



COE DEVELOPED CSBG  
ORGANIZATIONAL STANDARDS

---

# **Category 3 Community Assessment**

## *for Public CAAs*

Community Action Partnership  
1140 Connecticut Avenue, NW, Suite 1210  
Washington, DC 20036  
202.265.7546 | FAX 202.265.5048  
[WWW.COMMUNITYACTIONPARTNERSHIP.COM](http://WWW.COMMUNITYACTIONPARTNERSHIP.COM)

# Table of Contents

<b>Introduction to Category 3</b>	1
<b>Considerations for the Review Process</b>	2
<b>Category 3 Standards</b>	5
<b>Standard 3.1</b>	8
A. Guidance on the Definition and Intent	8
B. Guidance on Compliance and Documentation	10
C. Beyond Compliance: Benchmarking Organizational Performance	11
D. Resources	12
<b>Standard 3.2</b>	13
A. Guidance on the Definition and Intent	13
B. Guidance on Compliance and Documentation	14
C. Beyond Compliance: Benchmarking Organizational Performance	15
D. Resources	17
<b>Standard 3.3</b>	18
A. Guidance on the Definition and Intent	18
B. Guidance on Compliance and Documentation	19
C. Beyond Compliance: Benchmarking Organizational Performance	20
D. Resources	21
<b>Standard 3.4</b>	22
A. Guidance on the Definition and Intent	22
B. Guidance on Compliance and Documentation	23
C. Beyond Compliance: Benchmarking Organizational Performance	24
D. Resources	25
<b>Standard 3.5</b>	26
A. Guidance on the Definition and Intent	26
B. Guidance on Compliance and Documentation	27
C. Beyond Compliance: Benchmarking Organizational Performance	27
D. Resources	28
<b>Standards Review Worksheet Template</b>	29
<b>Assessment Scale</b>	30

*This publication was created by National Association of Community Action Agencies – Community Action Partnership in the performance of the U.S. Department of Human Services, Administration for Children and Families, Office of Community Services Grant Numbers 90ET0434 and 90ET0445. Any opinion, findings, and conclusions, or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families.*

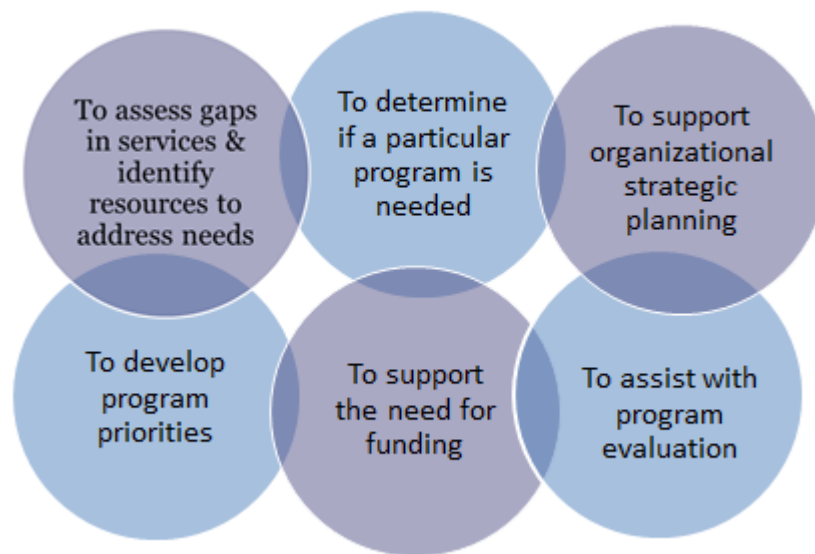
## Introduction to Category Three: Community Assessment

The purpose of this Technical Assistance Guide is to help a Community Action Agency (CAA, also called a department in this Guide to distinguish public agencies from nonprofits) review its compliance with Category Three of the Organizational Standards (3.1-3.5) that pertain to the community needs assessment (CNA). The first section below provides general considerations to help a department plan the review process to assess compliance with the Standards. The next five sections address each of the Organizational Standards in this category and provide resources to help a department:

- Understand the intent and definition of the Standard;
- Identify materials to document compliance with the Standard;
- Evaluate and benchmark performance related to the Standard; and
- Access resources to help with compliance and improve performance.

Local control of Federal CSBG resources is predicated on regular comprehensive CNAs that take into account the breadth of community needs as well as the partners and resources available in a community to meet these needs. Regular assessment of needs and resources at the community level is the foundation of Community Action and a vital management and leadership tool that is used across the organization and utilized by the community to set the course for both CSBG and all department resources.

## Why do we do Needs Assessments?



A product of the New York State Community Action Association

This Technical Assistance Guide helps a department answer two questions: (1) Are we in compliance with the requirements of the Organizational Standards, and (2) How well did we perform in the design and use of our CNA? It is important to note that departments are only required to comply with the Standards and that guidance and materials for how to evaluate

performance are intended as a capacity-building resource. However, there are a number of reasons that a department should consider going through the complete review process described in this Guide that include:

- Preparation for the next needs assessment;
- Support for updating needs assessment results and activities related to their use;
- Building staff capacity to design, conduct, and use the needs assessment; and
- Integration of the ROMA cycle into the needs assessment process.

Some departments rely on community assessments conducted by their larger parent agency to serve as their CNA. In such cases, the department should ensure that the staff who conduct the assessment are aware of the Standards' requirements and ideally incorporate them into the process. If the larger parent agency's community assessment does meet the Standards, the department may have to supplement certain parts to comply. Suggestions for how this might be done are included in the discussion of each Standard below.

## Considerations for the Review Process

This section of the Technical Assistance Guide provides questions to help departments think through the planning of the review process. Questions to consider before beginning include:

- **How is the review process for Category Three connected to the processes for reviewing compliance with the other categories of Organizational Standards?** Staff involved in reviewing the Standards related to the CNA should ensure their efforts are consistent with the overall process for Standards evaluation in regards to interpreting the Standards, recording findings, managing and storing documents, and conducting any necessary follow-up activities to achieve compliance.
- **Are there opportunities to incorporate the review process into related activities?** While there is value to conducting the review as a “stand alone” process, departments can look for opportunities to increase efficiency by including it in already planned activities. Annual updates to the data collected for the CNA, board reports on evaluation results, strategic planning, and development of the department's community action plan are examples of opportunities to “fold in” the review of Category Three into related processes.
- **What is the appropriate level of effort for the review process?** Departments should consider the costs and benefits of expending different levels of effort in reviewing Category Three. If a CNA is planned for the current or following year, it may benefit the department to conduct a full review of the previous process by working through the questions in this Guide. If the CNA was completed within the last year, staff may choose to focus on one or two of the Standards for an in-depth analysis (e.g. reviewing the qualitative and quantitative data collected to prepare for an annual update of the results).
- **Who should participate in the review process?** It is possible for one staff person to complete the review alone. However, the department may consider assembling a small team to conduct a more in-depth analysis of the previous CNA using the process suggested in this Guide. This team might include key staff involved in the design of the previous community assessment, program managers who use data from the assessment, staff responsible for conducting related outreach and engagement activities, and board members who sit on a data or community assessment sub-committee.

