

# Appendix 9 - Overdose Prevention Community Needs Assessment

The underlying Data to Action Framework of the OD2A-LOCAL NOFO necessitates deep partnerships with communities to use data to decrease overdose and disparities in overdose. A community needs assessment, sometimes referred to as a community health assessment, calls for regularly and systematically collecting, analyzing, and making available information on the health of a community, including statistics on health status, community health needs, epidemiologic and other studies of health problems. Community needs assessments are intended to assist the community in adapting and responding to important health problems and risks.<sup>1</sup> Community Needs Assessment falls under the “Analyze to Inform Action” step within the Data to Action Framework and the results are used to “Prioritize feasible, evidence-informed, and impactful interventions or program changes” (the next step within the framework).

<b>Goal:</b> To guide jurisdictions in the strategic use of data to: 1) analyze disparities by demographic characteristics, location, and trends to identify drug overdose issues in communities, priority populations and geographical variants; 2) establish the existing assets, capacity, and resources available; and 3) respond to unique needs of people served, community context, and emerging challenges.			
<b>NOFO application</b> Applicants will describe how they have considered or factored Social Determinants of Health (SDOH), needs of historically underserved populations and people with lived experience into program and evaluation planning, data sources they will use, the partners they will collaborate with, and how they will prioritize key overdose prevention issues unique to their communities.	<b>OD2A-LOCAL funded recipients</b> Additional guidance on conducting needs assessments with examples will be provided upon award. This guidance, along with CDC support, will aid jurisdictions in conducting needs assessments to identify priority populations and key overdose issues.*	<b>Who will conduct the assessment?</b> Jurisdiction evaluators and other jurisdiction staff, in collaboration with other colleagues and partners (e.g., jurisdiction internal health improvement planning staff; jurisdiction strategic planning staff; community partners, contractors; other academic partners).	<b>Benefits to jurisdiction</b> The needs assessment will inform jurisdictions' workplans, streamline implementation of OD2A-LOCAL activities, increase collaboration with partners, identify existing assets, produce data to identify priority populations, and increase overall evaluation capacity. Needs assessments could capture perspectives of people with lived experience, historically underserved populations, and include a focus on addressing health equity needs.

<sup>1</sup> National Public Health Performance Standards Program (NPHSP): Retrieved from Glossary.pdf (cdc.gov)

*\*CDC Evaluation Officers will be available to provide technical assistance to OD2A-LOCAL recipients during their implementation of community needs assessments.*

## **OD2A-LOCAL Needs Assessment Requirements**

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OD2A-LOCAL-funded recipients will be required to conduct a needs assessment within the first 6 months of the OD2A-LOCAL award with a focus on the inclusion of health equity and identifying the needs of priority populations and people with lived experience. Needs assessments should also focus on how the needs of priority populations and people with lived experience are addressed through navigation activities in an effort to link people to care and to harm reduction services:

- Navigators can include peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, persons with lived experience, and other individuals who link PWUD to care and harm reduction resources.
- Navigators are individuals familiar with the local public health landscape and who work directly with individuals with OUD and/or StUD to ensure they have the tools to address barriers to seeking care and who support people accessing treatment and supporting their retention (and reengagement if necessary) in SUD treatment and care, as well as support access to other services, such as harm reduction and social supports.
- CDC defines linkage using navigators as: 1) linkage to evidence-based treatment for substance use disorders- to include MOUD and other treatment (e.g., cognitive behavioral therapy [CBT], contingency management) and 2) linkage to harm reduction services.

Recipients will be encouraged to share with CDC what they have learned from their needs assessment and how lessons learned will be applied to prevention efforts. Findings will help inform the workplan. OD2A-LOCAL-funded recipients will be encouraged to share final results (e.g., a report) with their state health department.

This requirement to conduct a needs assessment will not apply to recipients that have conducted a community needs assessment in the last two years, prior to the OD2A-LOCAL award, with a focus on the inclusion of health equity and identifying the needs of priority populations and people with lived experience. However, even these jurisdictions may choose to conduct some assessment work to identify emerging needs. For OD2A-LOCAL applicants who already have conducted a recent comprehensive needs assessment within the last two years, those results can be submitted with applications, and additional gaps can be discussed with CDC, if any. Results from previously conducted needs assessments should be described in 3 to 5 pages. Once CDC reviews the results from previously conducted needs assessments, and if CDC determines that the prior needs assessment does not meet the requirements, CDC will work with funded recipients to revise their workplan to include an activity around the assessment.

## **Developing your NOFO application**

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The application narrative should address how a needs assessment will feed into the Data to Action Framework. Briefly describe a plan to conduct a needs assessment, with a focus on the inclusion of health equity and identifying the needs of priority populations and people with lived experience. Describe how a community needs assessment will help you tailor activities to the changing landscape in overdose prevention in your community. Below are some questions to help guide your response in the NOFO application.

### **Health Equity**

- How was health equity addressed in your previous overdose prevention work?
  - How have you previously evaluated barriers to overdose prevention strategies, including equity in access?
- What was the impact of including health equity in your overdose prevention work?
  - If you *did not* address health equity in your previous overdose prevention work, what was the impact?

- What contextual factors (e.g., local policies, political climate, community perspectives of overdose) affect your ability to implement overdose prevention activities with a focus on health equity?
- How will you address health equity with respect to access and delivery of overdose prevention strategies (e.g., access to harm reduction resources, linkage to care)?

