



FLORIDA COMPREHENSIVE PLANNING NETWORK (FCPN)

presents

2025 Needs Assessment Toolkit

The purpose for the Florida Statewide Needs Assessment is to familiarize Areas statewide with the importance, components, and processes of needs assessment. This toolkit provides the information needed for active involvement in the needs assessment process for individuals with little or no prior experience in community planning or community-based research.



Dear Colleague...

Dear Local Planning Bodies,

It was requested at the 2019 Fall Florida Comprehensive Planning Network (FCPN) meeting that guidance be developed on how local areas should approach needs assessment activities. The Florida Department of Health, HIV/AIDS Section worked with the FCPN – Needs Assessment committee to identify available resources to assist local areas.

There are several components of needs assessment. This toolkit is designed to guide areas or groups implement effective and informative surveys, focus groups, key informant interviews, and other data collection methods.

The needs assessment process is designed to gather data to inform patient care services both locally and statewide with meaningful input from people impacted by HIV. The results will lead to a more comprehensive service delivery system.

We hope that you find this information useful and welcome any comments or feedback.

Alelia Munroe & Crystal Valles
Co-Chairs, FCPN Needs Assessment Committee



2025 Needs Assessment Toolkit Learning Objectives

Readers will gain an increased knowledge of the following:

1. Importance of a Needs Assessment
2. Needs Assessment Policy & Procedures
3. Key Components
4. Means & Best Practices of Collecting Data
5. Processes of Needs Assessment
6. Methodology for estimating a Community's Unmet Need

SECTION 1

What is a Needs Assessment?

A Needs Assessment is a systematic evaluation of the way things are, why they are that way, and the way they should be. Needs assessments are essential for local Planning Bodies to decide service priorities and resource allocation and used by the agency to create an action plan that helps its stakeholders receive desired services or meet specific needs.

A needs assessment can cover the entire scope of audience and stakeholder needs, including factors as environment, economic conditions, regional needs, access to resources, and government policies and practices.

All the information ascertained within the context of a Needs Assessment should be recorded in a formal report, which should be written in clear direct language formatted in such a way that information can be easily located and extracted from in the future when planning strategies or allocation proposals.

SECTION 2

Needs Assessment Policy & Procedure

The Planning Body shall participate in the Statewide Coordinated Statement of Need (SCSN) based on a 3-year cycle schedule of the State of Florida Department of Health, HIV Section. With the Planning Body taking the lead role, a needs assessment is a partnership activity of the Planning Body, Recipient, Lead Agency and community.

In the first year of each cycle, data shall be collected shall be collected via a statewide survey, analyzed and made available to the Planning Body *and* the community. An assessment of any and all unmet needs and/or identified service gaps shall be done annually. Population needs shall be identified and, along with any other data from the needs assessment process, shall be provided to the Planning Body during its annual Priority Setting and Resource Allocation processes. All of the raw data shall be submitted to the State Health Office, HIV/AIDS Section.



SECTION 3

Components of Needs Assessment

Components of data collection may include the following, but are not limited to:

1. Area Epidemiologic (EPI) Profile
2. Provider & Resource Inventory
3. Profile of Provider Capability & Capacity
4. Assessment of PWH Service Needs & Barriers
5. Estimates of the Number and Characteristics of PWH with Unmet Need and Individuals with HIV who do not yet know their status
6. Assessment of PWH Unmet Needs, Barriers, and/or Service Gaps

(1) Area Epidemiological Profile

A State of Florida Epidemiologic Profile is published by the Florida Department of Health, HIV/AIDS Section Surveillance Unit and is updated annually. It includes fact sheets with detailed technical notes as well as area-specific and population-specific data tables and reports.

Overall, an Epi Profile offers a clear picture of the HIV/AIDS epidemic among groups at risk of acquiring HIV, which helps the Planning Body set goals and identify objectives and strategies that prevent the spread of HIV, plan activities to improve services for people with HIV, and inform the community on policies and programmatic development as they pertain to HIV prevention and treatment.

The most recent available statewide and area-specific epidemiological profiles and fact sheets can be found at <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html>.

(2) Provider Inventory

A provider inventory reflects up-to-date information on organizations throughout an area that are providing prevention, care, and support services for people with HIV or who are at risk for acquiring HIV. This inventory should include not only Ryan White-funded providers, but community providers, as well. It should list the Provider name, address, telephone contact and any eligibility requirements for accessing patient care services.



(3) Profile of Provider Capacity & Capability

The purpose of conducting a Provider Capacity and Capability assessment is to identify the extent to which HIV-related services are accessible, available, and appropriate for people with HIV in a given service area. Profiles of provider capacity and capability assist Planning Bodies in making informed, data-based decisions about improving the system of care for people with HIV. This may be accomplished through the development of a separate provider survey.

