V. Needs Assessment: The Foundation for Priority Setting

A. The Role of Needs Assessment

Community needs assessment is a systematic process designed to determine the current status and unmet needs — sometimes, both the present and future needs — of a defined population or geographic area with regard to a specified program or subject area. Typically, needs assessment requires obtaining information about current conditions — including problems and the resources and approaches being used to address these problems — then using this information to project future needs, prioritizing these needs, and recommending strategies which should be used to address them.

At the heart of the HIV Prevention Community Planning process is an assessment of the planning area’s HIV prevention needs. This is, of course, a somewhat complex process, though with a very clear objective: to generate a clear understanding of current and future HIV/AIDS prevention needs in order to develop a Comprehensive HIV Prevention Plan appropriate to meet those needs.

The community planning group cannot hope to complete a valid, comprehensive needs assessment without the active and informed participation of its community members. In order to participate fully and effectively in the needs assessment effort, you should be familiar with basic needs assessment concepts and typical needs assessment components and steps, and consider specific requirements and challenges of the HIV prevention needs assessment.

Components of a Needs Assessment for HIV Prevention

The Supplemental Guidance identifies seven necessary steps in HIV Prevention Community Planning; the first five directly involve needs assessment:

1. Assessing the present and future extent, distribution, and impact of HIV/AIDS in defined populations in the community;
2. Assessing existing community resources for HIV prevention to determine the community’s capability to respond to the epidemic. These resources should include fiscal, personnel, and program resources, as well as support from public (Federal, state, county, municipal), private, and volunteer sources. This assessment should identify all HIV prevention programs and activities according to defined high risk populations;
3. Identifying unmet HIV prevention needs within defined populations:
4. Defining the potential impact of specific strategies and interventions to prevent new HIV infections in defined populations; and
5. Prioritizing HIV prevention needs by defined high risk populations and by specific strategies and interventions.

B. Characteristics of a Sound Needs Assessment

Needs assessment — especially community needs assessment — is an important tool for uncovering vital information about the needs of the residents of a particular geographic area, or of particu-
lar populations within that area.* Needs assessment can be broadly defined, attempting to identify major problems and needs across a range of community conditions and human services, or it can focus on a single issue area such as HIV prevention. Community needs assessments can provide documentation of problems identified by community residents as well as service providers, community leaders, and public officials. A needs assessment which asks for strong community input can identify and provide an understanding of needs not possible through less formal means, or through assessments which do not consult community residents.

The needs assessment process has multiple benefits. Assessing current resources, service gaps, and unmet needs provides a solid foundation for efforts to develop, restructure, improve, and expand HIV prevention efforts. Its results can be used not only by state and local health departments and other public agencies responsible for HIV/AIDS prevention and treatment, but also by community-based organizations and other entities engaged in health promotion and treatment efforts. The information generated will be useful to service providers in seeking private funding for HIV prevention services and other related programs. Advocates will use the information to urge policy and program changes.

In order to be both valid and credible, a community needs assessment must have certain characteristics and components. These include the following:

1. Broad agreement on the purposes, focus, and scope of the needs assessment.

If a needs assessment is to be useful, its purposes and scope must be well defined and agreed upon. Those sponsoring the needs assessment, those carrying it out, and community representatives must be in agreement concerning the purposes of the needs assessment, what specific questions it should answer, its major areas of focus, and the uses to be made of study results. The Supplemental Guidance (referenced extensively in Sections I and II of this manual) provides considerable guidance concerning the purposes and focus of the HIV prevention community needs assessment, but the community planning group must discuss carefully the desired scope of the assessment, with emphasis on targeted populations and questions to be answered through the needs assessment.

2. An appropriate needs assessment team.

The individual, organization, or team selected to carry out the needs assessment must have community research and analysis skills, be knowledgeable about the subject focus of the needs assessment and the type of community being assessed, have a strong commitment to fair and objective analysis, and enjoy community credibility. For an HIV prevention needs assessment, the team should include members who have an in-depth understanding of HIV/AIDS, including prevention strategies, and members who have an understanding of the various defined populations of particular concern, such as specific racial/ethnic minority groups; the gay, lesbian, and bisexual communities; women; and youth. In many locations, individuals who will be talking to community members should be bilingual in English and Spanish or in other appropriate languages. Most needs assessments will require a team, and it is helpful to make it multi-disciplinary. Community cred-

ibility is most likely to be achieved when the leaders of the team are viewed as fair, objective, and committed by key community leaders. The extent to which community planning group members will participate in—rather than oversee and review—the needs assessment will depend upon many factors, among them the scope of the needs assessment; the availability of secondary data, published and unpublished, and the amount of primary data collection and analysis required; available funding and staff resources; and the amount of time planning group members—or subcommittee members—are able and willing to spend on the process.

