



VIRTUAL
**2020 NATIONAL
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CONFERENCE ON
HIV CARE & TREATMENT**

EXAMINING EFFECTIVENESS OF PLANNING TO END THE HIV EPIDEMIC

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Disclosures



The presenters have no disclosures.

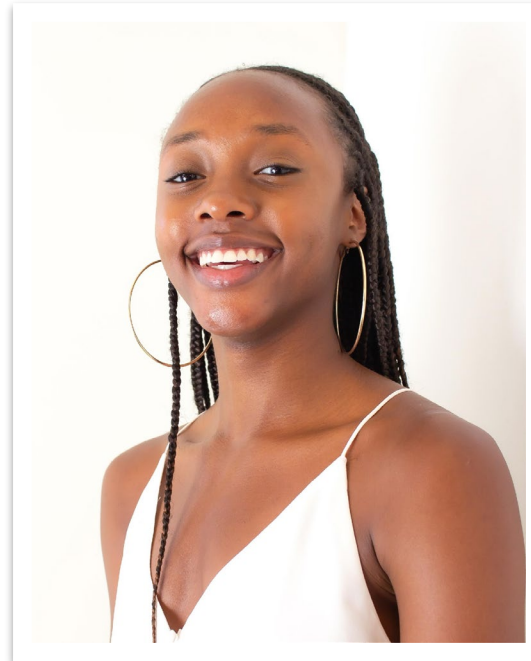
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HealthHIV Introductions



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Learning Outcomes



- Discuss criteria to assess HIV planning body effectiveness and develop metrics for measuring success, including planning structure, membership, community engagement, and monitoring/tracking impact.
- Review proposed assessment tool and its applicability and adaptation for your various HIV planning bodies.
- Identify model practices and recommendations to increase effectiveness of HIV planning body operations.

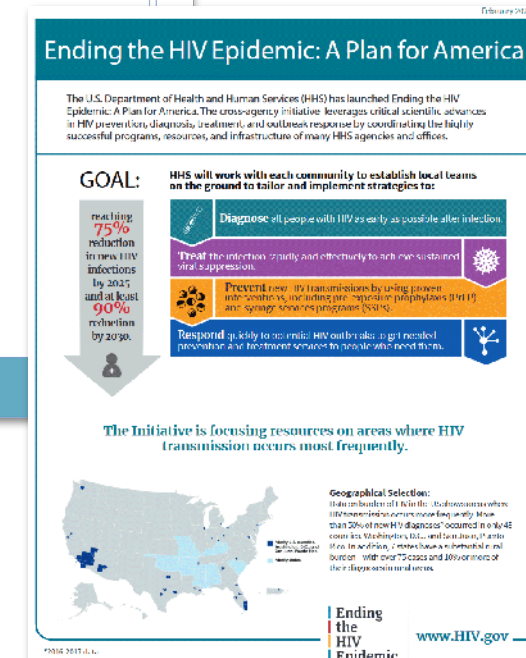
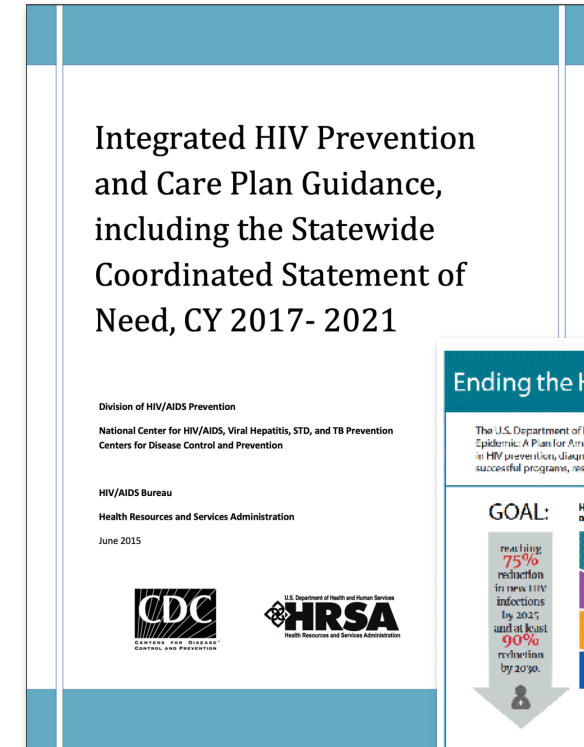
Let's begin this interactive presentation!

