

Community Health Needs Assessment - Key Informant Questionnaire

*** 1. Please enter your name and organization.**

Name

Organization

*** 2. Please SELECT ALL the counties in which you and/or your organization provide services or programs.**

Hillsborough County

Pasco County

Pinellas County

Polk County

Other (please specify)

*** 3. Could you tell us a little about yourself, your background, and your organization?** If applicable, please share the following in your response: *What is your organization's mission? Does your organization provide direct care or operate as an advocacy organization?*

*** 4. We would like your perspective on the major health needs/issues in the community.** Please share the following in your response: *What are the top priority health issues that your organization is dealing with? What do you think are the factors that are contributing to these health issues?*

5. If your organization provides services or programs in multiple counties in the region, are there geographic differences in the health needs or issues each community faces?

* 6. **Which groups in your community appear to struggle the most with these issues you've identified and how does it impact their lives?** Please consider the following in your response: *Are there specific challenges that impact low-income, under-served/uninsured persons experience? Are there specific challenges that impact different racial or ethnic groups in the community? Are there specific challenges that impact different groups based on age or gender in the community?*

* 7. **What barriers or challenges might prevent someone in the community from accessing health care or social services?** *(Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.)*

* 8. **Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs?** *(if including specific organizations in response, please include name and type of program)*

* 9. **What services or programs do you feel could potentially have the greatest impact on the needs that you've identified?**

* 10. **Is there anything additional that should be considered for assessing the needs of the community?**

You have completed the interview questions! Please send any comments or questions to Courtney Kaczmarzky by email at courtney.kaczmarzky@conduent.com.

Thank you very much for your time and cooperation. Have a great day!