



Quick Guide to Rapid Needs Assessment at a Time of Social Distancing: Ideas for Planning Councils

Introduction

Needs assessment is a legislative responsibility for Ryan White Part A Planning Councils (PCs). Though PCs vary greatly in the scope and extent of their needs assessment efforts, guidance from the HIV/AIDS Bureau (HAB) indicates that needs assessment should include multiple components, including data about:

- The service needs, gaps, and barriers of people living with HIV (PLWH), including differences by subpopulation
- The medical-related and support services available in the jurisdiction to help meet these needs

This information is generally obtained primarily from PLWH, including but not limited to current consumers of Ryan White services, and service providers, both Ryan White-funded and non-funded entities. Before the Part A jurisdiction begins the Priority Setting and Resource Allocation (PSRA) process each year, needs assessment data are typically analyzed and summarized, for use along with epidemiologic data (from state or local epidemiologists), client characteristics and service utilization data, and other information from the recipient and other sources and included in a data presentation.

In 2020, in the midst of a COVID-19 public health emergency, PC Support (PCS) staff are working remotely, PCs and their committees are meeting online, and recipient staff are often either working at home or redeployed to help manage the local pandemic. PCs face considerable challenges in completing needs assessment efforts planned before the pandemic and implementing PSRA online. In addition, information from 2019 or early 2020 may seem hopelessly outdated, with many consumers now receiving services via telehealth, and rates of infection disproportionately high in many communities of color.

To help fill the information gap, some PCs are planning or initiating rapid needs assessment activities – gathering current data either online or in very small gatherings. The chart below identifies and describes several rapid needs assessment approaches that can be implemented during the public health emergency. It also identifies some sources of additional information for some approaches. EGMC will add other materials and put resources from other PCs on the website as they become available.

Rapid Needs Assessment Approaches

Data Collection Method	Targeted Participants	Description	Suggested Technology					Resources/ Notes
			Video Meeting	Telephone Conference Call	Combined	In Person	Online /Link	
Town Hall Meeting (Community Forum)	PLWH, Providers, or Both	A community meeting held to obtain community views and have open discussion about issues; varied size (10-50). Components may include: <ul style="list-style-type: none"> ▪ Individual presentations ▪ Group discussion of key topics/issues which can be pre-determined and announced ▪ Topic Tables [if video with breakout groups technology] ▪ Input on service priorities [can be done with polling in a video meeting] 	✓	✓	✓			EGMC: Town Hall Meetings
Consumer Committee Session	Consumers and other PLWH	A special meeting hosted by the PC's Consumer Committee and often managed much like a Town Hall meeting. Usually less emphasis on individual presentations and more on group identification and discussion of key issues, some identified by the group, others pre-determined based on PC information needs. Committee members help recruit other PLWH to participate; often includes 15-30 or more participants.	✓	✓	✓			EGMC: Town Hall Meetings
Key Informant Session	Individuals with special expertise on a particular topic or experience with a particular PLWH subpopulation – including providers, PLWH, academicians, activists	In-depth group interview with a small number (usually 5-7) individuals carefully selected because of their personal experiences and/or knowledge related to the topics of interest. A discussion guide is used to ensure that key topics are addressed. For rapid needs assessment, focus might be on the impact of COVID-19 on the health status, mental health status, or engagement in care of a particular subpopulation of PLWH.	✓	✓	✓			

Data Collection Method	Targeted Participants	Description	Suggested Technology					Resources/ Notes
			Video Meeting	Telephone Conference Call	Combined	In Person	Online /Link	
Focus Group with Recruitment	People who share certain characteristics	A carefully planned small-group discussion of specific questions or topics led by an experienced moderator, to obtain largely qualitative information. Participants are recruited and selected to share certain characteristics (e.g., recently diagnosed PLWH, African American female PLWH with children under 18, Latino immigrants). Remote version often a little smaller than face-to-face focus groups to make the process easier to manage (5-9 participants). Recruitment is similar, and needs to engage organizations, providers, and PLWH groups with ties to targeted populations. Carefully developed “script” used to guide discussion. Gift card incentive can be mailed to participants after the session. Use of a telephone conference call can help protect privacy and increase access, since some PLWH may not have tablets or computer access or have limited data on their smartphones. Usually works best if everyone is using the same technology – e.g., all video or all telephone, rather than a combination.	✓	✓				EGMC: Introduction to Focus Groups
Pre-Formed Focus Group	People who share certain characteristics and are already part of an existing group (e.g., support group)	Similar to a focus group with recruitment, but participants are all part of a pre-existing group such as a support group or association. If the group is small (5-7), it may be meeting face-to-face, so the focus group can be done in-person or with only the moderator/facilitators in a different location. Can also be done via video or telephone conference call; usually easier to keep everyone engaged if all participants are on video or all on the telephone.	✓	✓		✓		EGMC: Introduction to Focus Groups
PLWH Survey	PLWH, consumers, or specific subpopulations	A method for collecting data from a relatively large number of PLWH using an online structured tool. Most questions are closed-ended, with multiple options to check, rather than open-ended, requiring answers to be typed in. Tool is developed and responses are collected online using a					✓	See Training Guide Module 4. Needs Assessment,

Data Collection Method	Targeted Participants	Description	Suggested Technology					Resources/ Notes
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		system like SurveyMonkey or Qualtric. Existing surveys can be revised or special questions asked about the impact of COVID-19 on their access to care, or special barriers or service gaps. Links usually sent via email but can also be posted on social media. Challenge is getting responses, so PC often engages consumers and providers to recruit diverse groups to participate. Respondents can be offered an incentive (e.g., drawings for gift cards or electronic devices) or sent a gift card if they provide an address on their completed survey. Recruitment can focus on particular subpopulations; some PCs may be able to obtain emails of specific clients, but often recruitment is broader. With proper “branching,” data can be separately analyzed based on characteristics like age, race/ethnicity, or place of residence within the EMA or TGA.						PowerPoint 4.3 and 4.4
Provider Survey	Ryan White funded or other HIV service providers – usually HIV program directors but sometimes specific frontline staff, like case managers	A method for collecting data from multiple provider representatives using an online structured tool. Most questions are closed-ended, with multiple options to check, but a provider survey sometimes includes more open-ended questions than a PLWH survey. Tool is developed and responses are collected online using a system like SurveyMonkey or Qualtric. For rapid response, a special, brief provider survey can focus on topics of current interest, such as changes in service delivery and client engagement during the COVID-19 emergency. Individual links can be sent via email to a pre-determined list of contacts at Ryan White-funded providers or other providers of HIV care, with the email emphasizing the need for a quick response. Survey period can be as brief as 2-3 weeks.					✓	See Training Guide Module 4. Needs Assessment, PowerPoint 4.3 and 4.4