Best Practices for Conducting a Needs and Resource Assessment: Tip Sheet
A Guide for the Office of Adolescent Health and Administration on Children, Youth and Families Grantees

Developed by Healthy Teen Network

Best Practices for Conducting a Needs and Resource Assessment: Tip Sheet was developed to provide guidance to OAH and ACYF grantees as they further develop their programs. This tip sheet can serve as an overall guide in thinking through this important program development process for all types of programs and help grantees to identify those key elements for their own needs and resource assessment. This tip sheet is to be used for informational purposes. The process and strategies outlined below serve as a guide in assisting grantees with their overall program development.

What is a needs and resource assessment?
A needs and resource assessment is a systematic way of gathering information that describes, in detail, the needs and resources of the priority population and the community.

- A need is a lack of some resource, tool or program that puts youth at a disadvantage, or places them at risk for negative health or social outcomes, such as teen pregnancy, substance abuse, or poor academic achievement.
- Resources are a type of support, service, or program that are available in the community, such as a reproductive health care clinic, a faith-based community ministry, a youth-friendly radio station, or school.

Conducting a needs and resource assessment is one of the first steps in good program planning.

Why is conducting a needs and resource assessment essential?
Conducting a needs and resource assessment is essential to understanding a priority population. Having a sound understanding of both the needs and conditions of a priority population are critical in developing a program that addresses those needs.

There are many benefits to conducting a needs and resource assessment:

- Identify priority population by assessing the data
- Learn more about suspected needs and possibly uncover new ones
- Identify prevalent sexual risk-taking behaviors
- Identify the determinants (i.e., the risk and protective factors) of those behaviors
- Design programs more strategically
- Gather baseline data that can help with program planning and evaluation
- Strategic use of resources (i.e., staff, funding, materials)
- Gain support from stakeholders through strategic planning
- Develop better grant proposals
- Update information about your priority population and program participants
- Review for program improvement
- Use for future program planning

Even if you have already selected or are implementing a program, it is still essential to conduct a needs and resource assessment.

1/25/2011
What are five essential tasks in conducting a needs and resource assessment?
Ideally every program should conduct the five best practices of a needs and resource assessment. An average amount of time for completing a comprehensive needs and resource assessment is about three months, more or less depending on the size of your community, assessment plan, and time to prioritize completing the assessment in the set time frame.

1. Establish a Work Group to Help Design and Conduct the Needs and Resource Assessment
   a. Identify key participants for the workgroup (e.g., program manager, educators, evaluator, parents, youth, school personnel, etc.)
   b. Offer initial data to start the process
   c. Develop a timeline for completion of the assessment
   d. Determine participants’ roles (e.g., group leader, support)

2. Develop a Data Collection Plan
   a. Develop assessment questions:
      i. How would you describe the demographics of the youth in your community?
      ii. Among youth in your community, what is the prevalence and incidence of teen pregnancy, births, abortion, sexually transmitted infections (STI), and HIV/AIDS? How do the prevalence and/or incidence compare to other populations with different demographics, and to national standards (i.e., Health People 2020)?
      iii. What are the common sexual risk-taking behaviors among the youth in your community?
      iv. What are the important determinants (i.e., risk and protective factors) that influence the sexual risk-taking behaviors?
      v. What existing programs, services, and resources in your community address adolescent pregnancy, STI, and HIV/AIDS?
      vi. What potential collaborations or partners might you leverage to support your efforts?
   b. Plan to collect existing data and new data
      i. See resources listed below for sources of existing data, such as the CDC.
      ii. Methods to collect new data: surveys, focus groups, in-depth interviews, observations, conversations with key community stakeholders, including youth.

3. Collect the Data
   a. Collect and assess existing and new data. The average needs and resource assessment takes about three months, so collecting the data should take only a fraction of this total time, or about one month.

4. Analyze the Data
   a. Review and analyze existing and new data by answering assessment questions from Task #2. The process of analyzing all the data you have collected can be easier and more purposeful if you know in advance what questions you want to answer. Analyzing the data does not have to be complicated, instead this process can be straightforward. An important part of the process is to consider the purpose of this analysis and the audience for the data. Looking at the data can give you a glimpse of naturally occurring themes.
      i. First, from the assessment data, identify and describe the priority population. A description of the priority population will come from the answers to assessment Questions 1 (demographics) and 2 (incidence and prevalence).
ii. Next, from the assessment data, identify the specific sexual behaviors among the priority population to change. It is important to note which sexual behaviors are relevant to your priority population (Question 3).

iii. Next, from the assessment data, identify those risk and protective factors, or determinants that are either protecting the youth within the priority population from engaging in sexual risk taking behavior, or putting them at increased risk (Question 4).

iv. And finally, describe what resources that already exist in your community and potential collaborations (Questions 5 and 6).

b. Share the data with key leaders and stakeholders
c. Use the data to drive program development and implementation

5. Link Assessment Findings to a Logic Model
a. Map your priority population to your health goal(s), and your sexual risk-taking behaviors and determinants to your program objectives. Linking your needs and resource assessment to the program logic model ensures that your program fits your priority population and community, and prepares you to develop the program evaluation plan.

b. Logic models have two purposes:
   i. Program staff use logic models as tools to strategically, purposefully, and scientifically identify the causal pathways between health goals and interventions.
   ii. Logic models also point program staff to the outcome and process indicators to be measured and evaluated.

