuable to them?

When meeting with a steering committee ::

- ✓ Establish roles and identify the responsibilities for each person and portion of the work
- ✓ Agree to timeline and activities
- ✓ Define the scope of the assessment, generate questions to ask
  - o To what extent are youth able to access education and/or counseling about healthy relationships?

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[6] Witkins, B., Altschuld, J. (1995) Planning and conducting needs assessments: A practical guide. Business and Economics. ISBN: ISBN-0-8039-5810-2.

- o To what extent do local schools and organizations offer appropriate after-school programs and events?
- o To what extent is local leadership participating in community coalitions and DV/SA primary prevention?

Using Existing Data Sources

A CNA entails gathering information - some of this information already exists in the community, requiring you to identify it. A CNA will include a community profile (i.e., a description of the local area, including relevant ecology, infrastructure, and history) and the specific conditions, consequences, and prevalence of DV/SA-related factors. This information can be found in the community and online! You might start by finding good descriptions of the region, community, history, brief infrastructure considerations (e.g., rural, one school, lack of housing), and demographics of those living in the community. Then, consider social determinants and factors related to the issue to round out the picture. Finally, provide an overview of the magnitude of DV/SA and who and to what extent this is impacts the community.

When updating an existing assessment, review previously used data sources (referred to in Step 1) and identify any new sources of information. Specifically, it will be important to update data surrounding socio-demographic characteristics (e.g., age, race, income) and human services agencies (e.g., advocacy, law enforcement, and health care agencies) in the community[5]. Remember to plan with the committee, set priorities, and share in summarizing the information. **It is essential to get enough information that your prevention team and community understand the conditions, resources, and issues, but not so much information that you cannot see the direction because of all the details.**

> ## What's already or recently been done?!
>
> Nonprofit hospitals are often required to complete community health needs assessments every 2-3 years - these can be a useful and relevant resources to seek!

Find current and relevant community, state, and national statistics related to factors, conditions, or influences related to the issue (i.e., preventing DV/SV :: community connectedness). If the issue is preventing teen dating violence, you may want to know to what extent the local community has after-school programming or safe, recreational areas for youth. Data about most health issues can be found through health surveillance data sources - these are data sets maintained by larger entities and made publicly available to us for insight and decision-making.

You can also ask your community partners what information, data, or indicators they are currently collecting data on that might help you understand the extent, nature, beliefs, norms, or other factors in the community that may influence, impact, support, or challenge your efforts. For example, does anyone in the community have access to information related to youth feelings around school connectedness? The steering committee can share in outreaching to local

community agencies and leaders (e.g., business leaders, police chief, hospital/clinic administrators, school boards and principals) to ask questions for insight and document the knowledge shared.

Appendix A provides a list of available data sources and below are resources that may have relevant information steering committees can use to understand the factors and conditions in the state and community:

STATE AND NATIONAL

- ❖ Alaska Victimization Survey
- ❖ Alaska Youth Risk Behavior Survey
- ❖ Alaska School Climate and Connectedness Survey
- ❖

- ❖ Healthy Alaskans 2020 Scorecard
- ❖ United States Census Bureau
- ❖ Federal Bureau of Investigation Crime Data Explorer

LOCAL

- ❖ City council, county, and regional departments
- ❖ Local and regional health departments and clinics

- ❖ Law enforcement and judicial departments
- ❖ Colleges and universities

The table[7] below can be used as a template to outline your data resources when gathering data for CNA's.

Data Resources List Format			
Goal:			
Concern:			
What is known		Data to Gather	
Fact[8]	Source	Fact	Source
		Opinion[9]	Source

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[7] adapted from Witkins & Altschuld (1995)
[8] *Fact: Something that is known to be true and can be proven through data, experimentation, and research.*
[9] *Opinion: What someone believes or claims, such as personal belief, feeling, or judgement of something.*

This table is an example of how you could outline your data resources when gathering data for CNA's with the provided template:

