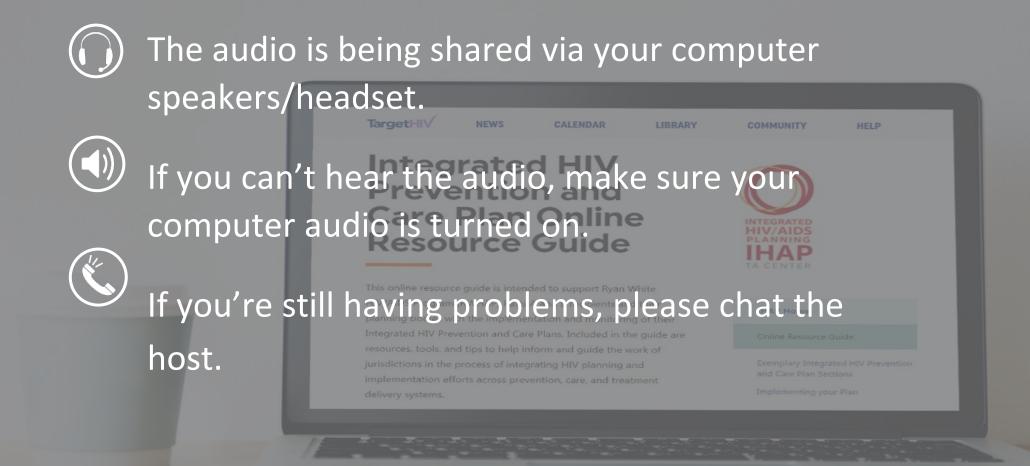
Can You Hear Us?



¿Puedes escucharnos?

El audio es compartido por medio de su computadora o audífonos. Si no nos puedes escuchar, asegúrese de que el audio de su computadora esté encendido. **Resource Guide** Si todavía está confrontando problemas para escucharnos, por favor escriba en el chat.



Engaging Community in HIV Planning: Challenges, Successes, and Opportunities

May 1, 2024 11:00 AM-12:00 PM EST





About the Integrated HIV/AIDS Planning **Technical** Assistance Focuses on all stages of Center integrated planning, including development, implementation,



SUPPORT

Supports HRSA HAB RWHAP Parts A and B recipients, CDC DHP-funded health department recipients, and their respective HIV planning bodies

FOCUS

and monitoring of Integrated HIV

Prevention and Care Plans.



CONDUCT

Conducts national and individualized training and technical assistance and facilitates peer-to-peer learning

Simultaneous interpretation is available in Spanish

- Please click on the globe button on the bottom of your screen and select the language that you would like to hear.
 - Por favor, haga clic en el globo en la parte inferior de su pantalla y seleccione el idioma que quiere escuchar.

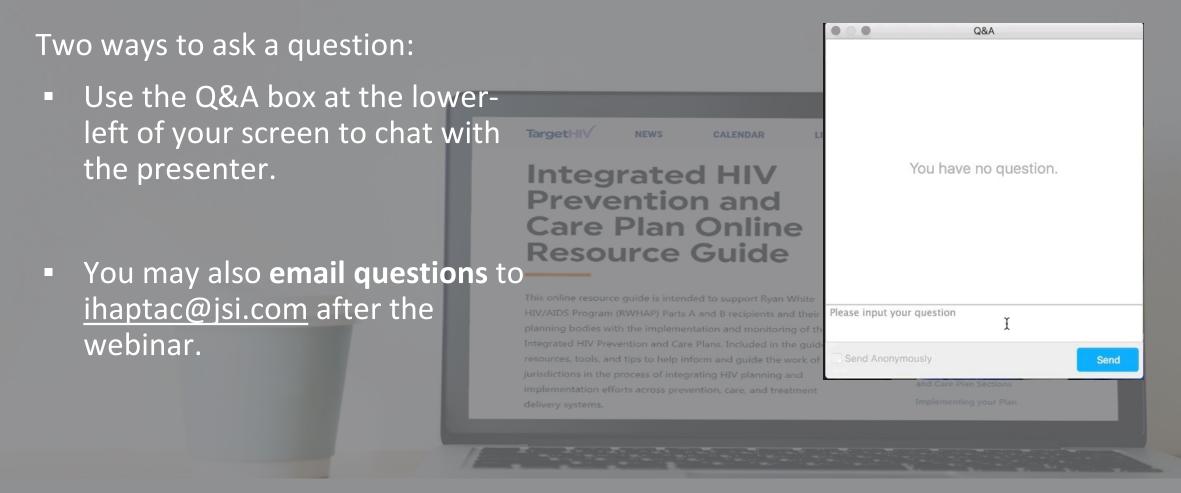


Simultaneous interpretation is available in Spanish

- 2. Once you have selected a language, click once again and select *mute original audio* in order to hear only the selected language.
 - Una vez que haya seleccionado un idioma, haga clic una vez más y seleccione silenciar el audio original, para escuchar sólo el idioma seleccionado.