3. A process for regular review and input by community representatives.

If the needs assessment is to be done by hired “professionals;” then the community planning group or some subcommittee or task force will need to assure ongoing community input. Community representatives will be important members of this subcommittee, and may also play a lead role in assuring broader community input from a variety of sources, such as individuals from the various populations being targeted; representatives of major community-based organizations serving specific populations or geographic areas, HIV prevention programs, AIDS service organizations, other health providers, youth agencies, and the schools; public officials; clergy from major community churches; and private-sector representatives. The subcommittee should include—and should seek additional public input from—representatives of the populations whose acceptance of the needs assessment’s findings are most important. By asking these people to provide review and advice throughout the needs assessment period, the entity conducting the assessment can assure a wide range of perspectives, and can be confident that if the team is looking at issues too narrowly or in a biased fashion, some member of the planning group will point this out.

4. A study design that makes effective use of primary and secondary data about the community and its residents.

Cost and time considerations require that a community needs assessment make good use of available data about HIV and AIDS (local, regional, and national), as well as about the mix and socioeconomic status of various population groups, and about community services and other resources. Typically, published information must be reviewed, unpublished information located and obtained, and new information collected. This is likely to require a combination of such information-gathering techniques as individual interviews, focus groups, community meetings, and perhaps community observations and “windshield surveys” (informal study of the physical status of a community done by observing particular areas to determine such information as where young people tend to congregate, whether particular facilities are accessible by public transportation, and the physical condition of neighborhoods and facilities).

5. A plan for using results to make positive changes in the community.

Many low-income and minority communities have been “studied to death,” so obtaining cooperation from organizations, community-based organization leaders, and even randomly selected citizens requires that the study team have some means of demonstrating that the study will lead to some positive results which justify the effort of cooperation and participation. The study team and the planning group should be prepared to explain the importance of the needs assessment process in HIV prevention priority setting and funds allocation. In addition to the state and local health departments, cooperation and involvement of other funders, such as local foundations and corporations, United Way, as well as public officials should be encouraged, with emphasis on obtaining indications of their support and their commitment to carefully review and consider the results when they make funding decisions involving HIV prevention and related services. One
component of a needs assessment which is often forgotten is a plan for publicizing results, including wide dissemination, media attention, and extensive efforts to report back to various segments of the community about findings and their implications.

6. Realistic study design, time frame, and resource allocations.

A community needs assessment can be carried out at a number of different levels of detail and cost. But to be effective, it must be carefully planned and scheduled; allow sufficient time for review of secondary information, data collection, and periodic advisory group review; and have sufficient resources to permit adequate attention to both information collection and analysis.

C. The Needs Assessment Process

A sound needs assessment which includes these components and characteristics involves multiple steps. Of particular importance are the “endpoints”: careful determination of the purposes, objectives, and scope of the needs assessment effort at the start of the process, and use of the needs assessment findings for priority setting and decision making, so that the needs assessment contributes to positive change. An appropriately designed process is especially important in HIV prevention; in most states, the HIV Prevention Community Planning process will provide the first systematic HIV prevention needs assessment conducted on a statewide or substate basis. Therefore, it is very important that community members of the planning groups be prepared to participate fully in every aspect of the needs assessment process.

1. Initial Planning

Community members of the planning group can play a valuable role in helping determine the appropriate scope and focus for the needs assessment. Your input is especially important in helping assure that questions such as the following are carefully addressed in the initial planning process:

- **How and by whom will the needs assessment results be used?** What specific decisions will be made based on the needs assessment? How will the needs assessment be used by the planning group in priority setting? By the state and local health departments in resource allocations? Are there other important users?

- **What is the required scope of the needs assessment?** What specific questions should it enable the planning group to answer? About what populations? What information must it provide for inclusion in the Comprehensive HIV Prevention Plan?

- **When must the needs assessment be completed?** When must information be collected and analyzed, to allow time for analysis and for planning group review?

- **How much money is available for conducting the needs assessment?** What in-kind resources will be provided?
Who will actually conduct the needs assessment? Is the community planning group expected to participate actively, or to review and help oversee the process? Will staff or consultants be used? Who will select them?

