



Webinar Transcript | October 21, 2021

## Ryan White HIV/AIDS Program Best Practices Compilation Launch

Demetrios Psihopaidas:

Hi and welcome. I hope everybody can hear me okay. We're so excited to be here with you today for the public release webinar of the HRSA Ryan White HIV/AIDS program Best Practice Compilation. The compilation is a community driven platform to improve dissemination of client-centered, high-quality, highly-innovative, and culturally-responsive care for people with HIV. My name is Demetrios Psihopaidas. I'm a senior health scientist in the Division of policy and Data at HRSA's HIV/AIDS Bureau and I'm the lead for this project. I'm here with our contractor team from John Snow Incorporated, which includes Michele, Julie, Katelyn, and we also have Nicole Mandel here with us from Target HIV. Lastly, we're fortunate to have Dr. Laura Cheever, our associate administrator at the bureau with us today, and in a moment, she'll provide some welcome remarks to get us started. We also have our deputy associate administrator, Heather Hauck. We have a full house today and we're happy to have you all here with us. I want to make a quick note that today's webinar is being recorded. Next slide.

Demetrios Psihopaidas:

Okay. This is our sort of run of show for the day. As I mentioned, we'll start with some welcome remarks from Dr. Cheever. After that, I will go over our objectives for today's webinar. And then briefly I'll discuss the background of this project that led to the development of the Best Practices Compilation. I'll then hand it over to our contractor team from JSI, and they'll give you a bit more of an in-depth project overview, and they'll take you on a tour of the compilation. And then finally, before we close, we will have the floor open for some questions. But in addition to going ahead and introducing yourselves in the chat, which I see many of you are, that's great, if at any time during the webinar, you have any questions, we highly encourage you to go ahead and submit those whenever they come to you. And that way we can be reviewing those questions throughout the presentation. Of course, you can also wait until that Q&A section to ask your question. Next slide.

Demetrios Psihopaidas:

Okay, so I'm going to hand it over to Dr. Cheever.

Dr. Laura Cheever:

Great, thank you, Demetri. I want to also add how excited we are today to be sharing with you this much anticipated release of the Ryan White HIV/AIDS Best Practices Compilation. This compilation is designed to serve as a central location for Ryan White-funded programs to share innovative interventions, to bring people into care, keep them engaged in care, and improve their health while reducing new HIV infections. It's really part of our commitment that we know many of you are doing many innovative things, and you have data to show that they work, but they're happening in sort of small scales either in organizations or discreet jurisdictions. We feel we have a responsibility, really, to make sure that we can bring these forward and share them in a way that they're easily accessible. So by increasing access to new and innovative interventions to improve outcomes for our Ryan White clients, the compilation really supports our vision of providing optimal HIV care and treatment for all to end the epidemic in the United States.

Dr. Laura Cheever:

The compilation was developed with extensive input in collaboration from Ryan White recipients, subrecipients, federal and non-federal staff, and have project officers. I want to thank the many of you on this call who provided input throughout the development process. Your contribution surely shape this project.

Dr. Laura Cheever:

Today, we're launching the Best Practice Compilations with a great set of resources that came from the pilot phase of the project. I want to give special thanks to those Ryan White recipients and subrecipients who participated in the pilot and helped us really hone what the compilation looks like and what the processes to get these innovations onto the site.

Dr. Laura Cheever:

Following today's release, we encourage all of our providers to navigate to our Best Practice Compilation page and tell us about the great work you are doing in your organizations and with your clients. Through your submissions, we hope that the resources available on the compilation will rapidly expand to become a key resource to support your work. That is our goal in the Ryan White Program.

Dr. Laura Cheever:

Thank you all for your attention today. If you have any questions after today's webinar, we encourage you to send them to the email in the project's email inbox, which will be shared at the end of the presentation. With that, I'm going to hand it back to Demetri. Thanks, once again, to Demetri, to the HAB staff and to GSI, as well as to all of you for making this possible.

Demetrios Psihopaidas:

All right. Thank you, Dr. Cheever. Next slide, please.

