

# Module 2: Roles and Responsibilities

## GETTING READY: NOTES FOR TRAINERS

### MODULE SCOPE

#### Purpose

To familiarize Ryan White HIV/AIDS Program (RWHAP) Part A planning council/planning body (PC/PB) members with their roles and responsibilities in community planning and their important role in working with the Part A recipient to address the local HIV epidemic—and to ensure that recipient and PC/PB support staff share the same understanding of the role and importance of HIV community planning and of each entity’s roles, responsibilities, and boundaries.

#### Content Overview

##### Overview and Value of RWHAP Part A HIV Community Planning

- Definition and Components of Community Health Planning
- Overview of RWHAP Part A HIV Community Planning Requirements
- Uniqueness and Value of RWHAP Part A PC/PBs

##### PC/PB and Recipient Roles and Responsibilities

- Evolution of Roles in the Legislation and HRSA/HAB Guidance
- PC/PB Roles and Responsibilities
- Recipient Roles and Responsibilities
- Boundaries and Separation of Roles
- Similarities and Differences in Roles of Planning Councils and Planning Bodies

##### Key Factors in PC/PB Community Planning

- Establishing and Maintaining a Comprehensive System of HIV Care
- Service Categories Fundable under RWHAP Part A: Core Medical and Supportive Services
- Role of Data in Planning and Decision Making
- Role of PC/PBs in Addressing Health Disparities and Social Determinants of Health

##### Consumer Roles in PC/PB Activities and Decision Making

- Legislative Requirements
- Central Roles of PLWH and Consumers in Planning
- Benefits of Consumer Involvement
- Maximizing Consumer Participation Opportunities

## Learning Objectives

Following training, participants will be able to:

### HIV Community Planning

1. Define and describe key elements of “community health planning”
2. Describe HIV community planning requirements for RWHAP Part A jurisdictions
3. Explain the value and importance of PC/PBs in the RWHAP Part A program

### Roles and Responsibilities

4. Explain how the legislation and HRSA/HAB guidance together define and specify PC/PB and recipient responsibilities
5. List and explain the roles and responsibilities of RWHAP Part A PC/PBs
6. Describe and differentiate the roles and responsibilities of the recipient versus those of the PC/PB
7. Ensure understanding of how PC/PB support staff and recipient staff work with PC/PBs
8. Identify 2 key similarities and 2 important differences between a RWHAP Part A planning council and a RWHAP Part A planning body

### Key Factors in Planning

9. Explain the concept of a “comprehensive system of HIV care” and how a PC/PB helps to establish and maintain it
10. Identify the 2 main types and the range of service categories that can be funded under RWHAP Part A
11. Summarize the role of quantitative and qualitative data in RWHAP Part A planning and decision making
12. Explain the concepts of HIV-related health disparities and social determinants of health
13. Identify at least 3 ways in which the PC/PB can address health disparities and the social determinants of health

### Consumer Roles

14. Explain the legislative requirements for consumer participation in PC/PBs
15. Describe at least 4 specific roles for consumers in PC/PB activities and decision making
16. Identify at least 3 ways in which the PC/PB and its individual members can encourage and support consumer participation

## USING THE MODULE

### Suggested Uses

- Use all topics as part of your orientation for new PC/PB members, which should be provided as soon as possible after their appointment to the PC/PB. Topics can be presented either all at once or in up to four separate topic-based sessions
- Use RWHAP Part A HIV Community Planning as an introduction for potential members, new members, and stakeholder groups
- Use Roles and Responsibilities for both new and veteran PC/PB members if confusion and/or conflict arises and clarification is needed with regard to the roles of the PC/ PB versus the recipient, or if the PC/PB finds it difficult to define and carry out its legislative responsibilities
- Use Key Factors in PB/B Community Planning at retreats or annual training sessions
- Use Consumer Roles with the PLWH committee or caucus, with the Membership Committee, and/or in leadership sessions for potential members
- Use Roles and Responsibilities and other topics as appropriate to train new recipient staff who are unfamiliar with PC/PBs or new PC/PB support staff

### Localizing the Module

- Insert the name and/or logo of your PC/PB and your EMA or TGA into the slides
- Add pictures of your PC/PB at work
- Add PowerPoint slides with local examples
- Revise or replace the suggested activities to reflect local issues and priorities

### EQUIPMENT AND MATERIALS CHECKLIST

- PowerPoint projector and laptop
- Easel pad, markers, and tape
- Copies of participant materials for Activities
- Copies of Quick Reference Handouts

## **MATERIALS FOR THIS MODULE**

### **Overview and Value of RWHAP Part A Community Planning**

- PowerPoint slides: Community Planning
- Activity 2.1: Pre- and Post-Session Discussion Questions
- Quick Reference Handout 2.1: What is RWHAP Part A HIV Community Planning?