Who will oversee the needs assessment process? Will there be a planning group committee or task force working closely with those carrying out the process? What arrangements are being made to assure it has diverse community representation? Who within the health department will provide supervision?

The initial planning process should lead to consensus about the overall scope and purposes of the needs assessment, with emphasis on target audiences and users, and intended uses of the results, as well as the outlines of the structure and process to be used in carrying out the needs assessment.

2. Needs Assessment Design

The next step is to design the needs assessment. Sometimes, the planning group will take an active role. Sometimes, staff will take the lead in setting parameters, and consultants will be asked to provide detailed designs as part of a competitive proposal to conduct the needs assessment. It is extremely important that community representatives participate in the design of the needs assessment, raising key questions about populations to be targeted, information collection techniques to be included, and methods of analysis to be used. You may want to focus on such questions as the following.

What are the “bottom line” information requirements for this needs assessment? (Sometimes there is a need to assure that certain kinds of information are collected, since they might not be identified as important without community input.)

What specific populations will be defined and targeted, and what level of information will be sought about each of these populations? (Sometimes, you may need to be sure that particular racial/ethnic groups or other defined high-risk populations are identified for targeting, and that they are considered “primary” targets for all information collection.)

What is the geographic area for the needs assessment, and how will it be subdivided for the purposes of the needs assessment? (Sometimes, there may be a need to ensure that a particular metro area, rural counties, or inner-city neighborhoods receive adequate attention.)

What major secondary data sources or existing studies can be used, and what new information must be obtained through direct data collection? What information is available from other needs assessments or planning efforts, such as those carried out by Ryan White CARE Act planning councils and consortia? (Sometimes, groups depend on certain published reports and data sources which do not provide information on important geographic areas or population groups — such as students at local colleges and universities, incarcerated populations, or immigrant groups; it may be necessary to collect new information on such populations.)

Appropriate, Useful Research on Minority Populations

Studies often attempt to assure that minorities are included by oversampling minorities in their data collection and by using minority interviewers. Both these approaches are important. However, many researchers and minority leaders believe that the most important way to assure appropriate, useful research is to have minority group members participate in the design of the study.
Sometimes researchers not from the community are unaware of studies or data sources within specific communities. Look for STD studies, studies of condom use, reports of clinical trials, work that may have been done as a dissertation by a student in a local university, etc.

- **What are the planned information collection approaches?** Will there be a mix of focus groups, community meetings, interviews, etc.? (Sometimes, the approaches may not be appropriate for particular populations, or samples are not large enough to permit information on different populations to be separately tabulated and analyzed.)

- **Who will develop information collection instruments?** How will the materials be reviewed? Pilot tested? (Sometimes it may be necessary to assure that the planning group or a subcommittee has the opportunity to review information collection instruments at an early stage, particularly if the needs assessment team is not representative of important populations. You may be able to identify questions that will be misunderstood by a particular population, or are inappropriate for use with them. You can ask whether existing instruments have been tested or “validated” with particular populations. The choice of pilot testing sites can also be important; if there is a question about whether information collection forms and questions are appropriate for particular populations, then they should be included among the pilot test sites.)

- **Who will collect the new information, and how will these people be trained?** (Sometimes, there is need for help in assuring broad recruitment and inclusion of minority and bilingual interviewers. Sometimes there needs to be a reminder of the importance of preparing data collection personnel for working effectively in multicultural settings. Be particularly concerned with who will script and who will lead focus groups, since they require particularly careful planning, scripting, and facilitation.)

- **What kind of quality control will be provided for the whole process?** (Sometimes, needs assessments get into trouble through a lack of oversight and review, from validating data to be sure people really were interviewed, to reviewing plans for tabulating and analyzing information.)

- **What are the plans for analyzing both quantitative and qualitative information?** (Sometimes, if analysis plans are not done prior to data collection, you discover too late that information was not collected in the most appropriate form or level of detail, and that it is very difficult to use or compare.)

- **When, how, and in what form will information be presented to the planning group?** What is the deadline for the initial presentation, and does it allow enough time for further analysis and revisions if you find problems? (Sometimes, you may need to remind the design team that...
Community members want to see the data very early in the analysis process, to be sure that assumptions and interpretations are appropriate to various cultural groups and populations, rather than seeing it only after most of the analysis has been done.

The specific design of a community needs assessment will depend upon many community and external factors, among them the geographic size and population of the community, the extent of previous studies or existing data, the degree of heterogeneity, the complexity of its economic and human service base, available resources, available time, and experience and skills of the research team available.