Demetrios Psihopaidas:

All right, here are our objectives for today's webinar. We will understand the rationale for developing the Best Practices Compilation. We will define emerging interventions, which is a really important concept that underscores our objectives with the compilation, and JSI will be talking more about that shortly. We'll describe the content of the Best Practices Compilation and how to use the search function, which we hope many of you'll be making use of very soon. And then also, really importantly, we will be learning how Ryan White Programs can tell us about the innovative work that you are all up to in your own settings using the online submissions form, which will be located in the compilation, which is house on the Target HIV website. I just want to underscore one more time what Dr. Cheever said, and that is all of you sharing with us that really innovative and great work that you're doing in your sites is really essential to the success of this compilation and making it a helpful resource for all of you. Next slide.

Demetrios Psihopaidas:

Okay, so I'm going to now do some high-level discussion of the project background, and then JSI, after I hand it over to our contractor team, they will provide a little bit more information about the background of this project. Next slide.

Demetrios Psihopaidas:

Here at HAB, we use our annual client-level data report, many of you know the RSR report, to understand who we are serving as well as the quality of their care and their HIV-related health outcomes. Through these data, we're able to identify gaps in services or care outcomes to inform decision making and advance the reach and the impact of the Ryan White Program.

Demetrios Psihopaidas:

Many of you are likely familiar with this slide. We use it in many of our presentations. Here, we can see our client-level data that's reported to us every year, aggregated at the state level to observe changes in viral suppression at that level of aggregation between 2010 and 2019. Here, darker red indicates lower viral suppression. Overall, you can see based on the improvements in color from left to right and the numbers associated with each of those years, because of the incredible work of our Ryan White recipients and providers, all states have seen increases in viral suppression among their clients served in this time period. However, we continue to see some gaps in states and regions, and even generally, we see that we could still be doing better and more to improve outcomes for our clients across the Ryan White Program. Next slide.

Demetrios Psihopaidas:

To address these gaps in geographic areas, as well as those among specific subpopulations served by the Ryan White HIV/AIDS program has funded through our special projects of national significance or SPNS Program, several initiatives that are aimed at developing or testing innovative intervention strategies to close these gaps and ensure optimal outcomes for all Ryan White clients. The projects that you see here listed on this slide are just a small subset of those that have been funded across the life of the SPNS program, and even in recent years. Developing and testing these innovative intervention strategies is a key part of HAB implementation science strategy to ensure we continue to see improved outcomes for our clients, and ultimately to end the epidemic in the United States. Next slide.

Demetrios Psihopaidas:

But importantly, in addition to the work that's being done through these SPNS-funded projects, we at the HIV/AIDS Bureau recognize that our Ryan White providers are also doing highly innovative work in their settings. Ryan White-funded organizations have always been sources of innovation and many have already developed and implemented intervention strategies of their own that improve client outcomes along the HIV care continuum. To eliminate those remaining disparities in the HIV care continuum outcomes that I mentioned for our clients and those geographic differences, we need to systematically collect, catalog, and disseminate these effective intervention strategies that are being implemented across the Ryan White Program. We strongly believe that by supporting this knowledge transfer of what's working at one Ryan White site across the Ryan White Program and disseminating that innovative work, we may further support our vision of achieving optimal HIV care and treatment to end the HIV epidemic in the United States. Next slide.

Demetrios Psihopaidas:

The Best Practices Compilation that you're about to get a tour of today, we intend to be the central location where these innovative of intervention strategies will be housed for easy access by our Ryan White recipients and subrecipients. Users will be able to share what they're up to in their setting, submit for consideration and inclusion in the compilation, that intervention that they have that they have implemented, and also to search within the compilation, quickly using various filters to identify interventions that might be useful in their setting to improve outcomes with a certain subpopulation. Next slide.

Demetrios Psihopaidas:

Okay, so with that, I'm going to now hand it over to our friends from JSI. Through the Minority Aids Fund or MAF, JSI was awarded a three-year contract to develop and implement the Best Practices

Compilation. Julie is going to talk a bit more about the project and then Katelyn is going to take you on a tour of the compilation.

