HIV Planning: From Guidance to Implementation

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NATIONAL MINORITY AIDS COUNCIL
Building Healthier Communities
Overview

• HIV Planning Guidance
• Implementing HIV Planning
   HIV Planning Process
• Roles and Responsibilities
Objectives

By end of the training session:

• Participants will be able articulate the principles and functions of HIV planning;
• Participants will be able to identify the three keys stages in the HIV Planning Guidance; and
• Participants will be able to identify tools to implement HIV planning
HIV PLANNING GUIDANCE
The “New” HIV Planning Guidance

- Supports CDC’s High-Impact Prevention approach
  
  Old guidance = AHP & DEBIs

- Follows CDC’s new HD FOA PS12-1201: Jurisdictional Planning
  
  Old guidance = comprehensive plan

- Defines CDC expectations for HDs and HPGs in implementing HIV planning

- Establishes an engagement process

- Provides new requirements for monitoring the planning process

- Includes new objectives for the HIV planning process

- Streamlines the HIV planning process to support expanded partnerships and a coordinated local response to the HIV epidemic and achieving the goals of NHAS

- Requires a pro-active engagement of other relevant federal planning processes, especially HRSA, SAMHSA and HUD
Community Planning vs. HIV Planning: Why the name change?

• Launch of National HIV/AIDS Strategy (NHAS) - 2010
  ❖ Realign CDC funded prevention activities and HIV prevention resource allocation with the goals of NHAS

• Focus on High Impact Prevention (HIP) - 2011
  ❖ Focus on improved implementation, coverage, scale and impact
  ❖ Strengthening of targeted prevention efforts with HIV positive and high risk negative individuals
  ❖ Increase monitoring and accountability

• Encourage collaboration and coordination across HIV prevention, care, and treatment services
  ❖ Engage a broader group of stakeholders
  ❖ Engagement process
HIV Planning Basics

HIV planning is based on the belief that **local planning** is the best way to respond to local HIV prevention needs and priorities

- Improve HIV prevention programs with:
  - scientific basis of activities and interventions
  - community relevance
  - key stakeholder involvement
  - population or risk-based focus of HIV prevention interventions in each jurisdiction
  - communication and coordination of services across the continuum of HIV prevention, care, and treatment
Fundamentals of HIV Planning

• Parity Inclusion Representation (PIR)
• Participatory and collaborative process
• Seek out key stakeholders
• Open process for membership
• Comprehensive participation
• Adopt a HIP approach to HIV prevention
Other Services to Consider for HIV Planning

- Program Collaboration and Service Integration (PCSI)
- Treatment
- Social and Structural Determinants of Health
Three Steps for HIV Planning Process

1. Stakeholder Identification
2. Results-oriented Engagement Process
3. Jurisdictional Plan Development, Implementation and Monitoring
Required HIV Planning Guidance Objective 1:

- Identify and implement various strategies to recruit and retain HPG members
- Target participants in the HIV planning process that represent the diversity of HIV-infected populations
- Target other key stakeholders in HIV prevention and care and related services, and organizations that can best inform and support the development and implementation of a Jurisdictional HIV Prevention Plan.
Recruitment of Stakeholders

In order to achieve the objectives of HIV Planning, stakeholders should represent the diversity of high-risk populations of the local epidemic and representatives from the HIV workforce community that provide prevention, treatment, and care services.
Role of Non-traditional Members

The addition of non-traditional partners may assist planning bodies with expanding its reach to engage additional segments of a community to potentially increase the number of people who know their HIV status and are linked to care if needed.
Identifying Key Stakeholders

1. Assess local epidemic to identify high risk populations
   – Demographic data
   – Risk factors
   – Behavioral data
   – HIV testing data
   – PLWHA
   – Geographic information

2. Develop a recruitment plan
Activity

Recruitment of Stakeholders

• Define traditional and non-traditional stakeholders for your jurisdiction
• Create a list of each
Monitoring of Stakeholder Identification