At the end of the design phase, you should have a clear plan for every phase of the needs assessment process, including the kinds of information that will be available and the kinds of analyses that will have been done.

3. Information Collection

A major step in needs assessment is to collect the required information — quantitative and qualitative, primary and secondary, analyzed and in “raw” form. The data collection process should have been determined during the design phase. It will be important to see that information collection is carried out as planned where possible, and that appropriate revisions are made if problems arise with the design.

In overseeing the information collection process, community members should be particularly concerned with such issues as the following:

- **Obtaining all available information on the present extent, distribution, and impact of HIV AIDS on defined populations:**
  - Be sure available secondary source information on HIV seroprevalence and on AIDS cases is being obtained, including unpublished information from community providers as well as published reports from local, state, and national sources. Compare the list of reports and data obtained with the list of reports provided in the Handbook for HIV Prevention Community Planning (reprinted as Figure 9 in the previous section of this manual), and be sure no important kinds of data are missing.
  - Assure that you obtain access to information obtained or analyzed by the Ryan White CARE Act planning councils for Title I and the consortia for Title II.
  - Check to be sure that plans to oversample certain populations are carried out, and that the information collection process is delivering the culturally competent and, where appropriate, bilingual interviewers promised as part of the design phase.
  - Ask about the actual versus projected characteristics of persons interviewed, focus group members, participants in community meetings. Be sure that interviewers don’t overlook geographic areas where people from particular populations live or obtain services, and that focus groups and community meetings don’t exclude particular geographic or cultural communities.

- **Assessing existing community resources and capacity for HIV prevention:**
  - Ask to see lists of community-based organizations and other prevention service providers to be included in the community resource assessment, and be sure that no important organizations
have been left out. If the research team is having trouble gaining access to entities in your community, help make the contacts needed to assure that these entities participate in the study.

- When prevention programs and organizations are being surveyed, be sure that information is being obtained about racial/ethnic and other characteristics not only of program participants, but also of staff and Boards of Directors.

- **Obtaining information about specific prevention strategies and interventions and their use with defined populations:**
  - Be sure the full range of strategies and interventions is being considered; be sure that interventions are reviewed in the context of their use with specific populations.
  - If the research team is having difficulty in identifying strategies being used for a particular population, help provide needed information or suggest appropriate community contacts.

- **Assuring careful quality control of the entire information collection process:**
  - Ask about training procedures for information collection personnel. They should receive formal training, participate in some form of pilot test, and their initial efforts carefully reviewed and critiqued to be sure that they fully understand and are carrying out all information collection requirements.
  - Ask about the results of pilot tests, being sure that all major information collection approaches and instruments are pilot tested with diverse populations, and that the results are used to change data collection instruments or information collection procedures if needed. Pilot test results and plans for correcting problems should generally be brought to the planning group committee or task force responsible for needs assessment oversight; be sure this is done in a timely fashion, and that you have an opportunity for substantive review and discussion. Be sure the pilot testing includes approaches such as focus groups and community meetings, not just use of formal questionnaires or surveys.
  - Be sure that there is careful quality control of the data collection process, to be sure that information is being obtained as planned, and data collection forms are being completed properly.
  - Don’t let concerns about meeting deadlines lead to inadequate pilot testing or quality control. If you are told that problems exist but there is no time — or no money — to correct them, demand a more complete discussion and the presentation of alternative approaches.

  **Careful oversight is particularly important during the information collection process.** The completeness and quality of the information acquired during this period will determine whether or not the entire needs assessment process generates practical, accurate, useful information.

4. **Information Tabulation and Analysis**

   **Information tabulation and analysis are the main approaches used to answer the major needs assessment questions.** Usually, this is a multi-stage process, requiring at least the following major phases:

   - **Cataloguing or otherwise ordering information**, including secondary source materials, by topic and subcategory — e.g., HIV seroprevalence information, AIDS cases, and within these, data related
to specific populations, data from different time periods, etc. Primary source data will need to be prepared for computer tabulation, perhaps with some coding of responses to open-ended questions.

- **Tabulating primary source data** into useful data tables or qualitative information summaries. This may involve coding or categorizing of qualitative information; for example, you might ask people in various types of samples to identify the three major obstacles to effective prevention in their communities. Tabulation would require listing the various obstacles, and then tabulate the frequency with which they were identified (the number of times each type of obstacle was identified), both overall and for various communities.