Julie Hook:

Great, thank you so much Demetri, and thank you all for joining us today. We are really excited to be at this stage of this project and to officially launch the Best Practices Compilation. As Demetri and Dr. Cheever mentioned, this has been a tremendous amount of work in collaboration between HRSA HAB, the JSI team and our partner mission analytics, as well as Target HIV. Importantly, the compilation was developed with extensive input and collaboration from Ryan White HIV/AIDS Program recipients and subrecipients, federal and non-federal staff, and HRSA HAB project officers. I also wanted to give a huge thank you to the programs that participated in the pilot project to develop the compilation. These 20 programs dedicated their time and energy to helping us develop the compilation, and we're so excited to share their interventions as part of the initial launch. By increasing access to new and innovative strategies to improve outcomes for all Ryan White clients, the compilation supports HRSA HAB's vision to provide optimal HIV care and treatment for all to end the HIV epidemic in the United States. Next slide, please.

Julie Hook:

I know Demetri mentioned it, but please add any questions to the Q&A feature, which you can find on the Zoom toolbar. We'll answer as many questions as we can, time permitting. I also plan on developing a frequently asked questions document for the compilation based on the questions received. As Demetri noted, the Ryan White Program has been incredibly successful over the years to engage their clients in care and reach [inaudible 00:13:11] suppression, but disparities and inequities still exist. We know that all of you're constantly innovating and trying things to engage individuals with HIV and care and to reduce these disparities and inequities. We really want the Best Practices population to be the go-to source that allows programs to share what is working for them so that other programs can replicate these successful interventions. The goal of the Best Practice Compilation is to accelerate knowledge sharing of what works between Ryan White HIV/AIDS Program funded organizations.

Julie Hook:

While the compilation is initially focusing on what we're call emerging interventions, in the coming year, we'll be expanding the focus of the compilation to include evidence-based and evidence-informed interventions, so stay tuned. If you have an intervention that has already been identified as evidence-based evidence-informed as part of another HRSA initiative, such as [inaudible 00:14:01] or part of the SPNS Initiative, you won't need to go through the full submission process. The JSI emission team may contact you to provide some additional information, but we're still working out that process now, so stay tuned. Next slide, please.

Julie Hook:

Our submission is now open and we're currently collecting new emerging interventions. This really is our call to action for this webinar, because we know that the utility of the Best Practices Compilation will only increase as the compilation is populated with more and more interventions. Next slide, please.

Julie Hook:

So what is an emerging intervention? There are approaches that have a specific duration impact and don't have any published evaluation finding, so in other words, they've been, one, implemented in a

Ryan White HIV/AIDS Program setting for at least 12 months or in response to a public health emergency. Two, there is documented improvements in one or more HIV care continuum outcomes. And three, that evaluation findings from a project or an intervention are not published or currently under review by a peer review journal. Simply put, they're innovative strategies that don't yet have sufficient published evidence to meet evidence-informed or evidence-based criteria, but have demonstrated some success. Importantly, they also address emerging priorities in areas of focus to reduce disparities. Next slide, please.

Julie Hook:

When programs submit their emerging interventions, we want to make sure that they're not only applicable and relevant to the Ryan White community, but there also is enough information to support replication and sustainability, as well as evidence of impact if intervention has shown positive outcomes for clients with HIV. Our submission processes intended to collect this information and allow the team to determine what intervention category the intervention is, as well as for us to be able to develop an online intervention profile with enough information to allow other programs to be able to replicate. Next slide, please.

Julie Hook:

As Demetri mentioned, there are two main functions of the compilation. First, to be able to search for interventions that may be relevant for your program, but then also to be able to submit interventions that have been success school in your program. We wanted to go through kind of a use case for both. Next slide, please.