Data Resources List Format *EXAMPLE*			
Goal: *Increase local resources and support for youth in learning relationship skills or strengthening the supports for parents and family relationships*			
Concern: *Youth in Alaska report experiencing teen dating violence 1.4 times the national average*			
What is known		Data to Gather	
Fact	Source	Fact	Source
Only 1 of the 6 schools in our local community offer curriculum about safe, healthy, and nonviolent relationships and there are no family-based programs to teach parents how to discuss healthy relationships.	*2026 Community Needs Assessment*	*Updated data on local school health and wellness curriculums*	*Local School*
17% of youth in grades 9-12, felt they had the skills to create and maintain healthy relationships	*Recent School Survey*	*Data on youth experiences & perceptions on healthy relationships and mental health* *(Is there any information available about which groups may be at increased/greater risk?)*	*2028 YRBS-Local School Specific*
42%, so less than half, felt they had 3 or more caring adults in their life they could talk to about things that matter	*Recent School Survey*	Opinion	Source
		Which adults in the community are most helpful for youth to count on for support	*Parents from the Fall 2028 Parent/Teacher Association Meeting*
The community has limited, and often waitlisted, mental health services for youth.	*Behavioral Health Center Data*	*Programs that are needed to support youth mental health and violence prevention*	*Community Member at Spring 2027 City Council Meeting*

Step 2 :: ASSESS

Data Refresh

Information ('data') from the CNA is used to set criteria for allocating resources for developing or improving programs/services to meet community needs[6]. Using the information you found from existing sources, ask:

➢ What are you learning about your community?
➢ Are there areas you already identified based on opportunities you found?
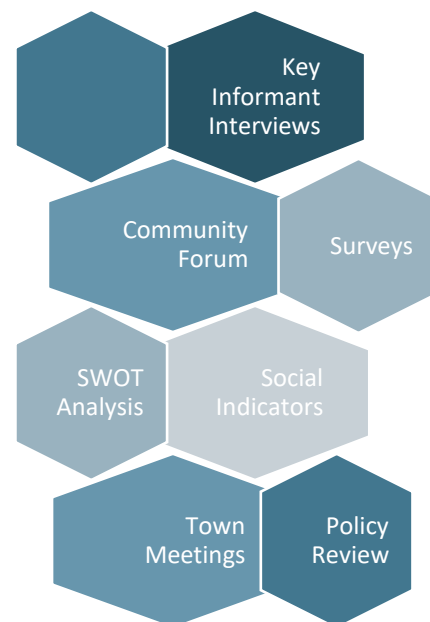➢ Do you have what you need to plan, or is there something you need to know more about?

Discuss with the steering committee, or consider yourself:

➢ What is missing from our understanding of our community concerning what we know about DV/SV primary prevention?
➢ How will this information be used once it is obtained?
➢ What gaps in our knowledge are there about the needs of the community? What do we need to understand more about our community members?
➢ Why do we want to know more about this?
➢ Is this information pertinent, relevant, or related to DV/SA **prevention**?
➢ How has the COVID-19 pandemic, or other circumstances, impacted this information?

Assessment Approach

After reviewing the existing data, you may have more questions or need to know more for making decisions. **Asking your steering committee or local partners to share information is an important in this process.** When collecting any missing information, be mindful of ensuring it comes from a reliable source with the appropriate level of the detail to avoid assumptions about the data. Also, talk with community partners. It may be that this information has recently been gathered by someone in the community. For example, a local DV shelter may know the availability of data from shelters, or the local school could have data on bullying incidents or after-school activities.

Figure 1 displays assessment approaches[5] that can be used to collect CNA data. You may also choose to research local laws, regulations, or other policies that currently guide or influence the behavior or issue you are seeking to address.

Key Informant Interviews

Community Forum

Surveys

SWOT Analysis

Social Indicators

Town Meetings

Policy Review

You can also learn more about different methods of collecting information in the SPS Workbook, or by contacting your technical assistance provider at the Alaska Network on Domestic Violence and Sexual Assault (ANDVSA).

Step 3 :: UTILIZE

Needs

Once you collect this information, it is time to use it and write out need statements. These are the interpretations and conclusions about the information you gathered and reviewed. Need statements describe the gaps between what you currently know, and what the desired state or condition should be. Need statements represent the situation to allow for the next step, prioritization. Here is an example of a needs statement:

Youth in Alaska report experiencing teen dating violence 1.4 times the national average, according to the 2028 Youth Risk Behavioral Surveillance System. This means 1 in 10 of the youth in our communities is or has experienced physical or sexual dating violence. The consequences of these forms of abuse have enduring and sometimes severe consequences to a developing person. Only 1 of the 6 schools in our local community offer curriculum about safe, healthy, and nonviolent relationships and there are no family-based programs to teach parents how to discuss healthy relationships. The community has limited, and often waitlisted, mental health services for youth. According to a recent school survey, only 17% of youth in grades 9-12, felt they had the skills to create and maintain healthy relationships and only 42%, so less than half, felt they had 3 or more caring adults in their life they could talk to about things that matter. This assessment found that these forms of violence are occurring at unacceptable levels, yet few resources exist to support youth in learning relationship skills or strengthening the supports for parents and family relationships.

