

2005 Community Needs Assessment

Methodology and Limitations

The Community Needs Assessment is published by United Way of Metropolitan Dallas (UWMD) - in conjunction with its affiliates, Collin County United Way and Greater Lewisville United Way - as a means to guide the allocation of donor funds, influence public policy and provide a service to the community.

United Way's ability to target the funds that it raises to the most compelling needs in the community is strongly supported by its knowledge of health and social welfare conditions. Accurate and reliable data on the demographic, social, and economic conditions of the communities in the Dallas area are vital for planning, resource allocation, and measuring the impact of policies and programs.

The Community Needs Assessment provides data about the people who live in the four counties served by the UWMD and its two affiliates: Collin, Dallas, Denton, and Rockwall counties.

The Community Needs Assessment is intended not only for internal use and decision-making, but for use by other organizations and by the community at large. Potential users include researchers, grant writers, funders, program developers, policymakers, planners, students and the general public.

The Community Needs Assessment is also intended to initiate community discussion about how the region can provide the highest quality of life for all of its residents. The information provides the community with baseline data about the state of the region, about the quality of life here, and the challenges facing our community.

HOW INFORMATION WAS COLLECTED AND ORGANIZED

The 2005 Community Needs Assessment is primarily an environmental scan. Because of time and cost considerations, the report is based on analysis of secondary-or existing-data. No original survey data was conducted, although some sections include survey results from other sources.

A committee of volunteers from the four counties served by UWMD and its two affiliates oversees the Community Needs Assessment. A Technical Advisory Committee was appointed to review the methodology, review the indicators and assist with technical issues related to data collection.

Reviewing the data for the 2005 Community Needs Assessment were individuals from United Way partner agencies, donors, community experts from universities, state and local government and non-United Way agencies.

HISTORY

United Way of Metropolitan Dallas first began conducting a Community Needs Assessment in 2000. Data was collected for more than 60 indicators and the University of Dallas Graduate School of Management conducted surveys of community stakeholders and United Way partner agency clients.

This 2000 Community Needs Assessment provided the foundation for an United Way's on going needs assessment process. After reviewing the process, the Community Investment Committee of the United Way of Metropolitan Dallas, which oversees the Community Needs Assessment, directed that future assessments and updates include greater input from United Way's partner agencies and from the community.

As a result, the 2002 Community Needs Assessment included a process that fully engaged partner agencies, United Way volunteers, community volunteers, and community experts with particular expertise in health and social service issues.

The 2005 Community Needs Assessment builds on the foundation created in 2000. Over 100 knowledgeable volunteers from city, county, and state governments; school districts; universities; health and social service agencies; and corporations have met to create this report.

PROCESS

A committee of volunteers from all four counties oversees the Community Needs Assessment. A Technical Advisory Committee was appointed to review the methodology, review the indicators and assist with technical issues related to data collection.

Committees were recruited for each of the Impact Areas. Membership was drawn from United Way partner agencies, donors, and community experts. The community experts were drawn from organizations such as universities, state and local government and non-United Way agencies.

The Impact Area committees first met to review and approve indicators for each of their areas. Using the indicators from the 2002 Community Needs Assessment as a starting point, certain indicators were dropped, others changed and new ones added.

Over 100 indicators were eventually chosen to represent the five Impact Areas. Data was collected from a variety of sources including the U.S. Census Bureau and federal, state, and local agencies. The committees then met to review and analyze the data collected.

The data and analysis was coordinated and shaped into the Community Needs Assessment chapters. Committee members met to review the drafts and selected the top priorities for the region.

Volunteers from Denton and Collin Counties met to review the findings from their counties and set additional priorities for their counties where they felt it appropriate. The priorities were reviewed by the Technical Advisory Committee to ensure they were supported by the data. The recommended priorities were then reviewed by the Community Investment Committee for Dallas and Rockwall counties, the Greater Lewisville United Way Board of Directors and Collin County United Way Board of Directors.

INDICATORS

The basic building blocks of the Community Needs Assessment are the indicators that were selected by the five committees. The data collected are the *indicators* – or measures - of the state of the community.

Indicators are items measured to depict the status of the condition of interest. For example, if the condition of interest were community safety, one indicator would be the crime rate. The intent of the Community Needs Assessment is to synthesize this information and present it in the context of why each indicator is important and how it has changed over time. Indicators were clustered into closely related groups. The Community Needs Assessment provides a common set of social and health indicators for use by non-profit agencies, community-based organizations, health and human service funders, local governments, public agencies, and residents. These indicators are meant to complement other local needs-assessment efforts.

The collection of indicators across all five “ Impact Areas” represents the first step in developing a system of community measures that, over time, will assist the community in evaluating the impact that its deployment of resources has on important issues, needs and problems. New indicators will be added and others refined as necessary.

Indicators provide important information about the magnitude of certain needs, social problems or contributing factors; and the overall performance of the community in addressing issues, needs or problems.

Accurate and reliable data on the demographic, social and economic conditions of the communities that make up the Dallas metropolitan area are vital for planning, resource allocation, and measuring the impact of social policies and programs.