- **Analyzing information.** With primary source statistical data, researchers are likely to carry out various types of statistical analyses. With secondary source data, re-analysis of existing information or further analysis of "raw" data may be appropriate. Qualitative data will require analysis as well; for example, you might review the tabulation of perceived obstacles to effective prevention in various communities and compare and contrast them.

The tabulation and analysis process determines the form in which information will be available to answer key needs assessment questions. It is important that community representatives assure that appropriate tabulations and comparisons are done, and that the analysis of qualitative data is thorough and appropriate.

**Be sure you understand what kinds of analysis are planned.** Often, researchers will generate not only questions to be answered but also "dummy tables" which indicate the kinds of statistical analyses they will generate — for example, presenting certain kinds of statistical data both by geographic area (e.g., by county or metro area, urban versus rural) and by population group (e.g., by race/ethnicity, by special population group). A list of comparisons or a pile of dummy tables can seem rather confusing, and so can a formal analysis plan — yet it is very important that you be sure that the analysis provides the kinds of charts or narrative discussions needed to assess needs. Taking a practical approach can help you get a clear idea of what information will be available to you in what form; for example:

- Ask the research team to list the questions that will be answered by each table or type of analysis.

- Review the major questions to be answered by the needs assessment, and be sure they are fresh in your mind.

- Make a list of the smaller questions or kinds of analysis you feel you need in order for those questions to be answered.

- Compare the key questions, your list, and the research team's list, and see if any important information you need is missing from the research team's list. Ask whether that information can be generated — and if not, why not.

This process will help assure that the analysis process generates the information needed to answer certain questions directly; generate projections such as the future extent, distribution, and impact of HIV/AIDS among defined populations; and enable the planning group to reach important decisions, such as identifying unmet prevention needs and prioritizing these needs.
5. Reporting

Reporting requires the research team to combine varied types of information from a wide range of sources into a usable report combining charts, tables, and narrative. The appropriate format of a needs assessment report depends upon many factors. While community-based organizations, public agencies, funders, and many other groups within the community can use and benefit from the HIV Prevention Community Planning needs assessment report, its primary user group will be the community planning group. It is likely that they will require a report that is relatively detailed, with many charts and tables providing precise data, but with a narrative that is very clearly written and not highly technical.

Be sure that the research team consults with the planning group at several stages in the report-preparation phase. First, request preliminary findings and provide reactions. Then be sure you approve their report outline. Finally, request a draft report for review, before it goes to anyone outside the planning group. Get member comments individually as well as having a review meeting.

To be sure that you get a report in a user-friendly and appropriate format, ask to see sample charts and tables as well as the outline for the narrative report. Be sure you are comfortable with the format to be used for presenting information, and do so before the research team has begun preparing the report. A reasonable request might be for the planning group to meet with someone from the research team who has good presentation skills. Ask that person to bring the proposed narrative report outline and samples of the major types of analysis tables, charts, and narrative formats that will be used, and to explain them to you logically. If you feel any of them are unclear and will be very difficult for non-researchers to understand, ask that the formats be clarified and revised. If the narrative analyses are at an excessively technical level, ask that they be revised.

Encourage creative formats designed to support the decision-making process. For example, one of the requirements of the needs assessment is to identify unmet HIV prevention needs. One aspect of this assessment is determining where certain kinds of programs are operating, such as where anonymous testing centers are located, and the coverage areas of outreach efforts. One visual way to present this information is by mapping the locations of prevention programs and their service areas. Moreover, you can use different colors, symbols, or patterns to show programs focusing on various populations. To assess accessibility of testing centers or other facilities, also map public transportation and parking facilities, and mark those programs that go to participants or provide transportation to their centers.
Be sure the narrative outline calls for inclusion not only of specific information on HIV/AIDS cases and services, but also needed background and supporting information, such as the following:

- **Background** on the needs assessment’s purposes and its relationship to the rest of the HIV Prevention Community Planning process;

- **Methodology** — how the needs assessment was carried out and the specific questions it was designed to answer, including any limitations or information gaps;

- **A community profile** — community size, geographic characteristics, facilities and services, and residents, in terms of race/ethnicity, socioeconomic status, and other relevant factors; and

- **An executive summary**, suitable for giving out alone or with the report.

Consider putting some data tables and other very detailed or technical information into technical appendices which can be used by researchers, but need not be read by other users.

The planning group will need to work together on the findings, and to present them orally to many groups, so be sure to obtain some clear and effective graphics which summarize study findings. Summaries on large pads ("newsprint"), overhead projections, or large charts are all appropriate; you want to be able to illustrate and call attention to major findings as clearly and effectively as possible. Today, a personal computer can easily generate some very effective charts, and this need not be expensive for you.