How to Ask a Question



Agenda

- Welcome
- Setting the Stage Community Engagement in HIV Planning
- Challenges in Community Engagement
- Innovative Approaches in Engaging Community in Integrated Planning
- Hear from Your Peers
- Q & A
- Closing

After today's event, participants will be able to:

- Describe how community engagement strengthens integrated planning
- Identify three common challenges of community engagement in integrated planning
- Recall three strategies to increase or strengthen community engagement
- Identify at least one engagement strategy that can be tailored or adapted to their context

Setting the Stage: Community **Engagement in HIV Planning**



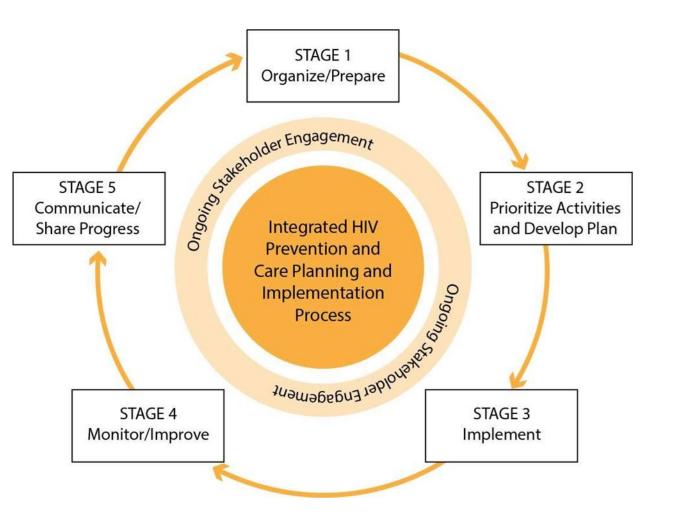
The case for integrated planning

- Intended to accelerate progress toward meeting national goals while allowing each jurisdiction to design an HIV services delivery system that reflects its local vision, values, and needs
- Requires engagement of a wide range of stakeholders, including people with HIV and people who would benefit from prevention services to inform and guide the delivery of HIV prevention and care services

Community engagement and integrated planning

- Integrated planning is a cyclical process
- Meaningful involvement

 of people with lived
 experience is essential in
 all planning stages



Importance of community engagement in HIV planning

- HRSA's Ryan White HIV/AIDS Program (RWHAP) recipients and providers have been longtime leaders in implementing community engagement activities to meet the health and social service needs of people most affected by HIV
- Including people with lived experience in planning and coordinating HIV prevention and care results in:
 - Community-driven solutions for whole person service delivery
 - Improved health outcomes
 - Sustained linkage to care
 - Increased viral suppression rates among RWHAP clients

Importance of community engagement in HIV planning

Community engagement in HIV planning:

- Informs a comprehensive and effective response
- Incorporates diverse perspectives
- Includes key stakeholders
- Facilitates community buy-in and support
- Builds collaborations among systems

Additional benefits of community engagement

- Promotes understanding of cultural nuances in a community
- Increases community ownership
- Ensures adaptability and responsiveness

Why else is community engagement important?

Challenges in Community

Engagement



Community engagement challenges during planning process

- Coordinating planning activities across funded RWHAP Parts, CDC-funded prevention programs, and respective planning bodies/groups
- Aligning different jurisdictional plans (e.g., EHE, Fast Track Cities, Getting to Zero) and planning group priorities to develop a responsive and relevant IP that does not duplicate other efforts
- Maintaining representative planning group membership and active participation of diverse members, particularly those with lived experience, in planning group activities
- Competing priorities can present barriers to sustained community engagement

What are your challenges with community engagement in integrated planning processes?

Chat in your challenges!

Approaches to Engaging Community in Integrated Planning



Planning body structures for Integrated Plan development

- Various approaches across jurisdictions to lead IP development
 - Used existing planning body subcommittees or workgroups
 - Established a **new planning body**
 - Built on existing groups to support a syndemic approach
 - Established steering committees separate from planning bodies

Collaborative approaches to promote cohesion

- Shared membership across planning bodies
- Coordinated planning activities across groups, including needs assessment and plan development
- Integrated elements from other plans and developed complementary approaches
- Shared data
- Provided updates/presented to the other body

Inclusive community engagement requires dedicated resources, time, and skilled staff for Integrated Plan development.