Information gathered from current providers of HIV-related services may include:

- Types of services provided
- Geographic location(s) of services
- Hours of operation
- Current caseloads per service provided
- Maximum caseloads per service provided
- Current resources including funding & personnel
- Ability to increase caseloads & resources required

(4) Assessment of PWH Unmet Needs, Barriers, and/or Service Gaps

Ultimately, the goal of the needs assessment process is to collect a wide variety of data based on stakeholder feedback in an effort to:

- identify and describe HIV prevention and care services that currently exist
- identify and describe HIV prevention and care services that are needed
- identify ways to enhance the quality of services for people with HIV as well as persons at higher risk of acquiring HIV; and
- identify barriers that impede access to existing services.



(5) Estimates of the Number and Characteristics of PWH with Unmet Need and Individuals with HIV who do not yet know their status

(6) Assessment of PWH Unmet Needs, Barriers, and/or Service Gaps

SECTION 4

Methods of Data Collection

Common methods for collecting data may include, but not limited to the following:

- (1) Questionnaire Surveys
- (2) Focus Groups
- (3) Key Informant Interviews
- (4) Town Hall Meetings
- (5) Surveillance Data
- (6) Special Studies



(1) Questionnaire Surveys

A questionnaire survey is a type of data-gathering method utilized to collect, analyze, and interpret the different views of a group or community. The Florida Comprehensive Planning Network (FCPN) has developed a list of Core Questions for persons with HIV which must be incorporated into each local area’s client-level HIV Care Needs Survey questionnaire. Each local area should target a minimum response benchmark equal to 10% of the total number of PWH in their area. Results from questionnaire surveys can help provide lead agencies with a clearer picture as to whether their services are meeting or not meeting their clients’ needs and reflect any barriers to services clients may be experiencing in their area.

See Appendix 1 for the paper version of the 2025 Needs Assessment Survey Core Questions. An electronic version of the survey can be found at <https://tinyurl.com/HIV-Care-Needs-Survey> Local areas requiring technical assistance with creating an online survey can contact The AIDS Institute.

Best Practices

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Advantages

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Disadvantages

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(2) Focus Groups

A focus group is a small-group discussion used to gather in-depth information about a community's thoughts and opinions on a designated topic. The group's composition and overall discussion should be carefully planned to create a non-threatening environment. Participants should be encouraged to talk openly, give honest opinions and respond to other members in the group. Directed by a trained leader, focus groups offer depth, nuance, and variety to the discussion that would not be typically available through surveys and questionnaires

A focus group usually consists of 5-12 individuals who all possess certain characteristics relevant to the group's topic. A moderator (or leader) facilitates the discussion and creates an environment that promotes the communication of different perceptions and points of view.

Focus groups usually last for about 1-2 hours, during which group members are usually asked 5-6 general questions. The discussion is then carefully analyzed to provide insights as to how a product, service, or opportunity might be perceived by the group.

[See Appendix 2](#) for a more comprehensive toolkit for creating and executing focus groups.

Best Practices

- Be sure to record the entire session or assign someone to write down the key points
- The leader's job is to elicit opinion, and not judge it; all opinions should be respected
- Consider asking questions again in a different way
- Summarize what you think you have heard and ask if the group agrees
- Be aware of how much time to spend on each particular topic or group of topics
- As much as possible, devise and use a coding system to "score" the data and count the number of times a particular theme is expressed
- Before the group ends, ask if anyone has any other comments to make. This can be an effective way of gathering new opinions that have not been voiced or planned for
- Don't forget to thank everyone in the group for coming!



Advantages

- Focus groups are cost-effective, as compared to individual interviews
- Compared to a quantitative survey, focus groups can gather more information about perceptions, attitudes, and experiences
- Participants can listen to responses of other participants and “feed off” each other
- Because they are structured, directed, and expressive, focus groups can yeild a lot of information in a relatively short time

Disadvantages

- Groupthink is a phenomenon in which the ways of approaching problems or matters are dealt by the consensus of a group rather than by individuals acting independently which can easily lead to faulty decisions made by a group due to peer pressures
- Such a group culture may intimidate or fail to energize participants, resulting in weaker data collection
- If a group is tool large, it may be difficult to manage and control
- Shy participants or introverts may feel overpowered and intimidated by assertive participants, which may introduce bias and affect the end result
- Analysis of data may be time-consuming and challenging



(3) Key Informant Interviews

Key informant interviews resemble a conversation among acquaintances, allowing for a free flow of ideas and information. These involve qualitative in-depth interviews of 5-15 selected key individuals who have first-hand knowledge of the information that is required.

A “key informant” is someone who can provide detailed information and a unique perspective of a particular issue based on his or her expert knowledge. These in-depth interviews are used to gather qualitative information that can provide an enhanced understanding of the quantitative data gathered.