**Required Guidance Monitoring Question:**

To what extent did HIV service providers and other stakeholders who can best inform the coordination and collaboration of HIV prevention, care, and treatment services participate in the planning process?
Monitoring of Stakeholder Identification

Information to Support Monitoring Question

- Recruitment Plan
- List of partners for recruitment
Results Oriented Engagement Process

Goal

Identify engagement activities to be inclusive of stakeholder’s input in the planning process.
Results Oriented Engagement Process

**Required HIV Planning Guidance Objective 2:**

- Develop an engagement process
- The HD will implement a collaborative engagement process that results in identifying specific strategies to ensure a coordinated and seamless approach to accessing HIV prevention, care, and treatment services for the highest-risk populations particularly those disproportionately affected by HIV across states, jurisdictions, and tribal areas.
Results Oriented Engagement Process

What is a Results-Oriented Process?
Identify

• Group of key stakeholders
  – particularly those not represented on the HPG
• Other HIV service providers
  – covering syndemics that co-occur with HIV
• Community members
  – who can best inform and support the goals of the HIV planning process
Develop and Document

• Document:
  – The Engagement Process
  – Strategies to recruit and retain new or current partnering organizations
  – Strategies used to convene the HPG meetings and community members and key stakeholders (e.g., face-to-face, webinar, and conference calls)

• It is essential to have realistic expectations by considering policies, technical assistance, human resources, and budget limitations of the jurisdiction
Convene

• HPG meetings
  ❖ As stated in the HPG bylaws/written protocols

• Virtual meetings (i.e. webinars, conference calls, or video conferencing) when financially feasible for the jurisdiction
  ❖ For those unable to attend regularly scheduled in-person meetings
  ❖ When engaging key stakeholders, HIV service providers, and community members that are non-voting HPG members

• HPG orientations and training meetings
  ❖ Orientations and trainings should be conducted with HPGs on a regular basis
Information Gathering

• Epidemiological profile
• Additional information or HIV plans to strengthen HPG discussions and decisions
• Jurisdictional HIV Prevention Plan
Discuss Opportunities & Challenges

- Discussion items may include:
  - Location, distance, and types of services offered in the highest-impact areas
  - Access to testing, care and treatment, and partner services
  - The number of people who are newly diagnosed with HIV and linked to care
  - Policy issues
• Monitoring the engagement process to:
  ❖ Ensure that the strategies identified promote a coordinated, collaborative, and seamless approach to increased access/linkage to prevention, care, and treatment services
  ❖ Improve health outcomes for PLWHA
  ❖ Move the jurisdiction towards a decrease in new HIV infections.
Review and Update

• HPGs should review:
  ❖ The strategies from the engagement process to increase coordination of HIV programs and services
  ❖ The diversity of stakeholders and communities involved in developing and implementing the Jurisdictional HIV Prevention Plan
  ❖ *HPGs and HDs may also want to include annual benchmarks to improve collaboration among HIV stakeholders and services*
  ❖ The frequency of updates demonstrating the progress of the Jurisdictional HIV Prevention Plan delivered provided by the HD

• Updates should be made accordingly
Community Engagement Techniques

- Listening Sessions
- HPG Internal Engagement
- Advisory Groups
- Program Collaboration and Service Integration
Activity

Assume your epidemiological data support the need for input from a very, very, very specific population

- List your steps to:
  - Identify the population
  - Recruit for engagement activity
  - Identify strategies to sustain ongoing engagement process

- African American Hetrosexual Men age 25-35
- Hispanic MSM age 18-29
- Heterosexual IDU Women ages 15-25
- African-American Transgender Women age 45-65
# Stakeholder Engagement Plan

<table>
<thead>
<tr>
<th>Who are the stakeholders? (internal/external)</th>
<th>What are the objectives of the engagement?</th>
<th>What are the issues associated with the engagement?</th>
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<th>What are the opportunities of engaging?</th>
<th>What are the risks of engaging?</th>
<th>What are the methods of engagement? (phone, mail, planning body, listening sessions, conferences, etc.)</th>
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Required Guidance Monitoring Question:

To what extent did the engagement process achieve a more coordinated, collaborative, and seamless approach to accessing HIV services for the highest-risk populations?
Required HIV Planning Guidance Objective 3:

- Identify and employ various methods to elicit input on the development (or update) and implementation of the Jurisdictional HIV Prevention Plan from HPG members, other stakeholders, and providers.
Jurisdictional HIV Prevention Plan

- Existing resources
- Gaps and Needs in HIV Prevention Services
- Epidemiological Profile
- Prevention, Care, and Treatment
Monitor Implementation of Jurisdictional Plan

- Review of annual plan with HPG members and partners
- Annual update to the plan
Required Guidance Monitoring Question:

To what extent was input from HPG members, other stakeholders, and providers used to inform and monitor the development (or update) and implementation of the Jurisdictional HIV Prevention Plan?
Use of Surveillance and Service Data to Monitor Plan

**Required Guidance Monitoring Question:**

To what extent were surveillance and service data/indicators utilized to inform and monitor the development (or update) and implementation of the Jurisdictional HIV Prevention Plan?
Use of Surveillance and Service Data to Monitor Plan

Information to Support Monitoring Question

• HPG meeting minutes
• Jurisdictional plan updates by the health department
• Summary of concurrence process
• Concurrence letter by HPG representative
Use of Surveillance and Service Data to Monitor Plan

Information to Support Monitoring Question

• Jurisdictional Epi Profile
• HRSA Ryan White Statewide Coordinated Statement of Need (SCSN)
• Local Issue based reports that include HIV/AIDS data
Letter of Concurrence

• HD and HPG must provide:
   A letter of concurrence
   A letter of concurrence with reservations, or
   A letter of non-concurrence

• Regardless of the type of letter it must be signed by representatives of the HIV Planning Group
Roles & Responsibilities

- Health Department
- HIV Planning Group
- Shared Responsibilities
Roles of Health Department

• State, local, and territorial HDs play a critical role in directing HIV prevention efforts towards more high-impact outcomes leading to reduced HIV incidence

• Specific duties include supporting:
  ❖ Meeting logistics
  ❖ HPG member involvement with reasonable incentives (transportation, expense reimbursement, etc.) especially for persons with, or at risk for, HIV infection
  ❖ Infrastructure for the HIV planning process
  ❖ Appoint a State/Jurisdictional Co-Chair

• Develop Jurisdictional Plan with input from HPG and other stakeholders
HIV Planning Group Task

To identify and collaborate with key stakeholders and other HIV service providers to develop a results-oriented engagement process for a seamless approach to accessing HIV services and to inform the development of the Jurisdictional HIV Prevention Plan

• Ensure the engagement activities and strategies are in alignment with the Jurisdictional HIV Prevention Plan and the goals set forth in NHAS

• Review the engagement process and strategies to ensure that they meet the needs of the Jurisdictional HIV Prevention Plan

• Continually assess key stakeholder involvement and ensure that the Jurisdictional HIV Prevention Plan is updated as needed

• Review and submit all monitoring documentation required by this Guidance annually
HIV Planning Group

• Elect the community co-chair
• Ensure membership structure achieves community and key stakeholder representation (PIR)
• Ensure information is presented in a clear and comprehensive manner
• Inform the development or update the Jurisdictional HIV Prevention Plan(s)
• Submit a letter of concurrence, concurrence with reservations, or non-concurrence
Shared Roles

- Determine the most effective strategies for input into the Jurisdictional HIV Prevention Plan and engagement process

- Monitor or assess the HIV planning group process to ensure that it meets the objectives of the Guidance

- Ensure that HIV prevention efforts are guided by High-Impact Prevention activities
Recap

• What is purpose of HIV planning?
• What contributed to the new HIV Planning Guidance?
• What are 3 steps in HIV planning?
References

• CDC HIV Planning Guidance
  http://www.cdc.gov/hiv/topics/funding/PS12-1201/planningguidance.htm

• HIV Prevention Community Planning: An Orientation Guide

• High-Impact HIV Prevention

• National HIV/AIDS Strategy (NHAS)
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