Julie Hook:

Meet Cameron. Cameron works at a local Ryan White Program-funded organization that provides both core medical and support services. They recently participated in a needs assessment that identified unmet need for their youth clients. His organization's ongoing QI efforts show that viral suppression rates are lower with their youth clients, so he is looking for an intervention to improve outreach and engagement for young people with HIV in his community. He recently learned about the compilation and is excited to learn what's working to engage youth for other similar organizations in the Ryan White community. Next slide, please.

Julie Hook:

When he goes to the population on Target HIV, he uses the keyword search and priority filters, quickly refining his search by focused population, so specifically searching for youth and intervention types, specifically searching for outreach and engagement. He gets a list of interventions that meet these two criteria. Next slide, please.

Julie Hook:

He can browse each intervention as well as bookmark can save them if he has a Target HIV account. Before leaving the compilation, he emails the search results and the relevant emerging intervention profiles to his team to review before their meeting. Next slide.

Julie Hook:

Cameron and his team identify an intervention that uses peers as outreach specialists to engage other clients. In the intervention, there's information about the core components of the intervention, that is, what was essential for the intervention success, lessons learned, as well as resources, all of which Cameron's team will use to help them think through what a peer engagement approach might look like in their organization. Next slide, please.

Julie Hook:

Next, let's go through a scenario for submitting an intervention. Natalia works at a Ryan White-funded organization that provides support services. Her organization recently piloted new initiative to connect unstably-housed clients to housing that has had great success in increasing the number of clients with housing and reaching viral suppression. She wants to share that success as well as lessons learned with the broader Ryan White community. Next slide, please.

Julie Hook:

When Natalia goes to the compilation, she quickly finds the online submission form and begins. She enter her contact info and answers five short questions. Her organization is potentially eligible for the compilation. Next slide.

Julie Hook:

This slide just shows some of the steps that you would go through to submit a submission. Natalia saves a draft submission form and works offline with her team to collect the necessary information. What is the need address? What is the description? What has the impact been on client's lives, as well as core elements that are essential? She returns to the compilation and completes online submission. She receives an email from the team notifying her that her approach is eligible and has a call with someone from the mission JSI team to confirm and clarify some information that was provided in the online submission form, as well as to flesh out some of the content for the intervention profile. The best practices team then what category of intervention the intervention should be. And so, Natalia receives an email from organization's approach that it is an emerging intervention and receives a draft profile for her to review before the JSI team adds to the compilation. Next slide, please.

Julie Hook:

As I noted before, our goal really is have the compilations become the go-to source for sharing Ryan White HIV/AIDS Program interventions, but we can't do it without you. Currently, the compilation has 20 interventions included, and we would love to expand it. If you have a strategy that is improving the lives of your clients, we want to hear about it, since it may be a solution for others. We cannot wait for it to be able to receive more submiss and be able to grow the compilation.

Julie Hook:

So now, I'm going to pass the presentation over to my colleague, Katelyn, who will do a demo of the compilation to show everyone how they can search and then submit an intervention. And also, just wanted to mention, again, if questions pop in, please add them to the Q&A chat. Katelyn?

Katelyn Flaherty Dore:

Thanks, Julie. All right. During our demo today, I'm going to show you how to navigate to the compilation on Target HIV, the search function, including keywords and filters, the layout for the

emerging intervention profiles, how to save and share your search results and profiles, and where to submit the emerging intervention for potential inclusion in the compilation, so that submission form piece that Julie mentioned.

Katelyn Flaherty Dore:

You can navigate to the compilation using the search bar. Let me pull this down here a little bit so I can see. Using the search bar here on Target, it's also in the library, the Best Practices Compilation here. And right now, we're lucky to be featured on the top of the homepage, as well. This link will take you to the project page for a bit more information about the project and emerging strategies, so some of the information that was just shared. There's the quick button to take you directly to the compilation, a video that helps you, or if you're sharing this with colleagues or other people in the field, what is the emerging intervention, those steps to submission, how to submit an intervention, and then the link to take you to the submission form. And then there's some key resources here on the side navigation menu, including the compilation inclusion criteria. All right.