Have a pencil and paper ready.

Importance of HIV Planning



- Mandated by HHS via:
 - Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) integrated guidance for HIV prevention and care planning (2015)
 - *Ending the HIV Epidemic: A Plan for America (EHE)* (2019)
- More accountability means effective and efficient HIV planning.



Area for Improvement: Effectiveness of HIV Planning



Challenges to HIV planning effectiveness:

- Need for integration and/or alignment of planning activities and plan development
- Planning burnout among community members, health department staff and key stakeholders
- Lack of meaningful community engagement and member representation and inclusion in HIV planning
- Limited feedback loops to track planning bodies' impact on HIV health outcomes
- Inefficiency in updating policies and procedures to reflect changing HIV and healthcare landscapes

Solution: Comprehensive HIV Planning Body Assessment



- HealthHIV developed a first-of-its-kind mixed-method HIV planning body assessment tool
- Piloted with three diverse HIV planning bodies to determine the applicability and impact of the assessment tool for a diverse group of HIV planning bodies
- Purpose of the tool is to identify key strengths and areas for improvement related to the effectiveness of an HIV planning body's operating structure, policies and procedures, membership, and stakeholder/consumer engagement

Appendix 1. Survey Guide

The following survey is part of a mixed-methods assessment of your current HIV planning practices, structure, and stakeholder engagement efforts. This process will help your planning body better understand how to ensure and improve its effectiveness and role in ending the HIV epidemic.

Participation and transparency in this assessment process is essential. The anonymous, online survey will collect your feedback, which will be de-identified and reported in aggregate to ensure confidentiality of all respondents.

Member Information

1. I am an employee or board member of the following organizations (Check all that apply.)
- AIDS service organization/community-based organization (ASO/CBO) serving priority populations
 - Health department (state, local)
 - Healthcare organization (e.g. hospital, health center, private practice)
 - Other medical service provider
 - Mental health/behavioral health provider
 - Other government health entity (e.g. state Medicaid)
 - Other non-governmental organization serving priority populations (e.g. charity, foundation, advocacy)
 - Social service provider
 - None of the above
 - Other, please specify: _____

2. How would you describe the area you primarily work in?
- Urban
 - Suburban
 - Rural

3. How knowledgeable or skilled do you consider yourself in the following areas? (1= no knowledge/skills, 4= advanced skills)

	1= no knowledge / skills
Adolescent and youth health	
AIDS service organization operations	
Behavioral health	
Case management	
Corrections/law enforcement	
Aging with HIV	
Epidemiology and data analysis	
Faith-based communities	
Federal health policy	
Financial analysis	

Appendix 2. Key Informant Interview Guide

The following key informant interview (KII) guide is part of a mixed-methods assessment of your current HIV planning practices, structure, and stakeholder engagement efforts. This process will help your HIV planning body better understand and improve its role in ending the HIV epidemic. Your participation and voice in this assessment process is essential. We will be conducting several key informant interviews and administering an anonymous, online survey to collect feedback.

You have been selected as a key informant interviewee. Please let me know when you are available for a 60-minute phone interview between the dates of ____ and _____. All information collected during your interview will be de-identified and reported in aggregate to ensure your confidentiality. We value your honesty and transparency in this process.

Demographics/Background:

What is your current title/role?
How many years have you worked in the HIV field?