COMMUNITY NEEDS ASSESSMENT STRUCTURE

The Community Needs Assessment consists of eight sections: Executive Summary/Demographics, Crisis Relief chapter, Health chapter, Seniors chapter, Kids chapter, Families chapter, Methodology/Limitations, and an Index/Glossary.

Sections II-VI of the report focus on the UWMD Community Impact Areas. Each section is divided into parts that align with the categories within each Community Impact Area. The report identifies key indicators for each of the “Impact Areas” that, in turn, serve as the basis for tracking changes in these key areas.

Section I	Executive Summary/Demographics
Section II	Crisis Relief Chapter <ul style="list-style-type: none"> • Emergency Assistance/Information and Referral • Housing • Employment • Disaster Planning/Support
Section III	Health Chapter <ul style="list-style-type: none"> • Physical Health and Wellness • Chronic Illness • Disabilities • Mental Health and Counseling • Substance Abuse
Section IV	Seniors Chapter <ul style="list-style-type: none"> • Independent Living • Financial/Protection • Community Involvement
Section V	Kids Chapter <ul style="list-style-type: none"> • Child Care/After-School • Early Childhood Development • Educational Support • Youth Development
Section VI	Families Chapter <ul style="list-style-type: none"> • Family Safety • Family Support • Adult & Family Literacy • Legal Services
Section VII	Methodology & Limitations

The basic building blocks of the report are the indicators that were selected by the Community Needs Assessment volunteers. The data collected are the *indicators* – or measures - of the state of the community.

An indicator is an item of information, fact or statistic that provides insight into the condition of a population or community. Following an indicator over time can reveal a trend. It tracks measurable change in some social condition over time. Generally an indicator focuses on a small, manageable, and telling piece of a system to give people a sense of the bigger picture. For example, the number of books being checked out of a library can tell you something about the cultural vitality of a community, while the number of new small businesses that survive their first year will tell you something about economic health overall.

How to Use the Community Needs Assessment

The 2005 Community Needs Assessment can be a powerful tool for shaping quality of life for everyone in the UWMD four county service region. The complete document contains not only extensive data, but thoughtful, knowledgeable analysis. The Community Needs Assessment is intended to be useful to a broad spectrum of leaders and organizations involved in addressing the health and human services needs of the Dallas metropolitan area by:

- Directing funding towards the highest priority health and human service needs in the community
- Providing documented decision-support for legislators and policymakers as they determine the greatest needs in their local areas.
- Presenting the community with an overview of the state of health and human service needs and provide benchmarks from which to gauge progress.

As such, the Community Needs Assessment can facilitate more community engagement around identifying and meeting the community's needs.

Understanding the Dashboard







In analyzing the data and assessing community need, the Community Assessment uses a “dashboard” approach. Two different but complementary measures, or gauges, are used to summarize findings and provide a quick reading on both the current condition and recent activity of health and human service needs.

The Community Assessment looks at both 1) the trend in terms of need and 2) the overall condition or state of the need.

The trend summarizes movement within the data (i.e., is the number of persons affected by a problem increasing, decreasing or staying about the same?). It is important to note that the trend is based on how changes affect the issue, not necessarily how the numbers are changing. For example, a decrease in the school dropout rate would be considered a positive - or up - trend for the community (rather than a “down” trend simply because the rate is decreasing).

The condition gauges the size or degree of challenge for each need. The data may show progress, but the need may continue to be very great. For example, if the school dropout rate declines, that is a positive trend. However, if the number of dropouts remains high, the overall condition may still be considered poor.

UWMD COMMUNITY ASSESSMENT DASHBOARD LEGEND

TREND		CONDITION	
<p>Most indicators are showing improvement. Movement is generally in the direction of what most people would consider as achieving positive results or effects.</p> <p>Situation is generally improving.</p>	 IMPROVING	<p>Condition is generally good. Many would consider the problem or situation to be manageable.</p>	 MANAGEABLE
<p>Indicators staying about the same or there may be mixed signals.</p> <p>Situation static.</p>	 SAME OR MIXED	<p>Condition is not clear or is not yet critical, but merits attention and continued monitoring.</p>	 CONCERNED
<p>Most indicators consistently getting worse. Movement is generally in the direction of what most people would consider a negative result or effect.</p> <p>Situation getting worse or more challenging.</p>	 WORSENING	<p>Condition is critical or presents strong challenges to the community.*</p>	 CRITICAL
<p>* NOTE: A worsening condition does not necessarily indicate a negative trend. For example, growth in the number of senior citizens, or the fact that people are living longer with AIDS, are positive developments. However, they may contribute to a critical condition trend because of the significant demands they place on resources, or the challenges they present to a community.</p>			

Limitations

Because of the prohibitive cost of primary research, the 2005 Community Needs Assessment relies on statistics and information that others have compiled, and therefore has its limitations.

To assure that the Community Needs Assessment is used and understood most effectively, it is important to be aware of the following limitations.

LAG TIME

Using secondary data requires collecting data from many sources. Data release varies among different data sources. New data is continually being released. Any report of this type will soon have certain indicators that are not the most up-to-date.