THIS IS AN EXAMPLE ONLY

It is unrealistic that you will have the time, resources, and community readiness to address all the needs in the community at once. The next step is to then prioritize the needs by ordering them by considering factors like resources, current conditions, existing strategies, time, and cost[5]. This can be a tough process, so a steering committee's support helps in the decision and meaning-making. The committee's input guides what to prioritize and how to address those priorities. Communities can use different criteria for prioritizing. Some consider the importance the community has on a need. Some emphasize the disparities within a given need. While others choose to leverage existing resources to improve needs. In some cases, some groups develop rating scales so the team can make decisions. It is up to you, but being inclusive helps foster a sense of shared understanding and ownership, creates engagement in the decision-making, and will enhance success in the initiative.

The steering committee can be invaluable in understanding the information, identifying the community needs and strategies, and sharing in the decisions about what can be implemented, given the time and resources.

Some suggest guiding prioritization by considering the following[10]:

1. Based on fact
2. Rank ordered in terms of time-cost priority
3. Achievable to the current organization and community climate
4. Reflect the best interests of the organization and community

No matter your chosen criteria, consider aspects like importance and the potential to have a meaningful impact on that need. The types of needs selected should be attainable for your team to concentrate your efforts towards achieving the most impact.

There is complexity in findings for these issues, so prioritization should be based on the data specific to your community. Here are a few things to consider:

➢ What are the three to five most important needs for our community?
➢ Why do we feel these needs are most important? Who says these are important? Would others not at the table agree that these needs are important? Why or why not?
➢ What factors may be contributing to these community needs?
➢ What resources are available to address this need? Are there additional resources needed to address this need?
➢ Is any need of critical or greater importance at this moment? Is a need due to new circumstances in the community?
➢ Are others already addressing this/these needs in the community? In what ways could you work together?
➢ What strategies exist or are emerging that address this need that may be strengthened or built on?

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[10] Guion, L. (2010) A 10-Step Process for Environmental Scanning. Journal of Extension. 48(4), 2. https://archives.joe.org/joe/2010august/pdf/JOE_v48_4iw2.pdf

Prepare Report

Be prepared to update the descriptions and information in your final CNA report. The following table is an example of the potential report updates based on sections:

Report Section	Section Contents
Background	Agency Info, Prevention Team, or Committee
	Geographical and Regional Info & Description
	Community Characteristics & Demographics
	DV/SA Prevalence Data
	Summary about any relevant Risk & Protective Factors
	Current Services & Programs for Primary Prevention
	COVID-19 Impact
Methodology	Design *How and what took place to collect, analyze, and interpret the information?*
	Data Collection
	Data Analysis
Data Sources	Primary Data Sources Describe any tools you used to collect NEW information as part of the CNA.
	Secondary Data Sources Describe any data sources you referenced or obtained because it existed - public health data, or agency databases, etc.
Findings	Community Specific Data - list all that you found from your data sources.
	Graphics and Tables
	DV/SA Impacts on the Community
	Resources and Needs Statements
Recommendations	Priority Areas - what are the main take-aways?
	Activities and/or programming to be planned and implemented
	Next Steps - who needs to hear this information and what needs to be done with it?

Communicating Results

After updating the report, it is essential to submit it to the funding agency. You may be considering, what else besides that? What can your community do after identifying needs? The needs assessment is not complete unless plans are made to use the information in a practical way[4]. Collaborating with your steering committee created a plan to determine how and to whom these findings will be disseminated. After completing the report, it is time to incorporate and act on the recommendations. If you are refreshing your CNA, now is a suitable time to revisit your

existing prevention and implementation plans. You have acquired new information and will want to examine to what extent this information can be used to support your efforts or inform planful pivots to accomplish the goals.