Current Role/Engagement with [HIV planning body]:

Why did you join the [HIV planning body]?
What committee(s) do you serve on? Do you serve in a leadership role?
How many years have you served on the [HIV planning body]?
How long do you plan to stay on the [HIV planning body]?
• Do you anticipate ending your term of service from the [HIV planning body] in the 1-2 years? (If so, why?)
What do you see as your role/purpose on the [HIV planning body]?
What has been your biggest success in engaging with the [HIV planning body]?
What is the biggest obstacle(s) you've encountered in engaging with the [HIV planning body]?
What have you gained from engagement with the [HIV planning body]? (personally and/or professionally)

HIV Planning Purpose/Effectiveness:

What would you define as the state/local health department's key roles in HIV planning?
[Optional for Part A5] What would you define as the Ryan White HIV/AIDS Part A Program recipient's key roles in HIV planning?
How would you describe the [HIV planning body]'s relationship with your health department and/or Ryan White HIV/AIDS Program Part A recipient?
What would you define as the community member's key roles in HIV planning?
How would you describe the [HIV planning body]'s relationship with the communities affected by the HIV epidemic?
Do you believe that the [HIV planning body] (as a whole) is currently fulfilling its intended role? Why or why not?
How does the [HIV planning body] currently measure effectiveness/success?

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Goal of Assessment



To examine the HIV planning body's ability to carry out its mission by identifying key strengths and areas for improvement related to the effectiveness of its operating structure, policies and procedures, membership, and stakeholder/consumer engagement by implementing a mixed-method assessment of HIV planning group members and key stakeholders.

How would you define effectiveness?

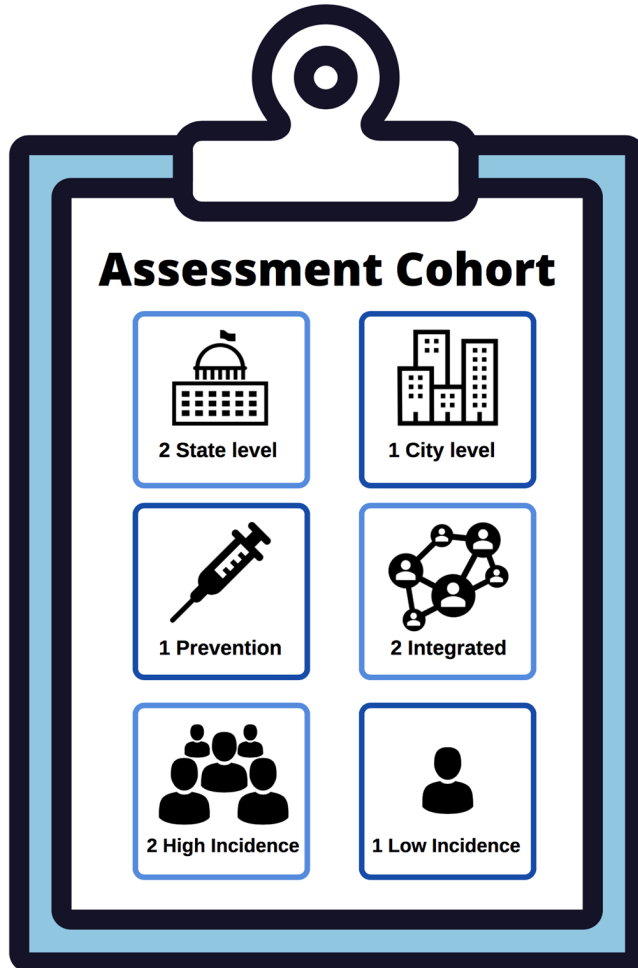
What criteria or key areas would you assess in order to evaluate your HIV planning effectiveness?

Defining “Effectiveness”



“Effectiveness” is defined by how well the planning body’s structure, policies and procedures, and consumer engagement supports its ability to carry out its mission and objectives.