Key approaches:

- Increasing engagement and participation in planning process
- Building capacity
- Leveraging technology
- Using non-stigmatizing and accessible language

Strategies for increased participation and engagement

- Community input sessions
 - Maryland and Ohio conducted **regional listening sessions**
 - RWHAP Part A jurisdictions in Florida facilitated **town halls**
- Satellite locations for meetings
 - Pennsylvania and Connecticut enabled participants to convene at more convenient locations and still benefit from real-time, in-person engagement
- Expanded use of online spaces
 - Many jurisdictions expanded access to online spaces and virtual collaboration platforms, such as Google documents and Miro boards/live polling

Strategies for increased participation and engagement

- Staff engagement roles
 - Utah has an **HIV Community Engagement Specialist** focused on HIV-related social media efforts
 - Fulton County hired a **Community Engagement Specialist** to connect with the community and serve as a link among multiple groups/committees
- Ongoing efforts to prioritize people with HIV in planning body leadership roles
 - In Broward County, FL, at least one of the three members selected from each local HIV planning body to serve on the IP Workgroup had to be a person with HIV
 - Fulton County has "codified within its bylaws the desire to give first leadership preference to individuals living with HIV."

Building capacity of community involved in HIV planning

- Efforts to build the capacity of community and members to participate in planning processes
 - Houston offers Project LEAP (learning, empowerment, advocacy, education), a free, 17-week program to train people with HIV and others to become active participants in local planning bodies
 - Detroit has implemented a 10-week Project LEAP program
 - Oregon initiated their planning process with a five-hour anti-racism training that introduced the use of an equity lens

- Language and communication
 - Non-stigmatizing and accessible language
 - Dedicated sections on language and terminology
- Jurisdictions stressed the importance of non-stigmatizing and accessible language
 - Florida emphasizes the use of lay language and fewer acronyms in their meetings
 - The Iowa IP begins with a section dedicated to defining and describing language and terminology, including preferred terms and rationale for their use

Hear from Your Peers



Meet our panel



Cheryl Henne

Program Manager, RWHAP Part B, Division of HIV, Pennsylvania



David Givens

Director of Operations, HIV Prevention and Care Project and Faculty member, University of Pittsburgh Department of Infectious Diseases and Microbiology



Kyra Sanders

Community Planner, HIV Prevention & Intervention Unit, Michigan Department of Health & Human Services



Clarence Peeples

Public Health Project Coordinator, Southeastern Michigan HIV/AIDS Council (SEMHAC)

Pennsylvania Division of HIV Health

Overview of the Pennsylvania Department of Health Division of HIV Health For the IHAP TAC

> **Cheryl Henne,** PA Department of Health, Division of HIV Disease Health

David Givens (he/him), PhD, MA Director & Co-PI, HIV Prevention and Care Project University of Pittsburgh



Pennsylvania Division of HIV Health

Division Structure: comprised of three sections

- Prevention Section funded by Centers for Disease Control & Prevention (CDC)
- Care Section including
 - Ryan White Part B (RWPB) funded by Health Resources Services Administration (HRSA)
 - Housing Opportunities for People With AIDS (HOPWA) funded by Housing & Urban Development (HUD)
- Monitoring & Evaluation Section responsible for the contractual and data components of the section's awards/services

Service Structure: services are provided through a network of contracted entities, Participating Partner Agreements (PPA's), or directly by the Division.

Collaboration Structure:

- Collaborative relationship with the Philadelphia Part A
- Intersecting programs/departments



The Pennsylvania HIV Planning Body

- The HIV Planning Group (HPG) structure
 - Provides intentional focus on collaborative efforts with intersecting programs/departments through the establishment of on-going seats at the table
 - Amplifies the voices of individuals impacted by HIV as the voting members and leadership at all levels of the group
 - Highly efficient and adaptable:
 - 2 On-going subcommittees for evaluating and improving the Integrated HIV Prevention & Care Plan (IHPCP)
 - 5 smaller working groups that focus on specific needs and issues
- HPG Plan Monitoring
 - Evaluation subcommittee has key oversight of all IHPCP activities
 - Continuous Quality Improvement Process (Pennsylvania's Clinical Quality Management process) is integrated into the HPG as a working group