Katelyn Flaherty Dore:

Moving on to the compilation, you'll find the keyword search bar at the top of the page, and then category filters to help narrow down the search results along the side. As Julie mentioned, we currently 20 emerging intervention profiles in the compilation, and we're really excited to see that expand and grow as you all share the impactful work that you're doing. So now thinking back to Cameron and that use case that Julie shared, and that Cameron and his team are working with young people, and they're coming to the compilation to find new ideas. They may start here with that keyword search. Looking for youth. You'll see how that narrows down the search results from the initial 20 to four. The keywords that you're searching on here are highlighted, so you can remember what you've been searching on as you go through. You can also so hit the reset button to start over if you're looking for something else.

Katelyn Flaherty Dore:

And then from here, Cameron may want to filter down his search results so he can look at all the different categories here, the evidence category, focus population and the care continuum, intervention-type setting, priority funding, and ending the HIV epidemic in the US pillar. And each of these will continue to grow the options that are here, for filters will continue to grow as the grows. So for example, because we're focused now on emerging interventions, that's the only evidence category that's here, but as the compilation grows to include those other two categories, that will become a more useful filter as you're looking for different levels of interventions.

Katelyn Flaherty Dore:

Thinking about Cameron again, that he came to the compilation really focusing on youth. He sees four examples here and may kind of compare across the result cards, looking at the key categories that are listed and comparing those four interventions. Or he may know that he really wants to filter down looking at the clinical service delivery model, so under the intervention type, that that's really what they're looking to focus on and sees that that narrows it down to two results.

Katelyn Flaherty Dore:

Going between these two rapid access or improving access to mental health, and Cameron decides he really wants to focus on this rapid access to start off his search. But before digging into that profile, as Julie mentioned, you may want to share this search results with his team so that they can discuss it at

the next team meeting. That can be done using the email function here, and that will prompt an email linking directly to the search results. Cameron could also copy the URL and pop that into a direct messaging system maybe used within his organization, or could star it on his browser for coming back to it quickly during the next team meeting.

Katelyn Flaherty Dore:

All right. Once the search results have been shared with the team, Cameron may want to spend a little bit more time reading about one of the profiles to learn a bit more about the rapid access strategy. This is an example of an emerging intervention profile, and each of these profiles are set up in a similar way. And so, along the right hand side here, you'll see that there are quick links to take you to different sections of the profiles, so if you're coming back and you may be starting to implement this in your setting and you come back and want to think about, "Oh, what were those sustainability tips that I read about?" so you can quickly navigate through this.

Katelyn Flaherty Dore:

But if it's your first time, a few things to point out are the share functionality up here. So, if you want to share an individual profile, you can email, use the email link here. You can use the print function to print to PDF or print to paper. And then if you're logged into your Target HIV account, you can bookmark individual profiles. That will add the profile to your Target HIV account so that you can start to curate your own list of strategies that are really in line with what you're looking to do with your program.

Katelyn Flaherty Dore:

All right. For each profile, as I mentioned, it's set up in a similar way, so it starts with a summary at the top of the page and then focuses on this summary table, so some of those search categories that we saw on the search page, those key pieces of information are listed here. And if you're ever wondering kind of what this relates to, you can hover over the icons and we'll give you some helper text there. The location where it was implemented, need addressed, the core elements for the intervention, so what are those features that were really key to the success of the intervention. Each one of these expands to provide more information or you can expand the whole section to begin with.

Katelyn Flaherty Dore:

Then there's a section on outcomes, information for planning and implementation, tips for sustainability, lessons learned, and a lot of this is that really important information that Julie mentioned during the step of the phone call, kind of all of those contextual pieces and the things that really make strategies tick and have it all come together. Really helpful information for replicating in the field. And then there's a section on resources and tools, and this section will look different for each profile depending on the resources that are provided. This one has a rapid access process map. Other profiles may include an embedded video from a conference presentation or a poster. There may be protocols. These things we expect to grow over time. And there's a set to contact the innovator organization, so if this looks like something that you're really interested in and you want to learn more about how we made it work, really connecting peers and accelerating that knowledge transfer in the field. This is a really good way to connect with people who are doing similar things you or your program are interested in learning more about.