Remember, the major purpose of the needs assessment report is to provide community planning group members with the information needed, in the form needed, to make some important decisions. If the report does not meet these requirements, making these decisions will be very difficult.

6. **Priority Setting or Other Decision Making**

Once completed, the needs assessment provides the substantive foundation for key decisions which become the basis for the Comprehensive HIV Prevention Plan. A carefully planned, fully implemented needs assessment with a complete and well-written report is very important, because it can play such an important part in your planning and priority-setting process. By describing current statistics and trends in HIV seroprevalence and AIDS cases among specific populations, the needs assessment helps the planning group to predict the probable characteristics of the epidemic in the future, if increased and more effective prevention efforts are not carried out. By providing an understanding of what prevention strategies and interventions seem most appropriate for particular populations, the needs assessment helps the planning group to project

**HIV Prevention Community Planning Decisions Based on the Needs Assessment Process**

The *Supplemental Guidance* specifies necessary steps for HIV Prevention Community Planning, which include or imply some important decisions to be made based on the needs assessment process:

- Projecting the future extent, distribution, and impact of HIV/AIDS among defined populations in the community;

- Defining the potential impact of specific strategies and interventions to prevent new HIV infections in defined populations; and

- Prioritizing HIV prevention needs by defined high risk populations and by specific strategies and interventions.
the potential impact of these strategies with these populations. By providing varied perceptions of unmet HIV prevention needs, the needs assessment provides the basis for prioritizing needs by population and in terms of specific strategies.

Community representatives play a critical role in the decision-making process. You can, for example:

- **Help assure appropriate attention to various populations.** For example, if you are the only Southeast Asian representative on the planning group, you may need to assure that the needs of this population receive appropriate attention.

- **Question assumptions made by other planning group members based on their roles as prevention program operators or service providers.** People tend to view situations from their own perspectives, and many planning groups include many health care providers, prevention program providers, and public agency officials. You can help provide a different perspective. For example, if you are an Hispanic woman with HIV, you may question the assumption that anonymous testing for women can be provided in the same location as testing for men, because you know that the Latino community is close-knit, and even being seen in the facility will lead to negative assumptions about your sexual behavior, and may even lead to domestic violence.

- **Be sure that important community factors are considered in projections of the future epidemic.** For example, you may be familiar with the geographic trends in your population — perhaps Hispanics are moving into an area previously occupied largely by White non-Hispanics, and there will be an increased need for prevention services in that community.

- **Identify factors which might affect the appropriateness of particular prevention strategies or interventions for a specific population.** For example, many members of the planning group may be supportive of an anti-drug use, pro-condom use media strategy based on messages and personal appearances from several popular local singing groups. However, as a young African American former gang member, you know that several members of the groups used to provide information to the police about gang members, so they are not liked or respected by gang members or youth involved in substance abuse.

You can also help assure that the needs assessment results get back to the community. The needs assessment was developed through obtaining a broad range of community perspectives; the results needed to be presented to the community, not just to the planning group. Members of the needs assessment committee or the entire planning group should share major findings with various neighborhoods and populations, and community representatives have a special role to play — through speaking at community meetings or other events, providing information to mainstream and specialized media, and making yourselves available to community groups wanting information about needs assessment results.

The needs assessment will have many uses beyond the HIV Prevention Community Planning process. It can be a valuable tool for convincing other funders, public and private, of the need for additional resources for HIV prevention. It also provides a basis for cooperative action by HIV prevention program providers, to better meet prevention needs, fill in gaps, and avoid duplication of effort. It can encourage cooperation among public, private, and community sectors. A needs assessment can lead an organization to modify its missions or priorities, and helps assure that limited resources are used appropriately. It provides a sound basis for community advocacy for changes in policies, programs, and funding decisions to more equita-
bly serve the entire community; the information provided by the assessment helps to develop consensus on priorities for community advocacy, and makes it hard for decision makers to deny that community concerns are real and serious. Many human service agencies and advocacy groups find themselves speaking for their neighborhoods, interpreting their needs and concerns to funders and to the larger community. Such actions typically reflect many years of community involvement, but they can be strengthened by use of the "hard data" which can be generated by the needs assessment.

Thus community representatives have an extremely important role to play in every aspect of the needs assessment process. Perhaps most important, you can help assure that the needs assessment is truly community-relevant for diverse populations.