Pilot Testing

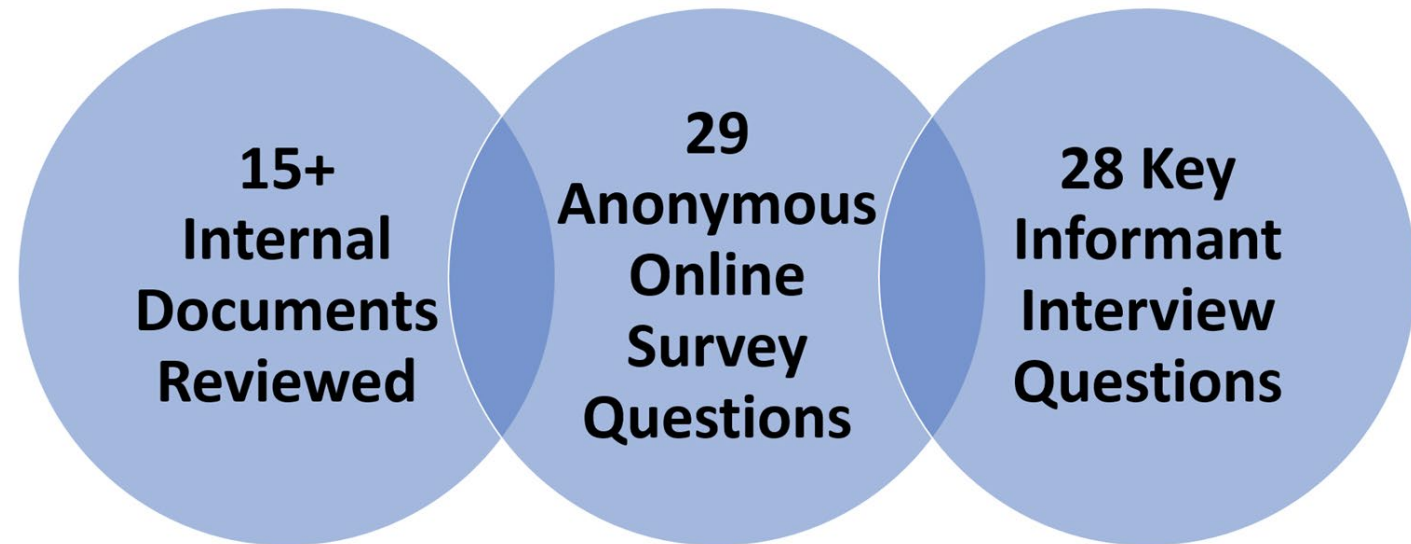


Pilot testing was conducted among a diverse cohort:

- 2 state-level bodies and 1 local/city body
- 2 integrated HIV prevention and care bodies and 1 prevention-only body
- 2 high-incidence jurisdictions and one low-incidence
- 2 large planning bodies (30+) and one small planning body (<15)

Assessment Areas

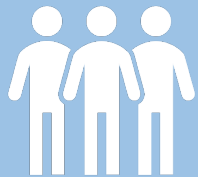
- Three components of the mixed-method assessment examined the following areas of an HIV planning body:
 - Membership demographics, background and skills
 - Member engagement and perceived role
 - Planning body structure & policies
 - Recruitment and orientation activities
 - Relationship with external stakeholders
 - Measurable outcomes
 - Engagement in EHE
 - Key successes and areas for improvement
 - Future aspirations/anticipated challenges



Example: Membership



Member selection criteria, responsiveness to integrated HIV planning guidance and federal requirements, member reflectiveness of local epidemic



Engagement of hard-to-reach populations in planning (including as non-voting members)



Best practices for membership retention and engagement

Assessment Tool(s)



Anonymous Survey

All members and key stakeholders
29 quantitative and qualitative questions
Fielded online (via SurveyMonkeyTM)



Key Informant Interviews (KIIs)