RECOMMENDED PRACTICES

Below are practices that may be helpful to consider when updating community needs assessments:

- ✓ Reach out to current partners, coalitions, or other agencies who may have recently completed a needs assessment[4, 5]
- ✓ Do not begin from nothing – use and incorporate descriptions or components from previous CNA reports or summaries[3, 4]
- ✓ Value the necessity of broad-based participation – reach out to community individuals and partners and find ways to involve others. This can be as simple as asking a few community members to review and provide feedback on the identified needs and recommendions[6]
- ✓ Choose appropriate means of gathering information. Plan appropriately for this process, consider what is needed that reflects and fits the reality of your local conditions, issues, ability to manage and obtain data, and budget[4, 6]
- ✓ Review the identified needs and reference your current implementation efforts and plans. Do these things align? Are there areas for growth or focus, opportunities to build upon, or new needs that have emerged that necessitate a pivot, attention, or change?
- ✓ Are there laws, regulations, or changes to local conditions that could be made? Or are smaller changes required first in order to improve the conditions?

Sources & Resources

Chau, Kenneth. (2008) Needs assessment for group work with People of Color: A conceptual framework. *Social Work with Groups.* 15 (2-3), 53-66. Doi: 10.1200/J009v15n02_05

Donaldson, J., Franck, K. (2016) Needs assessment guidebook for Extension professionals. *University of Tennessee.*

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Appendices

Appendix A: Where You Can Find Information About Your Community In Existing Data Sources

This table is intended to work as a guide in gathering descriptive information to describe the current conditions of your community as they relate to indicators that are being tracked in statewide and national trends. Listed at the bottom, there are examples of local data sources that can be gathered.

Data Type	Examples of Data Provided	Data Source	Link to Access the Data
Secondary Data Sets			
Population Demographics	Age, Race, Language	United States Census Bureau	https://data.census.gov/cedsci/
Local Economic Conditions	Income, Unemployment Rates, Education, Local Industries		
Local Housing and Family Factors	Housing Units, Family Size, Living Arrangements		
Health Conditions	Disability Rates, Health Insurance Coverage		
Violent Crime Prevalence	Hate Crime, Homicide, Property Crime; All including Population Demographics	Federal Bureau of Investigation Crime Data Explorer	https://crime-data-explorer.fr.cloud.gov/pages/home
Local Arrest Prevalence	Assault (Physical and Sexual), Drug Possession, Substance Misuse, Sexual Exploitation; All		

	including Population Demographics		
Statewide Prevalence for Lifetime Experiences of Intimate Partner Violence and Sexual Violence	Population Demographics, Behaviors and Partners, Types & Severity, Services Received	Alaska Victimization Survey	https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/avs/
Surveillance Data			
Regional/Statewide Health and Social-Related Behaviors	Violence and bullying experiences, substance use, sexual activity, mental health, family, peer, and community experiences	Alaska Youth Risk Behavior Survey	https://dhss.alaska.gov/dph/chronic/pages/yrbs/results.aspx
District Data on Student Experiences and Outcomes	School climate, connection to adults and peers, Social-Emotional Learning, Observed behaviors at school	Alaska School Climate and Connectedness Survey	https://aasb.org/alaskas-school-climate-connectedness-survey-sccs-access-alaskas-statewide-results-here/
Local, District, and Statewide data	Graduation Rates and Test Scores with Population/Experience-Specific Prevalence	PEAKS Assessment	https://education.alaska.gov/assessments/peaks/results
Local Community Data Snapshots	Population, Geography, History, Economy, Education	Department of Commerce, Community, &	https://dcra-cdo-dcced.opendata.arcgis.com/

		Economic Development	
District/Statewide Statistics on the Development of Skills and Behaviors of Students	Physical Health, Social and Emotional Development, Learning Approach, General Knowledge, Communication	Alaska Developmental Profile	https://education.alaska.gov/assessments/developmental
*Potential Data Local Data Sources			
Local Advocacy Intake Data	Client Demographics, Frequency of Service Use,	Advocacy Entities	
Local Community Health Needs Assessment	Population Demographics, Community Health Status, Local Resources, Identified Needs	Clinic	
Community Strategic/ Comprehensive Plan	Local leadership plans, identified priorities for the community,	Local Government	
Community Public Health Data	Statistics on Health Status, Community Health Needs,	Public Health Department	
District Attendance Data	Statistics on School Attendance, truancy, chronic absenteeism	School	

Community or Regional	Data on Youth and Adults in the Justice System	Juvenile Justice and Corrections	

Thinking about your local community partners, consider discussing the data they are collecting and the trends they are seeing in the community. Consider: How can this help you understand the needs in your community related to DV/SA prevention?