### **Identification of Priority Populations**

- In line with health equity, applicants are encouraged to focus the needs assessment and overdose prevention efforts on specific populations disproportionately affected by fatal and nonfatal overdoses. Which of the priority populations are most affected in your community?
  - African Americans/Black populations
  - American Indians/Alaska Natives
  - Asian Americans
  - Hispanic Americans
  - Native Hawaiian/Other Pacific Islanders population
  - Persons involved with the criminal justice system
  - People who have experienced a prior overdose
  - People experiencing homelessness
  - Other underserved priority population identified within your locality
- Which communities do you plan to work in (i.e., geographic areas) and how will results from a community needs assessment or other credible data source help you identify these areas?

### **Potential Data Sources**

- What previous or future data sources (e.g., previous needs assessment, environmental scan, surveillance, evaluation, health disparities data) will you use to define the problem, select geographical areas and priority jurisdictions or populations?

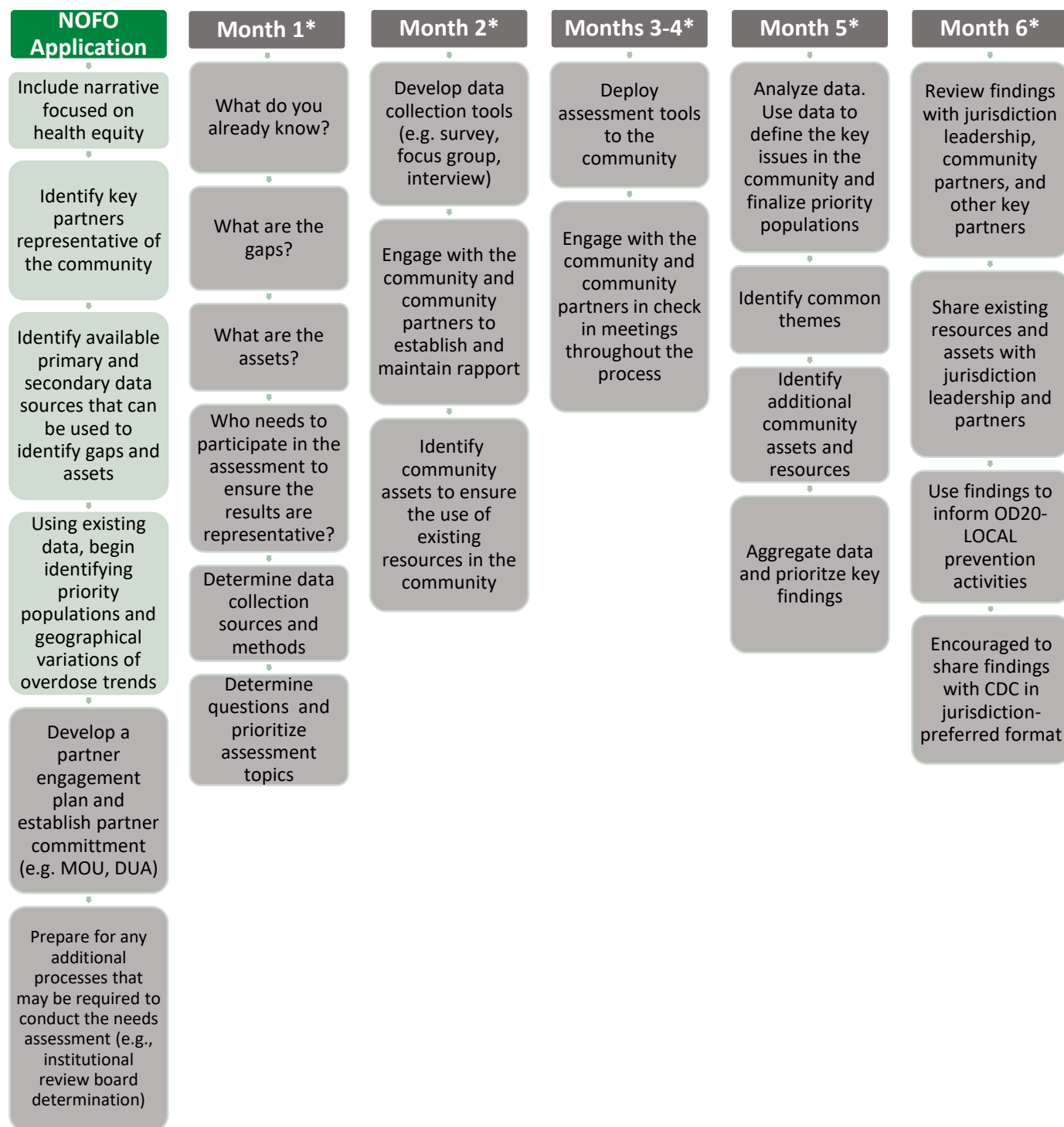
### **Collaborative Partnerships**

- How do you intend to integrate the community perspective into your work?
- What relationships are already established, and which partnerships are representative of the communities the local jurisdiction serves?
- What plans exist for developing future partnerships?

### **Navigation Activities**

- When coordinating care or linking people who use drugs (PWUD) to care and treatment and to harm reduction, how can you identify and address needs of priority populations and people with lived experience?
- How will you account for community perspectives to ensure navigation activities that link PWUD to care and treatment and to harm reduction services are conducted with attention to reducing health inequities?

## Proposed Timeline of Potential Needs Assessment Activities (\*Denotes post-award months)



### Table Legend:

To be included in the NOFO application submission (All OD2A-LOCAL applicants)

Future considerations for needs assessment preparation (Only OD2A-LOCAL funded recipients)