When the staff selected to conduct the review process are ready to begin, there are several additional questions they should consider. These include:

- **How will the staff determine whether the standards are met?** Staff should always begin the review process by familiarizing themselves with all guidance from the State CSBG Lead Agency on the interpretation of the Organizational Standards and the documentation required to show they are met. Even if the department decides not to conduct the complete review process suggested in this Guide, it is strongly suggested that the staff use the five point *Assessment Scale* included at the end of each section to rate the organization's performance. This exercise helps ensure that there is consensus about whether the Standard is met and provides a benchmark against which the department can rate future performance.
- **How will the staff document compliance with the Standards?** Staff should determine how they will record the results of the review and organize related files and materials to document compliance. The *Standards Review Worksheet Template* included at the end of this Guide offers one option. Staff should begin by determining whether the department meets each of the Organizational Standards in Category Three using guidance from the State CSBG Lead Agency and, if conducting a full review, rate performance using the questions and scale included in this Guide. Brief summaries of the findings should be recorded to document the process for state monitors and provide a record for future reviews. Staff should then list the supporting materials that document compliance (e.g. reports, web pages, board minutes) and determine how to file the materials in a way that is easily accessible to state monitors.
- **How will staff manage recommendations from the review process?** Standards that are evaluated as unmet or that staff believe are potentially questionable should be addressed immediately with an action plan that concisely explains the problem and the specific steps that must be taken to achieve compliance. In addition, it is strongly suggested that staff should use the review process and resources in this Guide to make recommendations to the department on how to improve the CNA based on their findings. Even if the process focuses on simple compliance with the Standards rather than a more extensive review, it is likely that staff can identify ways to strengthen the methodology, contents, and use of the CNA. There should be a clear follow-up process established that details the rationale for the recommendation, specific actions to take, and who is responsible.
- **How will staff archive results from the review process?** When the review of the Standards is complete, staff should archive the results with those of the other categories. A good archive will include notes on how the review was conducted, who participated, any issues or lessons learned that are helpful to note for future reviews, and clear instructions for how to find all documents and materials referenced in the findings. Again, even if the review process has a more limited focus on compliance, it is recommended that staff include their rating of each Standard on the five point *Assessment Scale* along with brief notes explaining the rationale for the finding to help benchmark performance for future evaluations.

Departments that choose to conduct a more extensive review process can consider using one or more of the following options. Again, such a process is not required for compliance with the Organizational Standards and is included in this Guide as a capacity building resource. Options for evaluation include:

- **Conduct a brief evaluation of the strengths and opportunities for improvement of the previous CNA.** After compiling the necessary documentation to show compliance with the Organizational Standards in Category Three, the review team can discuss the questions under heading “C. Beyond Compliance: Benchmarking Organizational Performance” included in each of the sections that follow. Staff would compare the questions with the appropriate parts of the previous CNA, use the *Assessment Scale* to rate performance for each standard on the five point scale, and develop recommendations for improving the next CNA using the *Standards Review Worksheet Template*.
- **Use the resources included in this Guide and other sources in the review process.** Many of the resources included in this Guide can help the review team assess their CAA’s previous CNA. For example, the team might read the National Association for State Community Services Programs’ (2011) *A Community Action Guide to Comprehensive Community Needs Assessments* (see the Resources section for Standard 3.1 for a link), which contains a suggested model process for conducting a CNA and provides additional resources. The team could also research or request copies of CNAs from other CAAs to serve as comparisons (see the Resources section for Standard 3.1 for a link to Virtual CAP’s library of sample CNAs).
- **Conduct interviews or a focus group with key internal stakeholders to gather recommendations for improving the next CNA.** Another option for the review team is to conduct brief interviews with key internal stakeholders or convene them collectively for a focus group to gather additional recommendations for improving the next CNA. The review team should consider soliciting feedback from other staff who participated in the previous CNA, top leadership, program managers, and board members.
- **Conduct interviews or a focus group with key external stakeholders to gather recommendations for improving the next CNA.** The review team can also consider using a similar process of interviews or a focus group with key external stakeholders. These might include staff from partner organizations who are familiar with or participated in the previous needs assessment and other community organizations that conduct similar processes (e.g. the local United Way, hospital system, public agencies).

## Category 3 Standards

- Standard 3.1** The department conducted a community assessment and issued a report within the past 3 years.
- Standard 3.2** As part of the community assessment, the department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).
- Standard 3.3** The department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.
- Standard 3.4** The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.
- Standard 3.5** The tripartite board/advisory body formally accepts the completed community assessment.

There are several other standards that relate to the community needs assessment that the evaluation team should consider to coordinate with work on other categories of the Organizational Standards.

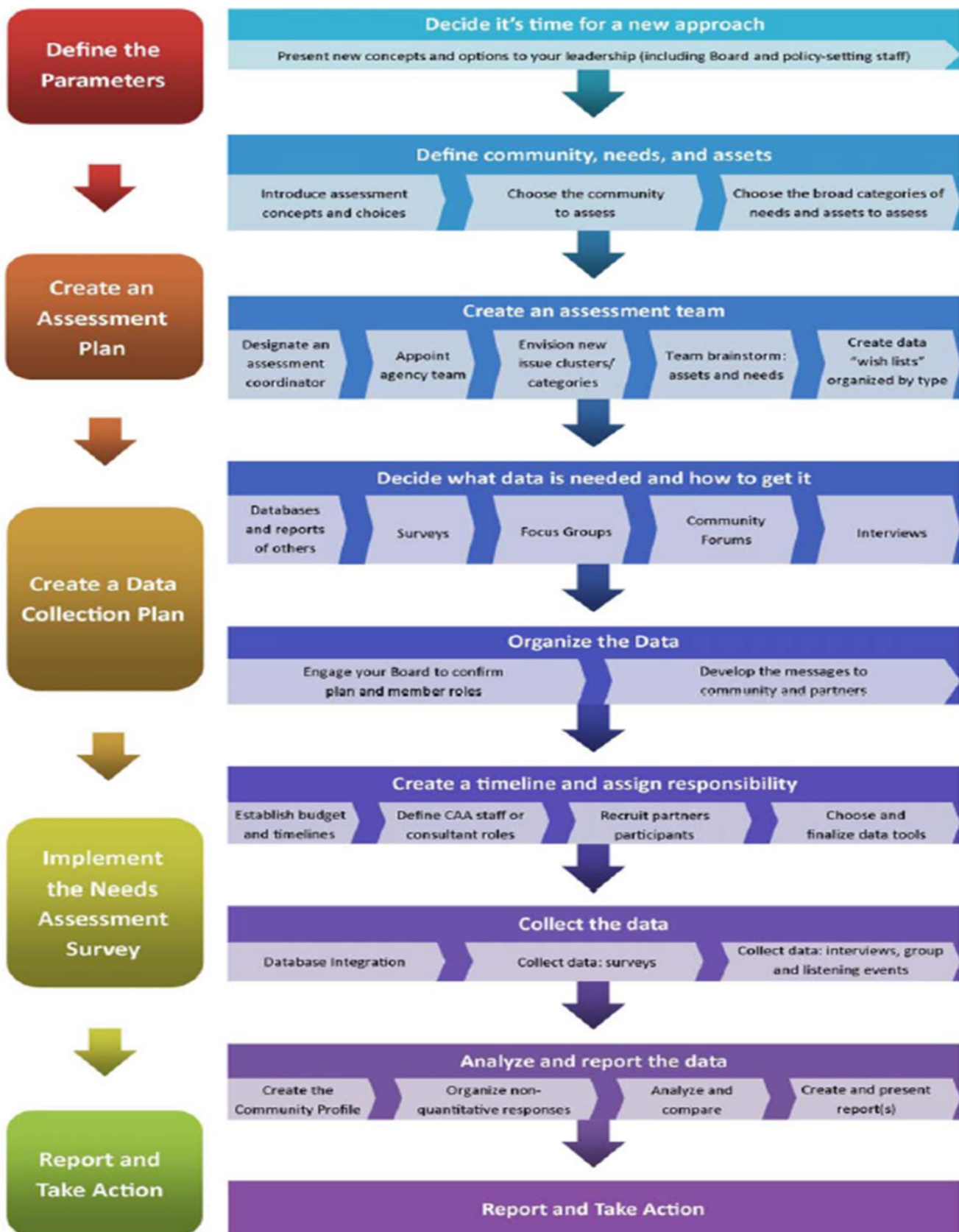
These include:

- Standard 1.1** The department demonstrates low-income individuals' participation in its activities.
- Standard 1.2** The department analyzes information collected directly from low-income individuals as part of the community assessment.
- Standard 2.2** The department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.
- Standard 2.4** The department documents the number of volunteers and hours mobilized in support of its activities.
- Standard 6.4** Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process, or comparable planning process.