Even the most recent data will have some lag time between the time the data is collected and when it is released. In the case of unemployment, that time may be only a matter of weeks. On the other hand, information from the U.S. Census Bureau was released 18 months after it was collected.

GEOGRAPHIC LIMITATIONS

The intent of the Community Needs Assessment is to track conditions in the United Way of Metropolitan Dallas four county service area. However, not all data is available at the local or county level.

In some cases, regional, state or national prevalence rates, or survey results, are available and can be extrapolated to the local level. However, this assumes that the same rate that applies nationally also applies to local conditions. This may or may not be the case, but the technique allows for an estimate of local conditions.

AVAILABILITY

The Community Needs Assessment relies on data that can be collected and analyzed to help determine if and to what degree a problem or need exists. In some cases, data may not exist that directly applies to a certain need or condition.

For example, no data was available to track well-baby or postnatal health trends. In this case, infant mortality and immunization data can serve as indicators of health trends for infants and toddlers. But in other cases, no indicators are readily available to describe a potential need.

The committee structure and review process help to offset this drawback to some extent. United Way partner agency representatives and community experts have the

opportunity to identify any such needs and ensure that they are considered in the priority-setting process.

FORMAT

Data is not always collected in the format that is best suited to the purposes of the report.

For example, in looking for data related to certain age groups, the data may not be reported in the precise age groups most relevant to the study. In looking for data as it applies to children under the age of 18, source data is sometimes reported for ages 0 to 14 and 15 to 25. It is not always possible to dismantle and recombine data so that it conforms to the parameters of the Community Needs Assessment.

REPORTING PERIODS

Reporting periods can vary by calendar year, frequency, and fiscal year. Some data is reported on a calendar-year basis, other data on a fiscal-year basis. Different jurisdictions and organizations have different fiscal years.

CONSISTENCY

Consistency varies, especially over time and among agencies and organizations.

Definitions that define a particular indicator are sometimes adjusted. Dramatic fluctuations can occur, especially in low-populated areas such as Rockwall County. Such fluctuations make it difficult to identify trends.

Government agencies changing their regulations, or the process by which they gather data, can impact the information we gather from them.

ACCURACY & VALIDITY

We have been very careful in collecting, analyzing, and presenting data from a variety of sources. In any case where there was any question about accuracy or validity of data, it was not included in the Community Needs Assessment. Drafts of the report were reviewed multiple times by staff and outside experts.

However, it was not possible to authenticate all data. In some cases, expert opinion was included in the analysis regarding the state or condition of a certain issue. We have made every effort to properly attribute any such use of judgment.

Even though the data may be valid, questions about accuracy may still be raised. While underreporting is a concern about data in general, it is of particular concern in certain types of data. Among those areas are crime, family violence, child abuse, and school dropout rates.

There are a number of reasons why individuals fail to report certain conditions:

- suspicion of authorities
- language or cultural barriers
- immigration status
- concerns about retribution
- attempts to protect someone or to keep a problem in the family
- subjective definitions about what constitutes a certain indicator

Although underreporting can make it difficult to gauge the true size of a problem, if the underreporting is considered to be fairly constant, then trends over time can still be identified.

CAPACITY

The availability of services - of lack of availability - can substantially influence reporting. If resources are limited, for example, individuals in need of a particular service may not be able to obtain the service and therefore may not be counted in the total. Public awareness is similar to capacity in that reports of certain conditions may increase based on the public profile of an issue or event.

SUBJECTIVITY

One of the primary objectives of the Community Needs Assessment is to recommend areas of emphasis for future human service investment.

As such, volunteer committees are called upon to make value judgments about the relative importance or size of a problem or need, based on the available data and other information.

The data is subject to interpretation as individuals or groups come to conclusions about what the data suggests. The process of determining priorities for the United Way through group consensus is intended to partially offset this limitation. At the same time, the report and accompanying data are intended to serve as a resource to other individuals and groups in the community. Other users have the ability to review the data and develop their own interpretations and/or priorities.

BASELINE

By collecting time-series data whenever possible, trends can be identified. However, because data is available in differing time frames and individuals interpret the data differently, the determination of trends is often subjective.

This report relies on the subjective judgment of the committee volunteers to identify trends. Volunteers use their own judgment in determining the best time frame to use in determining trends. In some cases, individuals may look at long-term changes. In other cases, they may look at only a few years of data.

Crime data provides a good example. Crime decreased substantially over the past 10 or 12 years - generally considered a positive trend. Over the past year or two, the data shows crime increasing. Even though crime is still far below the numbers and rates of 10 years ago, the recent increase could be identified as a negative trend.

CAUSATION

Reporting certain conditions or trends does not provide information about their causes. Certain studies suggest a relationship between cause and effect.

For example, unemployment and poor economic conditions appear to be related to crime. There is a clear correlation between education and income levels, obesity and/or smoking and certain health problems. But even in these examples, many other factors can also play a role in the development of a condition.

Finally, it should be noted that in collecting and using data that provides a “snapshot” of conditions at a particular point in time, changes in the conditions of particular individuals or households are not taken into account. Someone who is poor one year may not necessarily be poor at a later date; other poor persons may simply have replaced them.