Katelyn Flaherty Dore:

Then at the bottom of each of the profile pages, we have a feedback form, and this is really important for us to point out, especially now as the compilation is new and launching, that we really want to hear your feedback. We want to know how you're using this information. We want to know if it was helpful, what you think could be improved or enhanced, because we'll be working, especially in the coming year, with the Target HIV team to enhance the compilation, to improve the experience of all the people who are using this tool. And so, please do provide feedback on the profiles and the resource. All right. Going back up to the top and thinking back to Cameron who brought us here to this approach. Maybe at this point, camera may want to go back and look at the search results again, so this search for more takes you back to your unique search. Then you can reset if you want to start from scratch again.

Katelyn Flaherty Dore:

And then, so thinking now and shifting to the second use case that Julie shared, Natalia, and Natalia was submitting an intervention to share, and so she may have seen the link here, submit your innovation today for possible inclusion. That would take her to the submission form. I already started this submission form, so it looks like Natalia has already completed the short submission form. Some of this information here, your name and contact information will pre-populate if you have an account on Target HIV and you're signed in, whatever information you have in your account will pre-populate here, so that will help with the submission process. Then these are the five quick questions that Julie mentioned to submit. And so, Natalia's is eligible, and that moves her on to the full submission form.

Katelyn Flaherty Dore:

At this point, there's kind of a reminder of what information is going to be collected, the need addressed, what did the intervention want to be implemented in response to, the description, the impact, and those core elements that we talked about. At this point, Natalia may want to take the PDF offline, work with her team to work through those questions and prepare them where she may continue on.

Katelyn Flaherty Dore:

For each of these pages, and I'll go back up to the top here, there's four main sections, the first page being about the intervention, second, with questions related to the population that was served, the implementation information, and the contact information. At the bottom of each of these pages, there's an option to save your draft. At that point, your draft will be saved. Until the next time you come back, you can close out of the tab. You can come back later in the day, you can come back in a week once your team has had a chance to pull all the information together and prepare their response. Target will remember that you were there and you started a form, and at the top, be prompted to continue the draft form from there. And that functionality of saving the form and returning later happens whether or not you have an account with Target HIV or are signed in.

Katelyn Flaherty Dore:

All right. One other thing that I wanted to mention is the intervention submission flow chart. Those are those steps that Julie mentioned in her portion of the presentation, kind of what can we expect, how long will each step take. This is kind of that overview of what's the information that's being collected, what are the steps that need to happen for an emerging intervention to be reviewed and potentially included in the compilation. This link to this PDF is going to be chatted out to you all so that you can save that for later, come back and think about, you could talk about it as a team and have it as a reference.

Katelyn Flaherty Dore:

Julie, I'm going to hand it back to you.

Julie Hook:

It got light in my house all of a sudden. Great, thanks so much, Katelyn. That was really wonderful, a great tour. And so if people have questions is for Katelyn or Nicole, please put them into the chat feature or the Q&A feature, I'm sorry. We did have a couple questions come in, one of which was, does the intervention still need to be occurring/funded to be considered? The answer to that is no. I mean, the intervention, as long as it has shown impact with your clients, it doesn't need to be ongoing, but I think it would be interesting, again, this is why we do these kind of follow up calls. It would be interesting to hear about the reasons why the intervention is not currently still being utilized, which probably assuming maybe it's due to funding, but it would kind of be interesting to hear kind of the context around that and why the intervention is no longer being implemented.

Julie Hook:

Great. We also had a question around that EHE and ETE are basically the same thing, but the funding stream is different. Why is it that EHE is being used and not ETE as well, being that there might be a difference that one may want to look at. That's a great comment question and something we can take back internally. Part of the ongoing work that we'll be doing with HRSA is ongoing refinement and updates to the compilation, so this is why we're doing these things to, to kind of get feedback from folks as well, and so we'll take that consideration back. Demetri, I didn't know if you had anything you wanted to add to that.