### Comprehensive Community Needs Assessment Checklist

- ☐ Organize a community assessment advisory/planning committee
- ☐ Define the goals of your assessment
- ☐ Compile the department data you already have to contribute to your assessment
- ☐ Outline what data you will need and how you will obtain it
- ☐ Create a data collection plan for quantitative data
- ☐ Create a data collection plan for qualitative data
- ☐ Set aside time and resources to collect poverty data and its prevalence related to gender, age, race/ethnicity in your community
- ☐ Schedule time for analysis and prioritizing of needs
- ☐ Plan a discussion for identifying and labeling the causes versus the conditions of poverty
- ☐ Organize your key findings section with the causes and conditions included and labeled
- ☐ Prepare a comprehensive community needs assessment report within a 3 year time period
- ☐ Disseminate the report to your Board of Directors, and include the item on the Board's agenda
- ☐ Capture the approval of the report in your Board meeting minutes
- ☐ Utilize the approved report to guide the planning for the department CAP Plan and Strategic Plan





Graphic from National Association for State Community Services Programs  
*A Community Action Guide to Comprehensive Community Needs Assessments*

## 3.1 The department conducted a community assessment and issued a report within the past 3 years.

### A. Guidance on the Definition and Intent of the Standard

This Standard refers to what is often called a community needs assessment (CNA). Previous guidance on the definition of and intent behind requiring agencies to conduct a CNA comes from three main sources – the Community Services Block Grant, the Office of Economic Opportunity Instruction, and Information Memorandum 49. Key language from each of those three sources includes:

*The Community Services Block Grant Act, Section 676(b)(11)* that requires “[A]n assurance that the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community services block grant made under this subtitle for a program, a community action plan...that includes a community-needs assessment for the community served, which may be coordinated with community-needs assessments conducted for other programs.”

*The Office of Economic Opportunity Instruction (1970)* that states “CAA(s) must develop both a long-range strategy and specific, short-range plans for using potential resources...In developing its strategy and plans, the CAA shall take into account the areas of greatest community need, the availability of resources, and its own strengths and limitations.”

*Information Memorandum 49 (2001)* issued by the Office of Community Services, U.S. Department of Health and Human Services that states:

1. The entity and its Board complete regular assessments of the entity’s overall mission, desired impact(s) and program structure, taking into account:
  - a. the needs of the community and its residents;
  - b. the relationship, or context, of the activities supported by the entity to other anti-poverty [and] community development services in the community; and
  - c. the extent to which the entity’s activities contribute to the accomplishment of one or more of the six national ROMA goals.
2. Based upon the periodic assessments described above, the entity and its Board has identified yearly (or multi-annually) specific improvements, or results, it plans to help achieve in the lives of individuals, families, and/or the community as a whole;
3. The entity organizes and operates all its programs, services, and activities toward accomplishing these improvements, or outcomes, including linking with other agencies in the community when services beyond the scope of the entity are required. All staff is helped by the entity to understand the direct or indirect relationship of their efforts to achieving specific client or community outcomes.

In addition to the legal requirement stipulated in the CSBG Act that all CAA’s must conduct a CNA, there are several other reasons for its inclusion in the Organizational Standards. The intent of the Standard is to ensure:

- **Uniformity across states for the maximum time period between CNAs.** Previously, each State determined how often departments conducted CNAs, typically ranging between one and five years. While the State may mandate more frequent CNAs, the Standard sets the

maximum amount of time that may pass before a department must conduct a new assessment.

- **Minimum requirements for the format and content of the CNA.** States have the authority to set specific guidelines on the format and content of the community needs assessment. In addition, requirements of the Organizational Standards that affect the CNA include:

1.1 The department demonstrates low-income individuals' participation in its activities.

1.2 The department analyzes information collected directly from low-income individuals as part of the community assessment.

2.2 The department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

2.4 The department documents the number of volunteers and hours mobilized in support of its activities.

3.1 The department conducted a community assessment and issued a report within the past 3 years.

3.2 As part of the community assessment, the department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).

3.3 The department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

3.4 The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

3.5 The tripartite board/advisory body formally accepts the completed community assessment.

6.4 Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process, or comparable planning process.

- **Engagement of internal and external stakeholders in the needs assessment process.** Direct engagement of internal and external stakeholders in the work of a department is a core value of the Community Action Network and essential to the success of its work. The intent of the requirement that the department issue a report on the CNA is to ensure that the results are shared with department staff, partner organizations, other sectors, and the community at large.

Departments that rely on their larger parent agency to conduct the CNA should check to ensure that it will be conducted at least every three years to comply with the Standard. In cases where

the timeframe for conducting the CNA is longer than three years, the department should check with its State CSBG Lead Agency for guidance on how to address the situation. The department may have to supplement a previous assessment with additional research or outsource the CNA if it lacks the capacity to conduct its own if its parent agency conducts community assessments on a cycle longer than three years.

## B. Guidance on Compliance and Documentation

The review team should always begin the process of documenting compliance with the Organizational Standards by familiarizing themselves with all available guidance from the State CSBG Lead Agency on the interpretation of the Standard and required documentation. The review team should also confirm any State requirements for the CNA. Specific issues the review team should consider that may affect compliance with Standard 3.1 include:

- **“In process” CNAs that begin three years after the previous assessment.** A department may find itself assessed for compliance with Standard 3.1 when it is about to begin or is in the process of conducting a CNA, but the previous assessment was completed more than three years ago. In such cases, it is suggested that the department inform the State CSBG Lead Agency of the situation, confirm whether planned or “in process” CNA will meet the Standard in accordance with the State’s interpretation, and clarify the process for and any associated deadlines with confirming compliance if the anticipated completion date of the assessment falls after the State’s monitoring process for compliance.
- **Relying on community assessment studies conducted by the department’s larger parent agency.** Community assessments conducted by the department’s larger parent agency may or may not meet all the Organizational Standards in Category Three. Departments in this situation should work with the staff that conducts the assessment to ensure that it will meet the Standards or supplement the research to ensure compliance.
- **Differences in State requirements for the frequency of conducting a CNA.** If the State previously required departments to conduct a CNA over time periods longer than three years, Standard 3.1 will supersede this requirement and departments will now have to conduct such assessments every three years at a minimum. In addition, States can still require departments to conduct CNAs more frequently than every three years, so Standard 3.1 does not absolve them of such State requirements.
- **Counting an update to the previous CNA as complying with Standard 3.1.** Many departments update data in between conducting full CNAs. Unless otherwise allowed by the State, such updates would not qualify as compliance since the intent of the standard is for the department to conduct a full assessment.
- **What qualifies as “issued” and “report”.** States may have specific requirements around the definitions of “issued” and “report”. Departments should not assume that actions such as posting a copy of the needs assessment on their website complies with the standard unless otherwise confirmed by the State. Requirements may include actively disseminating the CNA to internal and external stakeholders (e.g. emailing copies to staff and other community organizations). Departments should also not assume that a copy of the CNA qualifies as a “report”. The State may require the production of an executive summary or similar document so departments should always confirm how the State interprets both terms.

There are two types of documentation required to show that a department is in compliance with Standard 3.1. These include (1) documentation that confirms a department has completed a community needs assessment in the last three years, and (2) documentation that confirms it has issued a report. Documentation for the first might include:

- A physical or electronic copy of the report; and
- Confirmation of the date the CNA was completed (e.g. press release, board minutes, email or web page time stamp)

Documentation for the second might include:

- A physical or electronic copy of an executive summary or similar condensed version of the CNA that would qualify as a report;
- Recording of a webinar or radio show discussing CNA results, minutes from a community meeting where the assessment was released, or newsletter/newspaper article that would qualify as a report;
- Confirmation of the date the report was issued (e.g. press release, board minutes, email or web page time stamp)

## C. Beyond Compliance: Benchmarking Organizational Performance

The review team should read the end of the previous section for suggestions on how to evaluate the department's previous CNA. One suggestion for the team to consider is to complete its review of Standards 3.2-3.5 first and then develop recommendations for the next CNA as a whole. In addition to the materials in the resources section below, there are several basic considerations the review team can use to guide their discussion of the previous CNA and recommendations for the next assessment. Questions to ask include:

- **Do the results of the CNA guide development of the department's strategic plan and community action plan?** Ideally, the CNA should directly inform the department's community action plan by identifying the primary causes and conditions of poverty that its programs should address. Likewise, the strategic plan should reflect results from the assessment in areas such as resource allocation and program goals.
- **Do the department's strategies, programs, and services address key needs identified in the CNA?** The CNA should be one of the primary tools a department uses to guide decisions about service delivery strategies and program goals. Ideally, there should be a close alignment between the types of services a department delivers and the community needs identified in the assessment.
- **Are results from the CNA updated and used to routinely guide decisions about the department's service delivery strategies and programs?** While CNAs are typically conducted every three years, it is important to update key indicator data such as unemployment and educational outcomes on an annual or even more frequent basis. Likewise, the CNA should be a key resource in planning and decision-making processes throughout the year which requires current data.
- **Does the CNA focus on the causes and conditions of poverty?** Some departments contract out work on the CNA to other community partners who might focus on issues



other than poverty or not fully understand how the assessment is used. An analysis of the causes and conditions of poverty for the purpose of informing department programs and service delivery strategies should be the primary focus of the assessment.