Example of a completed needs and resource assessment
Fayetteville Youth Network (FYN) is a fictional organization developed to provide an example of an organization completing a comprehensive program planning, implementation, and evaluation process. FYN is a community-based organization that promotes positive youth development and provides substance abuse services.

FYN identified the need to conduct a needs and resource assessment, because staff members noticed that a growing number of program participants were getting pregnant, and staff were concerned about the effect of these early pregnancies. FYN decided to investigate this issue more closely, and possibly, add a teen pregnancy prevention component to their services.

In Task #1, FYN formed a work group composed of staff members, community advocates, school personnel, and a parent of a Fayetteville High School Student. FYN brought together their workgroup, provided them with the initial data to explain their rationale for conducting an assessment, established a timeline for completing the assessment, and assigned group roles.

FYN developed a data collection plan for Task #2, by first developing assessment questions dealing with their community demographics, sexual risk-taking behaviors, important determinants, and existing services and resources. Next, FYN planned to collect existing data using available sources, as well as to collect new data by conducting focus groups and surveys.

To collect the data as part of Task #3, FYN used state health survey data and state Youth Risk Behavior Surveillance System data, collecting the following information:

- data on the number of teen births by zip code within Fayetteville and then prioritized the one zip code where the majority of teen births were concentrated
- gathered information about the sexual behaviors of youth from across the state from the Youth Risk Behavior Surveillance System
FYN also surveyed high school students to assess different determinants of sexual behaviors, specifically their knowledge and attitudes about sexuality, STIs, and contraception. In addition, FYN conducted a focus group of school staff members to get their perspectives on the risk factors facing youth in their school.

When analyzing the data in Task #4, FYN realized that there was a need in their community for programming on preventing teen pregnancy, STIs, and HIV/AIDS. FYN identified high school-aged youth in zip code 13065 as their priority population. They decided to focus on reducing sexual activity and increasing correct and consistent condom use among sexually active youth.

FYN linked their assessment findings to a logic model, completing Task #5, by using the information from their needs and resource assessment. The logic model will become their program planning tool, as well as the guide for their program evaluation.

**What resources are available for conducting a needs and resource assessment?**

**State and Local Data**
- State or county public health reports
- School district reports
- Reports published by NGOs in your community

**National Data**
- ADD Health ([www.cpc.unc.edu/projects/addhealth](http://www.cpc.unc.edu/projects/addhealth))
- Census Bureau ([www.census.gov/](http://www.census.gov/))
- Centers for Disease Control & Prevention ([www.cdc.gov](http://www.cdc.gov))
  - Division of Adolescent and School Health ([www.cdc.gov/HealthyYouth/index.htm](http://www.cdc.gov/HealthyYouth/index.htm))
  - Youth Risk Behavior Surveillance System (YRBSS) ([www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm))
  - Division of Health and Human Services, HIV Surveillance ([www.cdc.gov/hiv/](http://www.cdc.gov/hiv/))
  - Division of Reproductive Health ([www.cdc.gov/teenpregnancy/](http://www.cdc.gov/teenpregnancy/))
  - Healthy People ([www.cdc.gov/nchs/healthy_people.htm](http://www.cdc.gov/nchs/healthy_people.htm))
- Find Youth Info ([www.findyouthinfo.org/](http://www.findyouthinfo.org/))
- Reports published by NGOs:
  - Healthy Teen Network ([www.healthyteenetwork.org](http://www.healthyteenetwork.org))
  - Advocates for Youth ([www.advocatesforyouth.org](http://www.advocatesforyouth.org))
  - Annie E. Casey Foundation, Kids Count ([www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx](http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx))
  - Bixby Center for Global Reproductive Health ([www.bixbycenter.ucsf.edu/index.html](http://www.bixbycenter.ucsf.edu/index.html))
  - Child Trends ([www.childtrends.org](http://www.childtrends.org))
  - ETR Associates ([www.etr.org](http://www.etr.org))
  - The Guttmacher Institute ([www.guttmacher.org](http://www.guttmacher.org))
  - Joint Center for Political and Economic Studies ([www.jointcenter.org/](http://www.jointcenter.org/))
  - Kaiser Family Foundation ([www.kff.org](http://www.kff.org))
  - National Campaign to Prevent Teen and Unintended Pregnancy ([www.thenationalcampaign.org](http://www.thenationalcampaign.org))
  - Urban Institute ([www.urban.org/](http://www.urban.org/))
- Peer-reviewed journal articles