6-8 members selected with diverse perspectives
28 qualitative questions
Conducted by phone in 60-75 minutes

Key Partners and Stakeholders

Non-voting members

Ex-officio members

Former members

State/local government representatives

New and seasoned members

Community representatives

Consumers

Representatives of focus populations

Process-leaders within planning group or committee leads

Planning body contractors

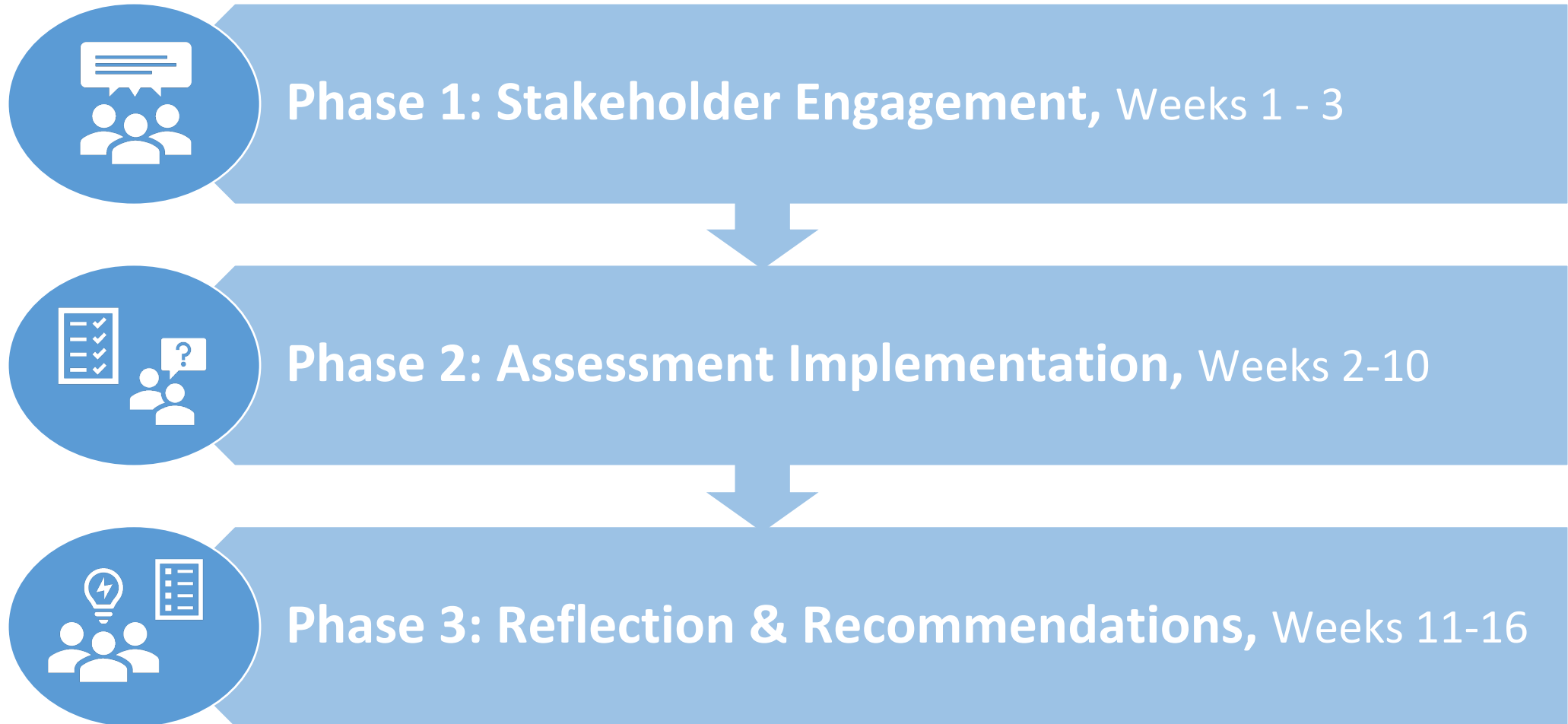
Planning body meeting facilitators

Your Turn to Assess



What key stakeholders would you engage in this process within your jurisdiction?