### **PC/PB and Recipient Roles and Responsibilities**

- PowerPoint slides: Roles and Responsibilities
- Activity 2.2: Pre and Post Training Quiz: Who Does What and Why?
- Activity 2.3: PC/PB Roles, Responsibilities, and Boundaries Scenarios
- Activity 2.4: Review of Roles and Responsibilities Matrix
- Quick Reference Handout 2.2: PC/PB Roles and Responsibilities—Defined by Legislation, Policies, and Guidance

### **Key Factors in PC/PB Community Planning**

- PowerPoint Slides: Key Factors in Planning
- Activity 2.5: Worksheet on Key Aspects of HIV Community Planning
- Quick Reference Handout 2.3: Quick Guide to RWHAP Part A-Fundable Service Categories

### **Consumer Roles in PC/PB Activities and Decision Making**

- PowerPoint Slides: Consumer Roles
- Activity 2.6: Role Play on Consumer Roles
- Quick Reference Handout 2.4: Consumer Roles in RWHAP Part A Planning

## BACKGROUND INFORMATION FOR TRAINERS

### Focus and Importance of Module 2

PC/PB members, recipient staff, and PC/PB support staff need a shared understanding of the importance and purpose of HIV community planning in providing a localized response to the epidemic, to guide and motivate their work. This module provides core information about PC/PBs and the RWHAP Part A HIV community planning process for members (including, but not only, new members), PC/PB support staff, and recipient personnel. It introduces the PC/PB and recipient legislative roles and responsibilities and the PC/PB support staff assistance necessary to fulfill the central purpose of HIV community planning: ensuring a comprehensive system of HIV care that is accessible and appropriate for diverse subpopulations of people living with HIV (PLWH) for whom the RWHAP is an essential source of care and treatment. This module provides a knowledge base to build upon with skill-focused training in specific planning tasks and processes (See Modules 3-7).

### Key Concepts and Terms

*Here are some particularly important concepts for this module, which are likely to need clarification during the training. All are addressed in the PowerPoint presentations. (Key Concepts and Terms can also be provided to participants as a handout).*

**Community health planning** is “a deliberate effort to involve the members of a geographically defined community in an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community as a means toward improving its health status.”<sup>1</sup> RWHAP Part A planning councils/planning bodies are expected to carry out HIV community health planning.

**Legislative responsibilities of planning councils** are those specified in Section 2602(b)(4) of the authorizing legislation for the RWHAP. Planning councils are required to carry out these responsibilities in order to meet legislative requirements.

**Planning councils versus planning bodies:** **Planning councils** make the final decisions regarding the priority given and the amount of Part A funds (if any) to be used for each service category that can be supported through RWHAP Part A. They work closely with the recipient but are independent entities. Part A TGA **planning bodies** that are not planning councils are not decision-making bodies; they make recommendations to the recipient, which makes the final

decisions. HRSA/HAB recommends that their membership, roles, and operations be as similar as possible to those of planning councils. Sound practices for planning councils generally are also sound practice for TGA planning bodies. However, their only legislatively required role is to serve as a mechanism for “community input (particularly from those with HIV)...for formulating the overall plan for priority setting and allocating funds from the grant.”<sup>2</sup>

**Consumers and other people living with HIV (PLWH):** RWHAP Part A seeks input and engagement from all PLWH, whether or not they are current Part A clients. However, there is a special focus on engaging with current consumers of RWHAP Part A services and individuals who are out of care but eligible for services. These PLWH have direct service experience and are often able to identify strengths, weaknesses, service gaps, and barriers. The legislation requires that one-third of voting members of a planning council be consumers of RWHAP Part A services. It also requires that these members be unaffiliated or unaligned, so they provide an independent perspective. An

unaligned consumer is a person who is not an officer or director (board member), staff member, or paid consultant of an entity that is funded through Part A or is seeking Part A funding. Consumer membership and engagement addressed in more detail in Module 8, PC/PB Structure and Governance, but questions about consumer involvement may arise during initial training on roles and responsibilities.