Demetrios Psihopaidas:

Yeah, no. I think your answer was great. Happy to discuss further the differences, but certainly our intention is to address is to address any and all interventions being implemented across the Ryan White Program. So if there are intricacies about that that we can further clarify, happy to do so.

Julie Hook:

Great. Thanks Demetri.

Demetrios Psihopaidas:

I don't see any questions in the chat about it, but I wonder, that was a really great tour that Katelyn gave us of the compilation, but if there are any aspects of the tour that anyone missed or would like us to go back to, we're happy to do so, so feel free to drop that, as well.

Julie Hook:

And Demetri, I did see someone just popped a question into the chat about is there any consideration of a discussion group workshop on this at the next Ryan White conference? I think the short answer is yes, but I'll let you apply.

Demetrios Psihopaidas:

Yeah, I think, so we've spent quite a lot of time now getting to this point of releasing this product. A lot of behind the scenes work, lots of stakeholder engagement with Ryan White recipients, some of which have taken place at the Ryan White conference and other conferences. We absolutely want to keep that

conversation going. In no way do we see this as the sort of final version of this product. This is our launch and we're super eager to see what happens when users are interacting with this product. We want to see which interventions are being accessed and if folks are having success trying to replicate them. If the materials that are included in the profiles are giving you the kind of information that you need. And so, absolutely we have lots of conference participation planned over the next several years to continue that conversation, to continue to get that feedback. I think a workshop is a great idea. Once we've gotten more folks using the compilation and can really speak to what's working and what's not and identify opportunities for improvement, we certainly want hear about that.

Julie Hook:

Yeah. And I would just add, too, I think the conferences will be a really great avenue for us to outreach and engage with programs, and so in addition to potentially having a workshop, thinking about being part of the exhibit and being able to bring laptops and tablets and have people be able to submit information so that we can contact them lead to collect information around their intervention. There's a lot of things we can do at conferences to be able to engage folks. Thanks for that question, Eileen.

Julie Hook:

Great. I will wait another few seconds to see if any additional questions pop in. But for now, I don't know, Katelyn, can you go to the next slide, please?

Julie Hook:

I know we're kind of been saying this multiple, multiple times, but just again, really want to publicly thank everyone who was involved with this process to get us to this point. It was a tremendous amount of work, and also, just to really publicly, again, thank those 20 organizations that went through the pilot process with us and shared their time and expertise with us. We are so thrilled to have their interventions be part of this official launch. We hope that others will be inspired to share your interventions with us. We are really excited to be at this point, and really, thank everybody for their participation.

Demetrios Psihopaidas:

Julia, a question came through that I'm happy to answer. The question is can you share additional information on how the development of this dissemination tool took place and how other fields may be able to do something similar? Yeah, I mean, so this has definitely been in development for quite by some time. The first step really was understanding how we would identify these emerging interventions. There's well-known criteria released by us, by HRSA HAB, and also by the CDC and other organizations, to help us, sorry, capture evidence-informed interventions and evidence-based interventions. But with emerging interventions, we wanted to be able to systematically capture things that are happening before they have published research findings, because we know so much of the the most innovative work is happening already on the ground and we may not have the luxury of waiting for those publications to come out. We wanted a systematic way of gathering those emerging interventions.

Demetrios Psihopaidas:

So, we really started with technical expert panels and we also have the Federal Implementation Science Work Group, which involves the CDC, NIMH, and other federal friends of ours, to really understand what would be the criteria to be able to capture things if we're not able to rely on that published article, which details the evaluation findings. We held several of those panels. We had a steering committee

that involved community members, as well as subject matter experts to try to develop criteria. And when you submit the activity that you're up to at your setting, it's going to be assessed now using that criteria, and that development, we wanted to make sure had lots and lots of input and we were capturing what mattered most about these emerging interventions, and of course, feasibility for implementation in the Ryan White Program, resources needed to implement availability of information to be able to understand what's being implemented, and that's where we divide up the profile among those core elements of the intervention, and then also strategies to implement it.