- **Does the department use the CNA to engage key community stakeholders and build consensus on a shared policy agenda?** An important use of the CNA is to build awareness among key stakeholders and the general public of the causes and conditions of poverty in the community. Ideally, a department should use multiple forums to issue the results of the assessment (e.g. press release, community meeting, webinar), build consensus on the importance of anti-poverty efforts, and support the development of a policy agenda to address the needs of the community.
- **Does the department work with its larger parent agency to ensure that community assessments include a focus on poverty?** In cases where the department relies upon a community assessment conducted by its larger parent agency, it can work with the staff who conduct the assessment to ensure that the process includes a focus on poverty-related issues if it does not already.
- **Does the department work to educate its contractors about the findings of the CNA?** Some departments contract with other service providers to manage CSBG-funded programs. In such cases, the departments can ensure these contractors are informed of and apply the findings of the most recent CNA to support their work.

## D. Resources

National Association of State Community Services Programs (2011). *A Community Action Guide to Comprehensive Needs Assessments*.

[http://www.nascsp.org/data/files/CSBG\\_Resources/Train\\_Tech\\_Assistance/Needs\\_Assessment\\_FINAL\\_-\\_8.22\\_print\\_to\\_pdf.pdf](http://www.nascsp.org/data/files/CSBG_Resources/Train_Tech_Assistance/Needs_Assessment_FINAL_-_8.22_print_to_pdf.pdf)

Virtual CAP, Community Needs Assessments – Examples of CAA Needs Assessment Reports.

<http://www.virtualcap.org/project/community-needs-assessments-examples-of-CAA-needs-assessment-reports/>

Office of Community Services, CCF/SCF Tools for Conducting a Community Assessment.

[http://www.virtualcap.org/downloads/VC/US\\_NA\\_Examples\\_TX\\_Standardized\\_CSBG\\_Needs\\_Assessment\\_2005.pdf](http://www.virtualcap.org/downloads/VC/US_NA_Examples_TX_Standardized_CSBG_Needs_Assessment_2005.pdf)

Missouri Association for Community Action (2009). *Community Needs Assessment Toolkit*.

[http://www.virtualcap.org/downloads/VC/US\\_NA\\_Examples\\_MACA\\_Needs\\_Assessment\\_Template.pdf](http://www.virtualcap.org/downloads/VC/US_NA_Examples_MACA_Needs_Assessment_Template.pdf)

Texas Department of Housing and Community Affairs (2005). *Standardized CSBG Needs Assessment*.

[http://www.virtualcap.org/downloads/VC/US\\_NA\\_Examples\\_TX\\_Standardized\\_CSBG\\_Needs\\_Assessment\\_2005.pdf](http://www.virtualcap.org/downloads/VC/US_NA_Examples_TX_Standardized_CSBG_Needs_Assessment_2005.pdf)

Office of Head Start, National Center on Program Management and Fiscal Operations, Community Assessment.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/mang-sys/planning/planning.html>

Kansas University, Community Tool Box, *Chapter Three: Assessing Community Needs and Resources*.

<http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources>

## 3.2 As part of the community assessment, the department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).

### A. Guidance on the Definition and Intent of the Standard

Collecting data across the demographic categories of gender, age, and race/ethnicity as part of the CNA is critical for several reasons. It helps a department clarify the conditions of poverty in its community at a greater level of detail than allowed by more simple aggregate data. Specific demographic information also helps the department more accurately identify the needs of the community, target programs to specific populations, and tailor service delivery strategies based on age, culture, and related factors. Including demographic categories in the CNA also helps ensure alignment with outcomes measures, which should ideally enable a department to show how its programs help meet the needs of the community.

Demographic information also plays a key role in working through the ROMA cycle because it helps a department answer the question “Who is our customer?” Demographic changes can happen relatively quickly and may require the department to shift resources or create new programs in response to changes in the groups of customer they serve. Such information also helps a department predict future needs, as in the case with a growing youth population that will require specific services at different points in their development or an ageing population that will need a completely different set of programs.

Many department’s already gather demographic data as part of their CNA and other activities, but may not do so consistently across their service delivery areas or programs. Fortunately, there are a variety of supports that can help with collecting such detailed community information included in the Resources listed at the end of this section. Two important ones to note are the Community Action Partnership’s Community Commons website ([www.communitycommons.org](http://www.communitycommons.org)) that includes thousands of searchable databases and the New York State Community Action’s *Community Needs Assessment Tool* (<http://needsassessment.nyscommunityaction.org>) that maintains links to numerous federal and state databases. Some departments may rely on community assessments conducted by their larger parent agency that do not include adequate poverty-related demographic data. In such cases, the Community Commons website can provide the department with the necessary information to supplement the original assessment and comply with the Standard.

In addition to the importance of gathering this data specific to poverty in order to guide the ROMA process, other reasons to include a requirement to collect demographic data in Organizational Standard 3.2 are that it:

- **Promotes a minimum uniform data collection requirement for the Community Action Network.** Incorporating key demographics into the CNA process creates a uniform set of available data about poverty in Community Action, allowing cross reference of data across local, state, regional, and national levels.
- **Ensures that departments are able to identify the needs of specific vulnerable populations in their community.** By specifying the specific demographic characteristics

within the service population, all departments will have documented the “local needs and conditions” that they are called to address in *The Community Services Block Grant Act, Section 672(2)(4)* to reduce poverty and promote self-sufficiency among low-income people.

- **Improves the efficient use of resources towards a targeted population.** With a clear definition of the population in poverty, departments will be better able to understand their target population. Thus, client recruitment efforts and program resources can be utilized more efficiently because they will be strategically directed at a specific subset of the community identified as most in need.

## B. Guidance on Compliance and Documentation

The review team should always begin the process of documenting compliance with the Organizational Standards by familiarizing themselves with all available guidance from the State CSBG Lead Agency on the interpretation of the Standard and required documentation. The review team should also confirm any additional State requirements for the CNA. Specific issues the review team should consider that may affect compliance with Standard 3.2 include:

- **Including one or two, but not all three, demographic categories in the CNA.** This potential issue can arise in two ways. First, a department might lack any data in one or two of the demographic categories. Unlike other Standards that use and/or to indicate a department may have one or more required elements, Standard 3.2 requires that a CNA contain all three categories of demographic data. Second, a department may not have all three categories of demographic data in one or more sections of the CNA. For example, a section on housing might include data on the need for different types of housing units in the service area, but lack demographic data on which groups in the community need housing. In this case, the department should clarify with the State CSBG Lead Agency whether all three categories of demographic data will be required in all major sections of the CNA (e.g. housing, education, employment, etc).
- **Including demographic data that is not poverty related.** Some departments may rely on community assessments conducted by their parent agency that include demographic data that is not poverty related. For example, it may include substantial amounts of data about the demographics of the department’s service area, but not demographic information about the area’s low-income population. Demographic data alone is not enough to meet the Standard, since it must include poverty-specific information (e.g. the number of low-income children aged 0-18 in the service area).
- **Including national and/or state demographic data, but not demographic data for the department’s service area.** Some databases only include demographic data from the national and/or state level. Departments that over-rely on such sources may not include enough data specific to their service area to comply with Standard 3.2. The intent of the Standard is for every CNA to have all three demographic categories specific to the department’s service area, which requires data collection at the regional or city/county level at a minimum.
- **Using out-of-date demographic data.** The intention of the community needs assessment Standards are for departments to assess the changing needs of their service area, and thus the data utilized must be as current as possible. Some quantitative data sources do not collect their data annually, but departments should make an intentional effort to locate the most



currently collected statistical data. Departments should clarify how their State CSBG Lead Agency defines “current” if there is any question about the time when the data was collected.