Key Informant Interviews are designed specifically to use in the following situations:

- When qualitative, descriptive information is sufficient for decision-making
- When there is a need to understand motivation, behavior, and perspectives of clients or providers
- When a main purpose is to generate recommendations
- When data collected through other methods needs to be interpreted

[See Appendix 3](#) for a more comprehensive toolkit for creating and executing key informant interviews.

Best Practices

- Key informants should be selected for their specialized knowledge and unique perspectives on a topic. It is important to select a group of informants who can provide various perspectives
- Create a simple guide or handout that listing the specific topics and issues to be covered under each study question. The purpose is to explore a few issues in depth, guides are usually limited to 12 items
- Questions are generally limited to 5 or less and should relate to *specific* concerns
- Start with factual questions; questions requiring opinions should follow
- Use probing techniques, encourage informants to detail the basis for their conclusions and recommendations



Advantages

- The information provided is coming directly from knowledgeable people
- There is the flexibility to explore new ideas and issues not anticipated during interview planning
- They are inexpensive and simple to conduct

Disadvantages

- They are an inappropriate method of collecting data if quantitative data is needed
- They may be more susceptible to interviewer biases
- Due to the small size of the group, the validity of findings may be difficult to prove



(4) Town Hall Meetings

Town Hall Meetings encourage public participation which promotes sustainable decisions by recognizing and communicating the needs and interest of all participants, including decision makers.

[See Appendix 4](#) for a more comprehensive toolkit for creating and executing town hall meetings.

Best Practices

- Draft specific topics of discussion needed to gauge where a community stands and allowing community members to voice possible solutions to a problem
- Form partnerships with a variety of organizations and other likely allies, and work with them to plan your Town Hall Meeting
- Understand your community's unique characteristics, issues, challenges, and opportunities for positive change
- Have a moderator and brief the community with a panel of three or four people leading the discussion and asking the questions
- Set a time limit for each question; plan for the panel discussion to last 35-50 minutes
- Allow for a question-and-answer period to last about 30 minutes

Advantages

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Disadvantages

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(4) Surveillance Data

(5) Special Studies



SECTION 5

Processes of Needs Assessment

SECTION 6

Methodology for Estimating Unmet Need

In 2002, HRSA HAB defined unmet need as: “the need for HIV-related health services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary health care.”¹ To assist Ryan White HIV/AIDS Program (RWHAP) Part A and B recipients, HRSA created “[Methodology for Estimating Unmet Need: Instruction Manual](#)”.

The Florida Department of Health (FDOH) focuses on using the epi profile to evaluate populations out of care. Information can be found on the Care Continuum tabs of the epi profile for all local areas. This information allows areas to focus efforts on needed prevention and care efforts.

Within the annual epi profiles, a late diagnosis tab has been added, which measures persons newly diagnosed with HIV who develop AIDS within 90 days. This indicator is for the newly diagnosed so areas can see which populations are NOT getting diagnosed with HIV soon enough.

All data related to unmet need is included in the epidemiological data received annually from the FDOH and can be located at <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html>.



Additional Resources— HIV Surveillance Data, Important Links

Surveillance Data Type	Usefulness	Direct Link
1. Epidemiologic Profile	Describes the burden of HIV on the Florida population in terms of sociodemographic, geographic, behavioral, and clinical characteristics of persons with an HIV diagnosis in Florida.	http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-profiles/index.html
2. HIV Demographic Fact Sheets	Provides data about how HIV affects specific populations in the State of Florida and information about HIV risk behaviors, and more.	http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/fact-sheet1.html
3. State HIV Slide Sets	In Florida, HIV diagnoses are not evenly distributed across counties and regions. This slide set highlights the Epidemiology of HIV in Florida using the most recent data	http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-slide-sets.html
4. Area Slide Sets	Provides data about how HIV affects specific populations <u>per area</u> within in the State of Florida and information about HIV risk behaviors, and more.	http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/area-slide-sets.html
5. FLHealthCHARTS	Community Health Assessment Resource Tool Set	https://flhealthcharts.com/charts/default.aspx

HIV Care Continuum Definitions

Persons with HIV: The number of persons with HIV (PWH) living in Florida at the end of 2020

In Care: PWH with at least one documented viral load (VL) or CD4 lab, medical visit or prescription from 1/1/2020 through 3/31/2021

Retained in Care: PWH with two or more documented VL or CD4 labs, medical visits or prescriptions at least three months apart from 1/1/2020 through 6/30/2021

Suppressed Viral Load: PWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2020 through 3/31/2021

Not in Care: PWH with no documented viral load (VL) or CD4 lab, medical visit or prescription from 1/1/2020 through 3/31/2021

Linked in Care: “In care” with at least one documented VL or CD4 lab, medical visit or prescription following first HIV diagnosis date

For additional information, or data please contact Lorene Maddox, at (850) 910-6998 or lorene.maddox@flhealth.gov