Assessment Process



Phase 1: Engagement

	Key Step	Responsible Party	Timeline
Phase 1 Engage ment	Conduct kick-off call with planning leadership and key stakeholders to outline objectives and intended outcomes	Assessment lead and HIV planning body leadership	Weeks 1-2
	Review planning body's written documentation (orientation, bylaws, membership information)	Assessment lead	Weeks 2-3
	Identify a minimum of six contacts for key informant interviews (KIIs) and provide contact information	HIV planning body leadership	Weeks 2-3

Phase 2: Assessment



Phase 2 Assessment	Adapt online survey and interview guide based on introductory call and written documentation	Assessment lead	Weeks 2-3
	Review and approve online survey and interview guide for implementation	HIV planning body leadership	Weeks 4-5
	Propose communication plan and strategies to engage and gain buy-in for assessment process	Assessment lead	Weeks 4-5
	Distribute anonymous online survey (via planning body listserv) and field for two-three weeks	Assessment lead	Weeks 6-8
	Conduct four to six 60-minute KIIs	Assessment lead	Weeks 6-8
	Analyze and summarize online survey results and KII data	Assessment lead	Weeks 8-10

Example Data from Pilots



- Example of potential member burnout:
 - 28 external planning entities (68% of respondents are on additional planning bodies)
 - 27% are a part of 4 or more planning bodies
- Example of recruitment effectiveness:
 - Respondents rated current recruitment efforts of the planning body (average 4 of 10); a majority (71%) rated recruitment ineffective
 - Across planning bodies majority of new members became members through a referral or recommendation from a current member (43-61%)

Example: Reported Key Perspectives Lacking within CPG



Key Perspectives	Key Skills/Professional Experience
Generation Z	Epidemiology
Local School Admin/Staff	Fundraising
Non-Hispanic immigrant communities (ex. Asian, Middle Eastern, African)	Harm reduction
PWID	Trauma-informed policy
Uninsured individuals	Law enforcement
Those at or below the FPL	IT (Information Technology)
Heterosexual (any gender) living with HIV	Media/Marketing

Example: Strengths/Weaknesses



Strengths	Weaknesses
<ul style="list-style-type: none">• Welcoming/very open to new members• Long tenure of members• Have updated bylaws and a policies and procedures manual• Orientation is very thorough and reviews rules and regulations for the new members• Lots of people interested in becoming members• Flexibility of group helps with retention• Small group, so you can get up to speed with the process quickly• Succession discussion/planning happens frequently	<ul style="list-style-type: none">• Diversity of members, including those impacted by the epidemic such as individuals impacted by HIV• More work needed to recruit those representative of the epidemic currently• Recruiting individuals that are focused our mission to end the HIV epidemic• Lack of (overall) community willingness to be involved, possibly related to conservative state• Hard to find people willing to devote the time and volunteer hours needed• Difficult recruiting members from rural parts of the state• Promotion efforts

Phase 3: Recommendations

Phase 3 Recom menda tion	Facilitate conference call to review initial findings with key stakeholders and leadership	Assessment lead and HIV planning body leadership	Week 11
	Finalize assessment report with recommended areas for improvement	Assessment lead	Weeks 12-13
	Lead in-person discussion (half-day, approx. 4 hours) with HIV planning body to present findings and facilitate identification/prioritization of next steps for improvement	Assessment lead	Weeks 12-16
	Identify next steps for follow-up technical assistance and/or training	Assessment lead	Post training

Example: Recommendation from Pilot



Ensure Diversity, Inclusion, and Knowledge Transfer among Membership:

It is important to note the impacted populations not represented, or under-represented, in membership include: Native American/indigenous; Black/African American; youth; transgender/gender non-confirming; person living with viral hepatitis; and, foreign born.