There are three types of documentation required to show that a department is in compliance with Standard 3.2. This includes (1) documentation that confirms collection of poverty data regarding gender, age, and race/ethnicity (2) documentation that confirms the included data is current, and (3) documentation that confirms the collected data is representative of the service area. Documentation for the first might include:

- Headers in the CNA denoting poverty among different genders, age groups, and race/ethnicities; or
- Statements such as the number of children under the age of 5 years old living at 125% of the poverty level, or the number of female headed households living in poverty, or the percentage of those living in poverty who identify as African American.

Documentation for the second might include:

- A footnote citation or in text citation in parenthesis noting where the statistics or quotes came from and what year, for example (American Community Survey, 2012) or (Collected from May 15, 2015 focus group).

Documentation for the third might include:

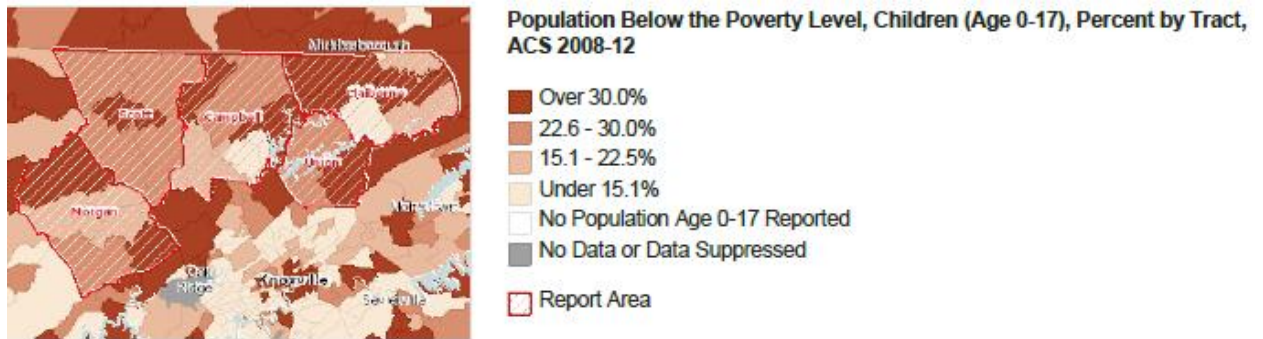
- Data shown on maps (Geographic Information Systems) that specifically outline the geographic service area of the department;
- Tables showing the poverty demographic statistics specifically broken out by county; or
- Highlighted comparisons between state or national statistics and regional or city/county level statistics.

## C. Beyond Compliance: Benchmarking Organizational Performance

During the review process for Standard 3.2, pay particular attention to the incorporation and cross reference of demographic data in the last CNA completed by the department. Questions to help guide the review process include:

- **Did the CNA compare the demographic data for its current customers with data from the broader service area?** Not only does the incorporation of this data aid in efficient collection, it also allows for a comparison between the customers served and the demographics of the broader service area. This helps the department identify potentially underserved populations and areas of additional need. This comparison can also help make the case for additional resources by showing the gap between the services delivered and overall need in the community. Note the linkage to Standard 9.1 “The department has a system or systems in place to track and report customer demographics and the services they receive.”
- **Did the report include a geographic comparison between locations within the service area?** Not every county or even neighborhood within a service area will have an identical experience of poverty. Noting the difference in gender, age, and race/ethnicity of those

living in poverty between the different parts of the service area will help determine which programs should be offered in specific areas and how to efficiently allocate program resources. Using the geographic information systems (GIS) maps that are included in the Community Commons (see Resources section and sample map below) generated reports will show in color the difference of statistics across a given service area. The report also offers chart comparisons between selected counties, and relative to the state as a whole.



- **Does the department update the demographic data from its CNA on an annual basis?** While a full CNA is only required every three years, the changing nature of community demographics, how poverty manifests itself, and the usefulness of demographic data to decisions about resource allocation and service delivery strategies places a premium on access to current information. The annual updating and release of CNA demographic data is also a good way to focus community attention on the work of the department and its broader anti-poverty agenda.
- **Does the CNA combine different demographic categories to produce a more detailed picture of the conditions of poverty in the community?** Knowing the number of children under the age of five living in poverty is important, but including that number broken down by gender and race/ethnicity provides a more accurate picture of poverty in the community. When possible, the CNA should include data all three demographic categories for every major section of the report (e.g. housing, education, employment, etc), followed by further breakdowns that combine data across the categories. The Census Bureau creates comparison charts that are easy to download, and Community Commons offers some of these statistics as well.
- **Does the CNA include demographic data at the neighborhood and/or census tract level?** Some databases only collect demographic data at the city or county level. However, whenever possible and appropriate, the CNA should include this data at the neighborhood or census tract level. Such level of specificity is important for making decisions on where to target resources, locate programs, and identifying underserved areas of the community. Many of the databases accessible through the Community Commons website provide demographic data at the neighborhood and census tract levels.

## D. Resources

Community Commons, *Community Action Partnership's Comprehensive Community Needs Assessment Tool*.  
<http://www.communitycommons.org/groups/community-action-partnership/>

New York State Community Action Association, *Needs Assessment Tool*.  
<http://needsassessment.nyscommunityaction.org/>

Annie E. Casey Foundation, Kids Count Data Center.  
<http://www.aecf.org/work/kids-count/kids-count-data-center/>

United State Census, American Fact Finder.  
<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

### 3.3 The department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

#### A. Guidance on the Definition and Intent of the Standard

This Standard addresses the primary research requirements for the CNA. Quantitative data refers to information that is expressed as a quantity, which primarily means numbers. Examples would be the number of clients served by a program, the poverty rate in a community broken down by percentages across different demographic groups, trends in the unemployment rate over time, and numerical survey data. The primary sources of quantitative data are most commonly databases, statistical studies, and the parts of surveys that provide numerical data.

Qualitative data refers to virtually all types of non-numerical data. This might include verbal feedback from clients, discussions recorded during a community forum, interviews with key informants, and opinion articles in the media. There are a wide range of qualitative data sources, but most CNAs likely will include information gathered through methods such as interviews, focus groups, community forums, and analysis of non-quantitative reports and scholarly articles.

Ideally, quantitative and qualitative data work together to help provide departments with a depth of analysis on the causes and conditions of poverty in their community. For example, statistical data might show an increase in the poverty rate over the last three years. Reports from the local workforce development board would include quantitative data on changes in employment rates in different sectors of the economy and qualitative data that provides analysis on the sources of those changes. Key informant interviews provide qualitative data from different organizations explaining the impact of changes in the local economy on low-income individuals and families. Ideally, departments will integrate both types of data to develop a robust, in-depth analysis of poverty in their service area(s).



While every department uses some type of data in their CNAs, there are several reasons for spelling out the specific requirements included in Standard 3.3. The intent of the standard is to ensure:

- **Effective analysis of data.** Some departments emphasize the collection of data over its analysis in their assessments. The Standard's requirement that departments also analyze the data they collect requires a focus not only on the conditions of poverty seen in their service

areas, but on trying to explain its underlying causes. This will hopefully increase the quality of the assessment and help make it more useful in guiding decisions about programs, service delivery strategies, and the overall mission of the department.

- **Use of comprehensive, integrated data.** One temptation for departments in the CNA is to follow the path of least resistance and only collect the most readily available data, resulting in assessments that over-rely on qualitative or quantitative sources. The standard requires that departments include both types of data to ensure that reports use different methods and sources, resulting in more comprehensive, reliable, and rigorous analysis.
- **Analysis of the service area in its entirety.** In some cases, departments have conducted CNAs that only focus on a part of their service area. The standard requires that the assessment include an analysis of the department's entire *geographic* service area so it will be of use to the entire community, not overlook pockets of poverty in areas that receive fewer services, and fully inventory all the potential partners and assets available to help the department's work.