The Pennsylvania HIV Planning Body

- HPG and Stakeholder Engagement Planning for 2018-2023 included:
 - Regular HPG meetings 4 regular meetings per year. Developed a robust virtual meeting process during COVID.
 - HPG Townhalls 2 per year. Our HPG and planning teams meet in impacted communities for dialogue/education and data collection
 - Virtual listening sessions for people living with HIV (PLWH) during the COVID crisis
 - Interactive two-way engagement in HPG meetings for comprehensive remote/in-home participation
 - HPG Community and Planning Partner networks
 - Annual surveys for impacted communities and emergent issues (Employment, Aging, etc.)
 - Ongoing social media presence for Planning awareness and education
 - Ongoing subcommittee and work group efforts engaging communities' needs and experiences



The Pennsylvania HIV Planning Body

• Use of Stakeholder Engagement data

- All efforts and engagement opportunities are recorded and codified into operational metrics that validate and link to all IHPCP activities, including needs and disparity metrics
- May be used to support/inform specific HPG recommendations and processes, like the HIV Stigma workgroup





Michigan HIV AIDS Council

2022-2026 Integrated HIV Prevention and Care Plan

Process

- Public Sector Consultants (PSC)
 - Neutral & familiar voice
- Internal MDHHS leadership and Staff
 - Epidemiologic research and analysis of state surveillance, programing & financial data
- MHAC (SEMHAC)
 - Engagement activities to achieve concurrence



Things learned/Next Steps

Lessons

- MHAC is a dynamic group but fragile membership
- Continue to build upon past successes , EHE Plan
- RELATIONSHIPS matter

Opportunities

- Partnership with SEMHAC in meaningful way
- To identify additional ways to engage community members in the process



Unlocking Community Synergy through Innovative Planning

SEMHAC

Southeastern Michigan HIV/AIDS Council





Mission

Address public and population health priorities of Detroiters

Vision

We envision healthy communities where everyone has the opportunity to thrive



Values

Service, Transparency, Respect, Accountability



What were some successful strategies on how your jurisdiction engaged and involved affected communities in the planning and development of your Integrated Plan?

- Direct involvement of key stakeholders
- Surveys
- Community forums
- Focus groups
- Interviews with PLWH as well as community members
- Review of EHE engagement and strategic plans from DHD and MDHHS
- Review of draft documents from MDHHS's integrated planning process
- Reviewed HIV Epidemiologic data across the continuum of care
- Systematic review of EHE engagement and strategic plans from DHD and MDHHS,-MDHHS cluster detection and response



How often and with whom are you sharing progress on achieving objectives or implementing activities within your Integrated Plan?

Although SEMHAC conducts different activities throughout the year where findings from needs assessment data are shared with SEMHAC members and the community, an annual PSRA activity is conducted which involves MDHHS Epidemiologist, DHD Recipients Office staff, PLWH, service providers, community leaders, advocates and other community partners.



What challenges have you identified or addressed related to community engagement in the integrated planning process?

- Participants in needs assessment were not fully representative of HIV epidemiology or generalizable to the region
 - Only PLHW in care; does not assess needs of people out of care/ unenrolled in RW
 - Self-report subject to recall, interpretation of terms, social desirability bias
 - Case management defined broadly
 - Possible transcription errors
- Lack of Knowledge about Testing Resources
 - Some providers mentioned that community members are not fully aware of the resources that exist to support PLWH
- Lack of Testing Resources
 - Community members in rural areas and those in economically disadvantaged communities also identified a lack of adequate testing resources in their community.



Contact Information

- •Clarence Peeples
- •Public Health Project Coordinator-SEMHAC
- •(313) 720-0173
- Peeplesc@detroitmi.gov



Thank You!





Questions?

Click on "Q&A" located along the bottom of your screen



Discussion

- What were some successful strategies on how your jurisdiction engaged and involved affected communities in the planning and development of your Integrated Plan?
- How are you engaging these key communities on an ongoing basis in integrated planning?
- How often and with whom are you sharing progress on achieving objectives or implementing activities within your Integrated Plan?
- What strategies are you using to obtain feedback from key stakeholders on a regular basis?

IHAP TAC can help!

- New to integrated planning or need a refresher?
 - Online Course: An Introduction to HIV Prevention and Care Planning
 - Access at <u>www.targethiv.org/ihap</u>
- Don't know what you need?
 - Visit our website at <u>www.targethiv.org/ihap</u>
 - Join our mailing list at <u>https://targethiv.org/ihap/subscribe</u>
 - Review resources
 - Request tailored technical assistance
 - Contact us at <u>ihaptac@jsi.com</u>



Thank you!



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30144, Ryan White HIV/AIDS Program Integrated HIV Planning Implementation. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.