Opportunities

- **Succession planning, alternates and non-voting members**
- **Targeted, diversified recruitment strategies**
- **Review selection criteria and skills matrix**
- **Training/professional development opportunities**

Example: Strategies for Membership Effectiveness



Ensure Diversity, Inclusion, and Knowledge Transfer among Membership

Strategy 1: Increase CPG participation in events or groups that reach diverse audiences/populations that can contribute to understanding of cultures and needs

- Empower members to attend events or require members to attend events ***
- Create calendar to track member attendance
- Where? Consider focus groups at SSPs*, engagement of Somali, Transgender, American Indian, cultural events, faith-based events*, health care providers

Strategy 2: Develop talking points for members to use at outside events

Strategy 3: Create membership/skills matrix **

Strategy 4: Develop postcard/palm card with information about CPG members **

Strategy 5: Actively invite public and/or stakeholder groups to attend and provide input without being members *

- Letter to all PLWH with CPG info and how to participate

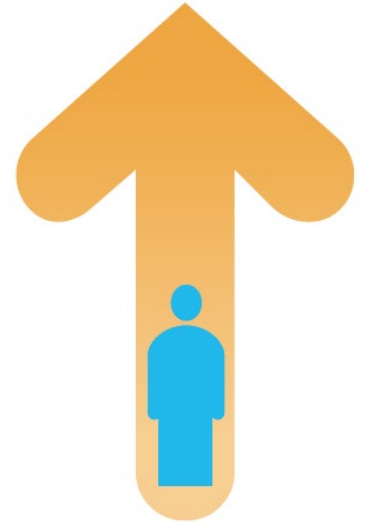
Your Turn to Assess



What would you change about the assessment process to be more effective in your jurisdiction/ HIV planning body?

Key Findings

- ***Inclusive and reflective membership.*** Based on member self-identification and qualitative feedback, a majority of members feel their HIV planning body is not representative of the local epidemic.
 - E.g. Lacking indigenous/native population health, corrections/law enforcement, and faith based communities
- ***Member overload and burnout.*** Members reported being engaged in as many as six different HIV planning bodies or advisory committees with numerous responsibilities and meetings throughout the year. They also report that responsibilities are not equally distributed; most of the responsibility falls on members in leadership roles, as committee leads.



Key Findings

- ***Committees lack clear objectives or direction.*** Across jurisdictions, many members report that the HIV planning group committees/subcommittees do not clearly delineate objectives or responsibilities nor do they delegate tasks efficiently.
- ***Ineffective member recruitment and orientation.*** Members report that processes for member recruitment are not standardized, are unclear, or do not facilitate recruitment of a diverse and inclusive membership. Additionally, with robust mentorship and orientation programs lacking, new members feel lost and have trouble contributing at meetings.