## B. Guidance on Compliance and Documentation

The review team should always begin the process of documenting compliance with the Organizational Standards by familiarizing themselves with all available guidance from the State CSBG Lead Agency on the interpretation of the Standard and required documentation. The team should also review any additional State requirements for the CNA. Specific issues the review team should consider that may affect compliance with Standard 3.3 include:

- **How the State defines collect and analyze.** The words collect and analyze raise several potential issues for interpretation. Departments should clarify with the State CSBG Lead Agency if there are any specific requirements around data collection and analysis, such as whether the department must directly participate in data collection (as opposed to contracting out the research to a third party) and how much analysis it must conduct on the data (e.g. does each section of the assessment that contains data require separate analysis). Departments should also be sure to review such requirements with any consultants participating in the CNA.
- **How the State defines the amount of qualitative and quantitative data.** Read broadly, the Standard can be interpreted to require that CNAs include at least one piece of both types of data. However, states may require that each primary section of the assessment (e.g. housing, education, employment) include quantitative and qualitative data, so departments should ensure that the data collection process is in compliance with any such stipulations.
- **Uniformity of data collection across the service area.** In some cases, the data available to a department may not conform exactly to its service area (e.g. a report that discusses three counties out of an eight county service area). Departments should generally attempt to gather the same type of basic data across its whole service area (e.g. demographics, poverty level, unemployment rate) to ensure an “apples-to-apples” comparison and avoid potential compliance issues if they gather little to no uniform data.

There are four potential types of documentation a department might be required to provide to show they are in compliance with Standard 3.3. These include (1) data collection procedures, (2) data analysis procedures, (3) quantitative and qualitative data, and (4) coverage of the service area.

Documentation for the first might include:

- A list of all data collection methods used in the needs assessment;
- Instructions on or descriptions of the processes used to collect the data collected;
- Links to or copies of the raw data collected.

Documentation for the second might include:

- Instructions on or descriptions of the processes used to analyze the data;
- The primary sections of the needs assessment that include data analysis;
- Additional notes or analysis not included in the needs assessment.

Documentation for the third might include:

- A copy of the needs assessment;
- A list of all data sources collected for the needs assessment divided into qualitative, quantitative, and mixed methods categories;
- Links to or copies of the raw data collected.

Documentation for the fourth might include:

- A list of data sources or types that cover the entire service area.

## C. Beyond Compliance: Benchmarking Organizational Performance

Determining a rating for the quantitative and qualitative data used in the previous needs assessment can be a challenge given the technical and complex nature of research methodology. As part of the review process for this standard, the team might consider seeking feedback from an organization with significant research experience, such as a local planning department, college or university, or nonprofit with significant research capacity. The team can also ask internal stakeholders such as the tripartite board/advisory body and program managers to assess the quality and utility of the research conducted for the previous CNA. Other questions to consider as part of the review include:

- **Does the data include trends from the last three or more years?** One of the most important uses of the CNA is to identify significant trends in the causes and conditions of poverty. This helps departments determine the best allocation of resources, track program outcomes, and identify potential new areas of needs. Because most departments only conduct assessments every three years, it is especially important to include trended data to fully capture change and continuity in key indicators. While some data is only available as “point in time” measures (e.g. a one-time survey, interviews), a general rule of thumb is that data should cover at least three years of time to show significant trends. It is also important that departments include a core set of measures (e.g. poverty rate, unemployment rate) in every CNA to ensure continuity of data and allow for longer term comparisons.
- **Is the data updated annually?** While the Organizational Standards only require a full CNA every three years, some departments conduct annual updates to data on key measures and indicators. This helps ensure that the assessment is useful as a current source of data for programs and planning. Annual updates to the assessment also provides a platform for the department to raise community awareness of its broader policy agenda and poverty-related issues. While not all types of data require such an annual update, the review team can

consider whether key measures and indicators are kept current enough to be useful for planning and outreach purposes.

- **Is the data presented in a way that is accessible to the general public?** Even the best data on its own can fail to make an effective case if it is not presented a clear, understandable, and compelling way. Are there sections of the department's previous CNA that provide concise summaries and interpretations of the data? Is the data presented in a variety of visually compelling ways, such as maps, graphs, charts, or comparisons with larger state and national trends? Is there a short summary of the assessment that explains the main findings for keys partners and the general public?
- **Does the department use the data collection process to build connections with broader stakeholder groups?** While it is important to use a methodologically rigorous data collection process, it is equally important to use the collection of data as a way to connect with key stakeholders and raise awareness of the department's work. In the previous CNA, was the department strategic in how it used methods such as interviews and community forums to engage other stakeholders? Did it include key partners in the data gathering process to help build a shared understanding of the causes and conditions of poverty?

## D. Resources

Community Commons, *Community Action Partnership's Comprehensive Community Needs Assessment Tool*.  
<http://www.communitycommons.org/groups/community-action-partnership/>

New York State Community Action Association, *Needs Assessment Tool*.  
<http://needsassessment.nyscommunityaction.org/>

Annie E. Casey Foundation, Kids Count Data Center.  
<http://www.aecf.org/work/kids-count/kids-count-data-center/>

United State Census, American Fact Finder.  
<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Survey Monkey, Smart Survey Design  
<http://s3.amazonaws.com/SurveyMonkeyFiles/SmartSurvey.pdf>

Wider Opportunities for Women, Basic Economic Security Tables  
<http://www.basiceconomicsecurity.org/gateway.aspx>

Massachusetts Institute of Technology, Living Wage Calculator  
<http://livingwage.mit.edu/>

National Low-Income Housing Coalition, Out of Reach  
<http://nlihc.org/orr>

National Center for Children in Poverty, Basic Needs Budget Calculator  
<http://www.nccp.org/tools/frs/budget.php>

Center for Women's Welfare, Self-Sufficiency Standards  
<http://selfsufficiencystandard.org/pubs.html>



### 3.4 The community assessment includes key findings on the causes and conditions of poverty and the needs of the community assessed.

#### A. Guidance on the Definition and Intent of the Standard

The intention of this Standard is to ensure that the CNA includes both a description of the conditions of poverty in the department's service area (i.e. how poverty manifests itself across different demographic categories and geographical areas) and an analysis of its underlying causes. While the raw quantitative and qualitative data is an important component of the CNA, it is essential that the department conduct an analysis of this information to identify the sources of poverty of the community. Such an effort helps the department to develop an overall theory of change to guide its service delivery strategies, prioritize the resources it allocates to address the deep rooted causes of poverty, and articulate a broader anti-poverty agenda with its partners and other key stakeholders.

Some departments rely on community assessments conducted by their larger parent agency. In such cases, the assessment may not contain a specific analysis of the causes and conditions of poverty. Departments should ask the staff who conduct the assessment to include such an analysis in order to comply with the standard, or the department can supplement the original assessment with its own analysis.

In addition, ROMA asks departments to think through the level of the needs they see and place them at the family, agency, or community level. By going through this process, a department can better identify the cause of that need. Defining the underlying cause of the need and how it manifests itself in the community helps the department think through its overall service delivery strategy. Conditions can be described as the experience of a family/agency/community that usually take the form of a statement of need "There are X number of homeless teenagers in our service delivery area." The causes would require an analysis of the context of that family/agency/community which may be perpetuating that condition, and responds to the *why* that condition of poverty exists: "There is a lack of follow-up services for those aging out of foster care, there is a lack of affordable housing developments, there have been fewer shelter beds that last few winters because X shelter was closed down...etc." This way the assessment of needs can directly impact the planning of services to address the cause of that need and evaluate whether the cause was specifically addressed through program implementation.

In the past, some departments have contracted out the CNA to other organizations or consultants. This sometimes results in assessments that focus on issues other than poverty or that simply report the data collected rather than conducting an analysis of the underlying causes behind the numbers. In addition to addressing such concerns, other reasons for including Standard 3.4 in this category are to:

- **Ensure that departments focus on the root causes of poverty in order to prioritize self-sufficiency over service delivery.** *The Community Services Block Grant Act, Section 672(2)(B) and 672(2)(C)* specifically speaks to the goal of impacting the causes and effects of poverty in order to assist families in reaching self-sufficiency. If the assessment does not include an analysis of the causes behind the conditions, then departments are more likely to



solely address the conditions and fail to move beyond service delivery to helping families achieve self-sufficiency.

- **Encourage dissemination of a succinct analysis of needs in the community to relevant partners, stakeholders, and funders.** Creation of a key findings section in the final needs assessment report provides a clear picture of the current state of need within a defined geographic area. This offers stakeholders a comprehensive analysis of the “what” and the “why” of poverty in their service area that is backed by qualitative and quantitative set of data.