Demetrios Psihopaidas:

Really, that was the first step. And then we're fortunate to have this relationship with Target HIV, which has become a great central hub for a lot of dissemination products that we put out. It was a sort of natural partnership to house it there. We closely with Target to understand what kind of functionality we could build into the system. We wanted it to be as user friendly and intuitive as possible.

Demetrios Psihopaidas:

We'll learn from all of you using this new product whether we've hit that market and how we can make it more user friendly as we move forward. But I would say the biggest takeaway for me, and I think that project team can agree, but feel free others to chime in after I finish, is it took extensive stakeholder engagement. So if you're looking to develop something similar, as much and as often as possible, meaningfully engaging a variety of stakeholders to understand what need would be met by such a product and how those different stakeholders have different needs and how you can meet all of those needs within the same product is really the biggest challenge to meet.

Demetrios Psihopaidas:

Happy to talk more about that. If anyone is trying to develop something similar, feel free to email our project email address, and we'll display that in a slide at the very end. But I'll open it up if others also want to comment on, on that question.

Julie Hook:

No, I think you captured it great, Demetri. There's another question around does HRSA provide training on specific emerging strategies or do the innovators provide training? Do you want to take that, Demetri?

Demetrios Psihopaidas:

Yeah, so that's a great question. Part of this project and the JSI team's work is certainly to support the replication of these profiled interventions that will be in the compilation. And then beyond that, we have a number of other projects that are also aiming to support application. Technical assistance is definitely available beyond the specific project team that's developed this and will continue to refine it. And if you need to be linked to technical assistance resource, we're certainly able to help you in that regard, and that's something you can reach out to us for. Then also of course, as a Ryan White provider, there is there's existing TA resources that can be leveraged to support as well. But if you need to be linked with that, please reach out to us and we can help you.

Julie Hook:

Great. Excellent. Anything else, Demetri, do you want to touch upon before we close? I, again, just want to thank everyone for their attendance, and please contact the best practices team [jsi.com](mailto:jsi.com) if you have any questions, but also we're here to help and to guide you through the submission process if you need some assistance, so please, feel free to contact us. Demetri?

Demetrios Psihopaidas:

Apologies. I wanted to respond to another comment I'm seeing New York [inaudible 00:46:21]. The comment says it would be great to implement a best practices site across Ryan White Programs with regard to policies, programs, interventions, et cetera, share and tweak existing products so that we don't have to reinvent the wheel. My first reaction to that comment is that this is exactly the kind of feedback that we're really eager to receive from all of you. Target HIV at this point serves as that central location where we're trying to allow input from Ryan White providers, as well as disseminate products of a wide variety. The compilation will become a key part of what happens of Target HIV as a resource.

Demetrios Psihopaidas:

I really encourage more feedback like this of how we can expand the compilation or create similar adjacent products that would be helpful. I agree and I think the central point of this is to prevent us from having to reinvent the wheel. There's much great work happening across the Ryan White Program in terms of policies, programs, and interventions that we can certainly share, and that knowledge sharing is really critical. We'll have many opportunities for great feedback like that and would love to dig further with you at conferences, or through email, and we're happy to set up calls to talk about your ideas about how we can achieve that.

Demetrios Psihopaidas:

I think I don't see any other questions in the Q&A. Do we have any more in the chat? I think we've covered them all. I just want to reiterate, contact information listed on the slide here. That's the project email address. That's your best shot of getting a response from us rapidly. That's [bestpractices@jsi.com](mailto:bestpractices@jsi.com). It's listed there at the top of the slide just below the URL for the compilation, which is [Target HIV.org/bestpractices](http://TargetHIV.org/bestpractices). Of course, if you're not getting a response through that or if you'd like to reach out to me directly, my name is Demetrios Psohopaidas, senior health scientist at HAB, and my email address is also listed on the slide.

Demetrios Psihopaidas:

Can't emphasize enough how eager we all are to receive your input, your feedback, and especially to see submissions to the compilation and to reach out to you about the great work that you're doing and get your work profiled in the compilation. Please take advantage of those opportunities to reach out to us. And thank you so much, everyone, for joining and sticking with us for so long.