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National Family Planning & Reproductive Health Association

Crafting Your Best Needs Assessment

Funding opportunity announcements (FOA) often require that applicants include a needs assessment in their responses. For family planning and sexual health services providers, needs assessments present a unique opportunity to: (1) outline the need for family planning care within a defined service area, and (2) describe the population(s) to be served. In responding to this requirement, applicants begin to make the case for why they should be funded and what sets them apart from other health care providers.

Before all else, the questions a health care provider responds to within a needs assessment should reflect the FOA's application responsiveness (i.e., scoring) criteria. Typically, this entails addressing one or more of the following questions:

Questions to Respond to in a Needs Assessment:

- Who in the service area is in need of family planning and sexual health services?
    - *What populations in the service area are at greatest risk for reproductive health outcomes like unintended pregnancy or contracting a sexually transmitted disease (STD)?*
    - *What socioeconomic and sociodemographic factors (e.g., income, educational attainment, insurance status, employment) contribute to this need?*

- What evidence (i.e., data) exists to substantiate need?
    - *What disparities exist between the population to be served and other populations, such as individuals living in other service areas?*

- Why is it important that this population(s) be able to access publicly funded family planning and sexual health services?
    - *What are some potential outcomes of individuals not having access to family planning and sexual health services?*

In subsequent sections of a funding proposal, applicants go on to describe how they are positioned to address the need that was established in the needs assessment section.

To make the most of limited time and resources, agencies may consider collecting and analyzing quantitative and qualitative data for their needs assessment sections in advance of an FOA's release, with the caveat that the data and commentary ultimately included in a funding response be responsive to the FOA's scoring criteria.

Quantitative Data

Applicants typically draw on quantitative data in their needs assessment section, including data from:

- **Public databases**, including:
    - National Survey for Family Growth (NSFG) – *Most recent data from 2013-2015*
    - US Census – *Most recent data from 2010*
    - American Community Survey – *Most recent data from 2016*
    - Pregnancy Risk Assessment Monitoring System (PRAMS) – *Most recent data from 2014*
    - Pregnancy Mortality Surveillance System – *Most recent data from 2013*

- National Vital Statistics System – *Most recent linked infant birth and death data from 2014*
- Youth Risk Behavior Surveillance System (YRBS) – *Most recent data from 2015*
- Sexually Transmitted Disease (STD) Surveillance – *Most recent data from 2016*
- State, County, and City Health Department data
  Though many of the above sources utilize surveillance data collected by state, county, and city health departments, applicants may wish to explore local data sources directly, as reports may contain additional indicators and helpful analysis.

- **Studies**; commonly referenced studies include:
  - Contraceptive Needs and Services, 2014 Update – *Published by the Guttmacher Institute*
    Presents data on the number of women in need of contraceptive services in the US at the national and state levels, including estimates of the numbers of women served and the impact that publicly funded family planning services have on reducing rates of unintended pregnancy.
  - Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010 – *Published by the Guttmacher Institute,* provides national and state-level estimates for 2010 for public expenditures on unintended pregnancy, as well as for the contribution of public insurance programs in providing cost-saving care.
  - State Health Facts – *Published by the Henry J. Kaiser Family Foundation*
    Includes up-to-date data for more than 800 health indicators for all 50 states, the District of Columbia, US counties, territories, and other geographies.
- **Surveys**, including:
  - Patient satisfaction surveys
  - Surveys developed specifically to collect data for a FOA response

While it is critical for applicants to include all relevant data in their FOA responses, it also is important to avoid redundancies. Including too much data can take up valuable space within a proposal—space that could be used to provide additional context and analysis and to respond to other requirements within the FOA.

Qualitative Data

Quantitative data alone may not answer "how" and "why" questions that emerge within the needs assessment. This level of explanation often requires more than just numbers. Qualitative data, such as patient and provider anecdotes, can add much-needed depth and context to a needs assessment, drawing in the feelings, actions, and pieces of community history that relate to the need. They also testify to the applicant's credibility by highlighting the agency's work and value to the community.

To collect qualitative data for a needs assessment, an applicant first must define what they want to know. One strategy for doing this is identifying which of the questions outlined in the **Questions to Respond to in a Needs Assessment** (above) cannot be answered fully using quantitative data alone. From here, an applicant may wish to use the following approaches for gathering qualitative data:

- **Key Informant Interviews** – Facilitated by an interviewer, these interviews take place with a key informant, defined as an individual with specific and direct knowledge of the subject being examined. For family planning providers, a key informant may be a patient who regularly utilizes services or an individual who is a member of a priority population but not accessing services. They also could be an individual who is knowledgeable about the community's needs for family planning and sexual health services. Facilitators should conduct key informant interviews privately in order to protect the informant's confidentiality. It also is recommended that these conversations are recorded to accurately capture the key informant's responses and specific quotations.

- **Focus Groups** – Focus groups typically are comprised of five to seven key informants (as defined above). When key informants hear one another's stories in the focus group format, the result can be a generative conversation that producers deeper, more thoughtful insights and stories about the subject being examined (i.e., the care provided by the agency and/or need for services in the community). It is recommended that the facilitator refrain from taking notes, but instead focus on listening to participants' responses and using what is shared to seek out themes and key ideas. A notetaker or recording device should be used to capture responses and specific quotations.

Moving Forward

NFPRHA is compiling resources to support members' funding with proposal development. If you have any specific questions or needs related to developing the needs assessment – or any other – section of funding proposals, please let NFPRHA know. Contact Elizabeth Jones at ejones@nfprha.org.

Sources

Klaus T. "Bringing Needs Assessments to Life with Stories." NFPRHA October 2017 Monthly Membership Call., October 25, 2017.

KU Work Group for Community Health and Development. 2012. Chapter 3, Section 15: Qualitative Methods to Assess Community Issues. In: The Community Tool Box. Lawrence, KS: University of Kansas.