## B. Guidance on Compliance and Documentation

The review team should always begin the process of documenting compliance with the Organizational Standards by familiarizing themselves with all available guidance from the State CSBG Lead Agency on the interpretation of the Standard and required documentation. Specific issues the review team should consider that may affect compliance with Standard 3.4 include:

- **Lack of a clearly identified key findings section.** Departments have historically offered an overall list of needs identified through the assessment process, but have not always included a distinct “key findings” section in the written report. CAAs should check with the State CSBG Lead Agency about requirements, if any, concerning the length and placement of the “key findings” section.
- **Inclusion of the conditions of poverty but no documented discussion, or analysis of the causes.** There is no one right answer for the cause of why a need exists since the causes of poverty are complex. However, departments need to document that their CNA committee, department staff, tripartite board/advisory body, or other entity analyzed the underlying causes of poverty and included the analysis in the report.
- **Assessment of causes and conditions of poverty currently addressed by the department’s programs, but not those of the broader service area.** While it is important to evaluate the causes and conditions of poverty currently being addressed by the department, the CNA is an opportunity to gain insight into the broader needs of the service area not currently being met. The assessment, and the key findings, should therefore address the needs of the entire service area.

In order to document compliance with Standard 3.4, it is recommended that a department should include a section in the final CNA report titled “key findings”. This section should outline the prioritized needs as documented and analyzed in the remainder of the report, the level of need (family/agency/community), as well as causes associated with the needs. Further documentation could include:

- CNA committee or team minutes reflecting a discussion and analysis of the poverty statistics and conditions.

## C. Beyond Compliance: Benchmarking Organizational Performance

During the review process, staff should pay particular attention to the inclusion of a summary identifying the conditions of poverty, the level of need, and causes of those needs. In addition to the measures of compliance, does a section called “key findings” exist in the final report? Are the conditions of poverty as well as the causes of those conditions outlined? The review team can also consider the following questions:

- **Is the analysis of the causes and conditions of poverty grounded in the quantitative and qualitative data collected by the CNA?** Analysis of the underlying causes of poverty in the department’s service area should be rooted in the qualitative and quantitative data collected during the CNA. As discussed in Standard 3.3, quantitative data is often helpful in illustrating the conditions of poverty, while qualitative data often focuses on identifying its underlying causes. The key findings section or similar analysis in previous CNAs should ideally reference both types of data.
- **Were the causes and conditions analyzed at multiple levels?** Thinking about whether a need occurs at the family, agency, or community level requires analysis of where it stems from. It is important to consider that factors even outside of the department’s local community can influence the conditions of poverty. Discussing what social, economic, and political factors inside and outside the geographic service area can aid in documenting the root cause of needs assessed. By taking part in this analysis, a department allows for the efficient creation of recommendations based on department capacity because it will be clear which causes are stemming from issues that are bigger than the community and will really require partnerships and organizing efforts to address.
- **Does the department engage other stakeholders in the analysis of the causes and conditions of poverty?** Because the causes of poverty are complex, it is recommended that the department engage a wide range of partners and other stakeholders in the analysis of CNA data. This both ensures that the data is analyzed from different perspectives and provides an opportunity to build consensus across agencies and sectors about a broader anti-poverty agenda for the community. Departments that contract out some or all of their CSBG-funded programs to other service providers should strongly consider consulting them to develop the key findings section of the CNA since they most likely have an important “front line” perspective.
- **Does the department have a theory of change?** Some departments develop overall theories of change to guide their missions, programs, and service delivery strategies. Such a theory helps inform program design and is a critical part of the ROMA cycle because it forces departments to articulate why they think their services will reduce poverty. These assumptions are then compared to outcome data to assess results and improve performance. The CNA, with its focus on identifying the underlying causes of poverty, is an ideal place to develop such a theory.

## D. Resources

Community Commons, *Community Action Partnership's Comprehensive Community Needs Assessment Tool*.  
<http://www.communitycommons.org/groups/community-action-partnership/>

New York State Community Action Association, *Needs Assessment Tool*.  
<http://needsassessment.nyscommunityaction.org/>

Annie E. Casey Foundation, Kids Count Data Center.  
<http://www.aecf.org/work/kids-count/kids-count-data-center/>

## 3.5 The tripartite board/advisory body formally accepts the completed community assessment.

### A. Guidance on the Definition and Intent of the Standard

This Standard refers to the tripartite board/advisory body voting on a motion to accept the CNA at a regular board meeting and documenting this in the minutes. While the tripartite board/advisory body may not necessarily be involved in conducting the community needs assessment, they are responsible for critically thinking about the results and using the assessment to drive policy, program decisions, and strategic direction. Departments are specifically called to “assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs...” as part of their dedication to maximum feasible participation. The board structure of departments in and of itself reflects this dedication to maximum feasible participation, so using the community assessment as a board tool for planning is one part of meeting the spirit of the CSBG Act.

There are several other Standards that call on the tripartite board/advisory body’s role in analyzing and using the CNA such as:

- 1.2 The department analyzes information collected directly from low-income individuals as part of the community assessment
- 2.2 The department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.
- 4.2 The department’s community action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.
- 4.3 The department’s community action plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the department documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.
- 6.4 Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process.

Formal acceptance of the completed CNA refers to a tripartite board/advisory body action (usually a vote) which would be reflected in the minutes of that meeting. This formal acceptance is representative of the board review, analysis, and use of the CNA as part of the ROMA cycle. Board review of the CNA and its results is especially important because it creates the foundation for the strategic plan, community action plan, and related service delivery strategies. Standard 3.5 therefore helps to:

- **Ensure tripartite board/advisory body involvement in the CNA:** Previous to the implementation of the Organizational Standards, there was no guarantee of board involvement in the CNA. This Standard ensures that the board has reviewed the results of

the CNA and is therefore better able to apply its results to the development of the strategic plan and community action plan.

## B. Guidance on Compliance and Documentation

The review team should always begin documenting compliance with the Organizational Standards by familiarizing themselves with all guidance and requirements issued by the State CSBG Lead Agency. Specific issues to consider that may affect compliance with Standard 3.5 include:

- **Defining what “tripartite board/advisory body formally accepts” means.** According to the glossary provided by the Organizational Standards Center of Excellence: “the tripartite board/advisory body votes at a board meeting to accept the Community Assessment and the vote is noted in the board minutes.” Ensure that whoever is recording board minutes is aware that this review and acceptance must be noted in the minutes to document compliance with this Standard.
- **Remaining in compliance with the three year time period.** The first Standard in the Category Three states that a CNA must have been conducted within the past three years, therefore all standards in this category should be thought of on that same three year cycle. Please note that the department should contact the State CSBG Lead Agency as they may require a more stringent time frame and/or updates. This standard refers to the full CNA that happens at least every three years. Though it is important that the tripartite board/advisory body receive any interim updates to inform the decision-making process, formal acceptance is not required except for the full CNA.

Documentation of Standard 3.5 could include:

- An electronic or physical copy of the CNA document with either a date issued or other backup that confirm the timeframe.
- Tripartite board/advisory body minutes with the action item to accept the CNA clearly delineated with motion and results of the vote noted.
- Board pre-meeting materials/packet that includes the CNA document and lists it as a formal agenda item. Minutes would also need to be included to confirm that the formal acceptance took place.

## C. Beyond Compliance: Benchmarking Organizational Performance

The role of the tripartite board/advisory body in the CNA is important because they provide oversight of the process and rely on its results to guide development of the strategic plan, community action plan, and other key decisions. In reviewing how the board worked with the previous CNA, questions staff can consider include:

- **Does the tripartite board/advisory body have a committee or similar structure with responsibility for the CNA?** Ideally, a department’s board should be engaged in the CNA from its start, which typically requires the creation of a formal committee to coordinate the work. Tripartite board/advisory body CNA committees play an important role in reviewing the design of the assessment, engaging community stakeholders in the research process,

disseminating results of the assessment, and keeping the rest of the board informed about its progress and findings.

- **Is the tripartite board/advisory body briefed about the findings of the CNA?** Because the board uses the CNA as the foundation for a variety of other work, it is essential that its members are familiar with the findings and have a chance to discuss how they affect the work of the department. A tripartite board/advisory body briefing or similar event provides such an opportunity and is preferable to simply distributing the final CNA report without a full discussion.