**HIV-related health disparities:** In spite of advances in HIV prevention and treatment, some groups of people remain at higher risk for becoming HIV-infected, and are less likely to know their status, be linked to care, retained in care, prescribed antiretroviral therapy (ART), and virally suppressed. These differences by group are referred to as HIV-related health disparities. Such groups are most often defined by race and ethnicity, often along with gender, sexual orientation, age, geographic location, income, and education, or a combination of these factors—e.g., young African American men who have sex with men. Health disparities are considered avoidable inequities. One of the main national goals to end the epidemic is to reduce HIV-related health disparities. RWHAP Part A PC/PBs are expected to obtain and use data about current HIV-related health disparities in their service areas (such as lower rates of retention in care and viral suppression for specific subpopulations) to set priorities, allocate funds, prepare directives, help refine services, and strengthen service coordination in ways that reduce these disparities.

### **Social determinants of health in relation**

**to HIV:** Closely linked to health disparities are social determinants of health. The World Health Organization defines them as “the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.”<sup>3</sup> They are responsible for most health inequities. Social determinants of health “are linked to a lack of opportunity and to a lack of resources to protect, improve, and maintain health.”<sup>4</sup> Negative social determinants like poverty, homelessness, untreated mental illness, substance use, unequal access to health care, and racism all contribute to HIV infection and limit the ability to seek and obtain HIV services. Addressing social determinants requires “structural” approaches, like changes in programs and funding and adoption of new service models. One social determinant some RWHAP Part A programs are working to address is housing/homelessness, since research shows that stable housing is an important factor in retention in care, treatment adherence, and viral suppression. Social determinants are often addressed partly through coordination with other services and funding sources. Housing is often addressed in coordination with the Housing Opportunities for Persons with AIDS (HOPWA) program and with other housing programs operated within a city or county.

---

## References

- 1 John Steen, “Community Health Planning,” American Health Planning Association, December 15, 2008. See [http://www.ahpanet.org/Community\\_Health\\_Planning\\_09.pdf](http://www.ahpanet.org/Community_Health_Planning_09.pdf).
- 2 Ryan White HIV/AIDS Treatment Extension Act of 2009, Section 6209(d)(1)(A).
- 3 World Health Organization, Commission on Social Determinants of Health (2011). Social determinants of health: Key concepts. See: [http://www.who.int/social\\_determinants/thecommission/finalreport/key\\_concepts/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.html).
- 4 CDC (2010). Establishing a holistic framework to reduce inequities in HIV, viral hepatitis, STDs, and tuberculosis in the United States: an NCHHSTP white paper on social determinants of health. See: <http://go.usa.gov/AH2z>.

## For More Information

### Additional Resources

- [Planning Council Primer](#) [2018 update]
- Compendium of Materials for Planning Council Support (PCS) Staff, especially:
  - [2-1. Quick Reference: Legislative Requirements for Planning Councils/Planning Bodies](#)
  - [5-1. Chart of PC/PB and Recipient Legislative Roles and Responsibilities](#)
  - [5-3. Using Data, Assessing Needs: Quick Definitions and Descriptions for Data-Related Terms and Concepts Used by Ryan White HIV/AIDS Program \(RWHAP\) Planning Bodies](#)
  - [6.1. Tip Sheet: Working Successfully with the Recipient](#)
  - [7-3h. Relationship between the Planning Council and Recipient: What the PC, PCS staff, and Recipient All Need to Know](#)
- [Presentations from the 2016 National Ryan White Conference on HIV Care and Treatment: Planning Institute, Strengthening the Healthcare Delivery System through Planning](#)
  - [Session 6660: Planning 101](#)
  - [Session 8010: Planning Infrastructure 201](#)
  - [Session 8011: Data-Driven Decision Making 301](#)

### Related Training Guide Resources

- Modules 3-7 provide skills-focused training related to key legislative responsibilities
  - [Module 3: Overview of the RWHAP Part A Annual Planning Cycle](#)
  - [Module 4: Needs Assessment](#)
  - [Module 5: Priority Setting and Resource Allocation](#)
  - [Module 6: Integrated/Comprehensive Planning](#)
  - [Module 7: Other PC/PB Roles for Maintaining and Improving a System of Care](#)
  - [Module 10: Data-based Decision Making: Understanding, Assessing, and Using Data provides skills-focused training on using data.](#)

For links to the resources listed above, go to [www.TargetHIV.org/planning-chatt/module2](http://www.TargetHIV.org/planning-chatt/module2)

This resource was prepared by JSI Research & Training Institute, Inc. and EGM Consulting, LLC, and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30795: Ryan White HIV/AIDS Program Planning Council and Transitional Grant Area Planning Body Technical Assistance Cooperative Agreement. This information or content and conclusions are those of the author(s) 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.