## D. Resources

Community Action Partnership, Schedule of Actions for Boards

[http://www.communityactionpartnership.com/storage/cap/documents/OSCOE/schedule\\_of\\_standards\\_final\\_fillable.pdf](http://www.communityactionpartnership.com/storage/cap/documents/OSCOE/schedule_of_standards_final_fillable.pdf)

Community Action Partnership, Organizational Standards and Community Action Boards

[http://www.communityactionpartnership.com/storage/cap/documents/OSCOE/standards\\_and\\_boards\\_final.pdf](http://www.communityactionpartnership.com/storage/cap/documents/OSCOE/standards_and_boards_final.pdf)

Community Action Partnership, COE-Developed Organizational Standards – What Do Boards Need to Know (video)

<https://www.youtube.com/playlist?list=PLMVDY93WCekqzYtFTUostM98dBD1il3T>

CAPLAW (2011). *Tools for Top Notch CAAs: A Practical Approach to Governance and Financial Excellence* (Part II in Topic 1).

<http://www.capl原因.org/resources/PublicationDocuments/TopNotchToolkit.html>

	Documentation Used	Unacceptable	Unsatisfactory	Satisfactory	Advancing	Outstanding	Recommendations	Individual(s) Responsible	Target Date(s)
<b>Standard 3.1</b> The department conducted a community assessment and issued a report within the past 3 years.	•								
<b>Standard 3.2</b> As part of the community assessment, the department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).	•								
<b>Standard 3.3</b> The department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.	•								
<b>Standard 3.4</b> The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.	•								
<b>Standard 3.5</b> The tripartite board/advisory body formally accepts the completed community assessment.	•								

**Category 3: Community Assessment – Standards Review Worksheet Template**

	Unacceptable	Unsatisfactory	SATISFACTORY	Advancing	Outstanding
<b>Standard 3.1</b>	My department has not conducted a community needs assessment within the last three years or issued a report of the previous assessment.	My department has completed a needs assessment in the last three years but has not issued a report or we have not completed a needs assessment in the last three years and not making adequate progress on the needs assessment currently underway.	<b>The department conducted a community assessment and issued a report within the past 3 years.</b>	My department has completed a Community Assessment that compares department data to assessment data, integrates across issue areas, matches causes and conditions, and presents to the tripartite board/advisory body for analysis and discussion.	My department has completed a Community Assessment that compares department data to assessment data over time, integrates data across issue areas, matches causes and conditions noting levels of need, with use by the tripartite board/advisory body for decision-making, and has been communicated to a broad range of stakeholders.
<b>Standard 3.2</b>	As part of the community assessment, my department does not include any data specific to poverty, current or dated, on its prevalence related to gender, age, and race/ethnicity for our service area(s).	My department includes current data specific to poverty and its prevalence only on one or two of the following areas: gender, age, and race/ethnicity.	<b>As part of the community assessment, the department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).</b>	As part of the community assessment, my department compares our data on client gender, age, and race/ethnicity characteristics with those of the assessment data.	Our community assessment report includes an analysis of the comparisons of client data and assessment data, looks at trends over time, and comments on the intersection of demographic characteristics and poverty for those in our service area.
<b>Standard 3.3</b>	My department has no or negligible qualitative and quantitative data in its needs assessment and no data analysis.	My department has either qualitative or quantitative data in the needs assessment but not both and limited data analysis.	<b>The department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.</b>	Our department collects current qualitative and quantitative data across the IS categories and has begun to integrate and analyze between issue categories and across data sources.	Our department collects current qualitative and quantitative data and updates data between Community Assessment cycles. The data has been analyzed, needs prioritized, and has been made accessible to a broad range of stakeholders.
<b>Standard 3.4</b>	Our community assessment does not include a key findings section nor are the conditions of poverty summarized. There is no mention of the associated causes of poverty.	Our community assessment includes key findings summarizing the conditions of poverty, but does not comment on the associated causes.	<b>The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.</b>	Our community assessment includes key findings and matches the causes of poverty with their according conditions in the communities assessed.	The key findings section of our assessment report clearly labels the causes and conditions and matches them accordingly, noting the level of need, and commenting on the change over time.
<b>Standard 3.5</b>	Our community assessment was not completed or did not come to the tripartite board/advisory body.	Our tripartite board/advisory body discussed or reviewed the completed community assessment but did not take formal action or did not document that formal action in its minutes.	<b>The tripartite board/advisory body formally accepts the completed community assessment.</b>	Our tripartite board/advisory body formally accepts the completed community assessment after analysis and discussion.	Our tripartite board/advisory re-visits our completed community assessment to guide decision-making and can articulate the connections between the community assessment, the CAP Plan, the Strategic Plan, and program output and outcome data.

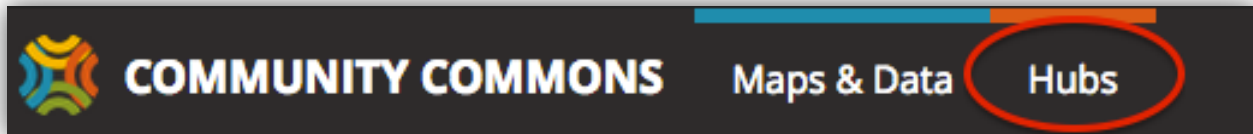
### Category 3: Community Assessment – Assessment Scale



## Comprehensive Community Needs Assessment (CCNA) Report Tool User Guide

### Step One: Accessing the Community Action Partnership Hub

Log in to Community Commons. Click on the “Hubs” tab in the top navigation.



### Step Two: Finding the Community Action Partnership Hub

Accessing the Community Action Partnership (CAP) Hub can be achieved in three ways:

1. Click “My Hubs” to find the CAP Hub in your list of active Hubs;
2. Search for the CAP Hub by typing “Community Action Partnership” in the search box;
3. Scroll through the list of all Hubs on Community Commons until you reach the CAP Hub.

Click on the Hub title to access the Hub.

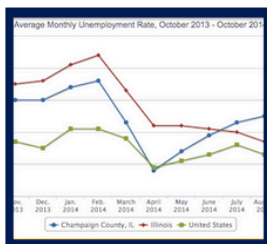
### Step Three: Accessing the Comprehensive Community Needs Assessment Report Tool

Access the Comprehensive Community Needs Assessment (CCNA) Report Tool by scrolling down the CAP Hub homepage and clicking the link that says “Start Assessment.”

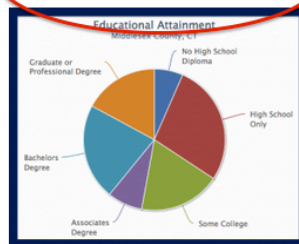
#### Using the Comprehensive Community Needs Assessment (CCNA) Tool

The CCNA Online Tool provides a significant amount of the secondary data that will assist you in completing comprehensive community needs assessment with the click of a button.

##### How to Use the Assessment Tool



##### Start a New Assessment



##### Learn About the Data

Indicator Data List - Community Needs		
#	Category	Indicator
1	Population Profile	Poverty
2	Population Profile	Poverty Rate Change
3	Population Profile	Poverty Rate Change (Age 0-17)
4	Population Profile	Poverty Rate Change (Age 0-4)
5	Population Profile	Poverty Rate Change (Age 5-17)
6	Population Profile	Population Change
7	Population Profile	Age and Gender Demographics

### Step Four: Building a CCNA Report

Select the state and county/counties to include in a CCNA report, then click the “View Report” button at the bottom of the screen.

### Step Five: Navigating the CCNA Report

Explore all CCNA indicators by clicking through the “Data Category” tabs at the top of the report. Save or download the report by clicking the “Save & Download” button at the top right of the report screen. CCNA reports can be saved to your account, saved to the CAP Hub, or shared publicly on Community Commons. CCNA reports can be saved as an interactive report, a Word document, or as a PDF. CCNA reports can also be downloaded to a computer to be saved as a file (Word or PDF) or printed.



Community Action Partnership  
1140 Connecticut Avenue, NW, Suite 1210  
Washington, DC 20036  
202.265.7546 | fax 202.265.5048  
[www.communityactionpartnership.com](http://www.communityactionpartnership.com)