Key Findings

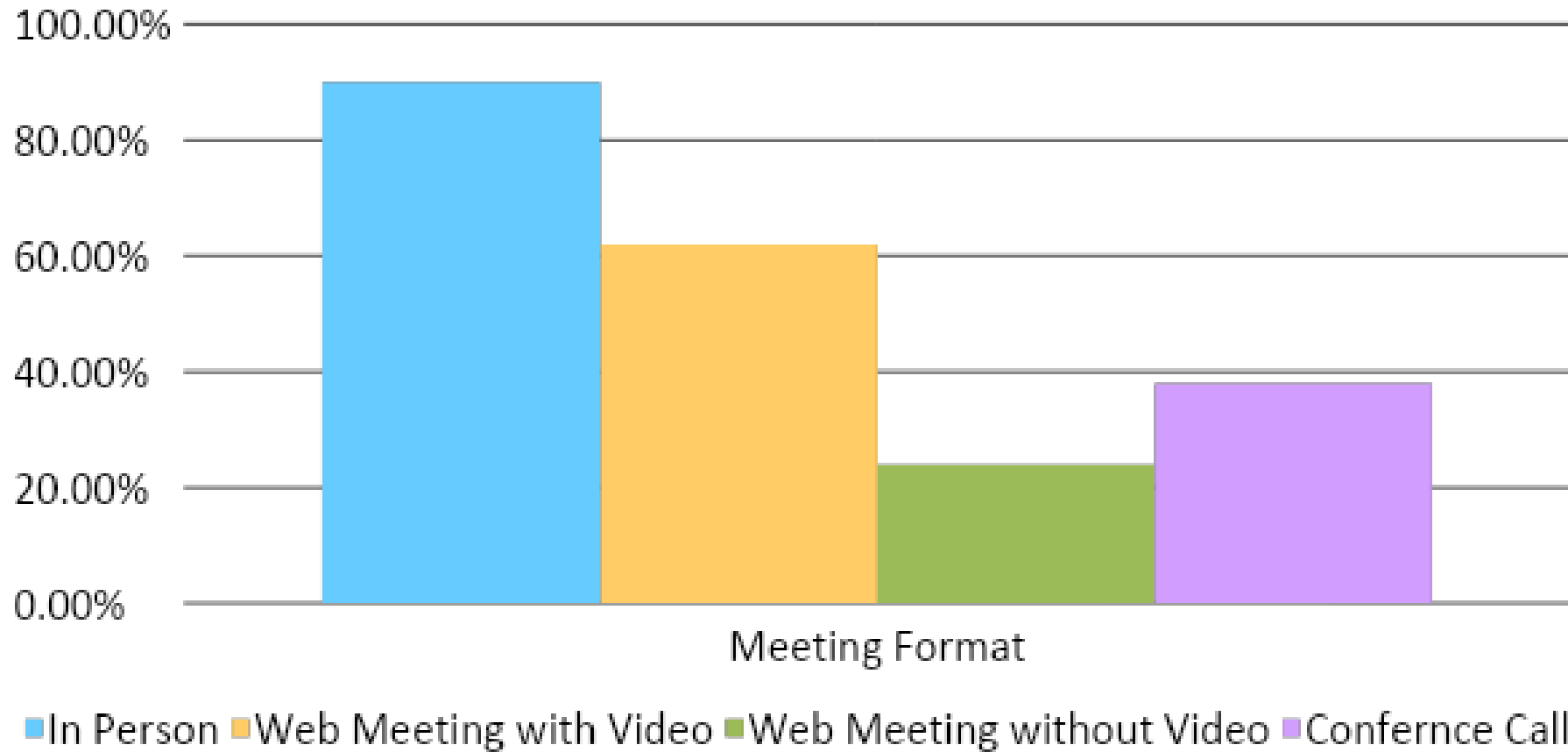
- ***Visibility of planning group in community.*** Planning members across jurisdictions noted the need to increase visibility and communication from the planning body to the external community in order to support community engagement activities and new member recruitment.
- ***Unable to track measurable results or outcomes from planning group activities.*** Planning bodies need to improve monitoring and evaluation of activities in order to demonstrate impact on ending the HIV epidemic. Additionally, communication challenges across planning body committees, with the health department, and among members making tracking of results difficult.



Member Preference for CPG Meetings



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Your Turn to Assess



What are your reactions to the key findings?

Do they resonate with experiences and challenges you observe in your jurisdiction/HIV planning body?

Lessons Learned

- Engage all members of the HIV planning group in initial communications and secure buy-in early.
- Ensure all HIV planning body members, and other stakeholders as necessary, participate in online survey to ensure the data accurately reflects HIV planning body composition.
- Implement key informant interviews with a diverse group of members and key stakeholders, such as: new and seasoned members, government and community representatives, consumers, representatives of focus populations, committee leads, contractors, and/or planning meeting facilitators.



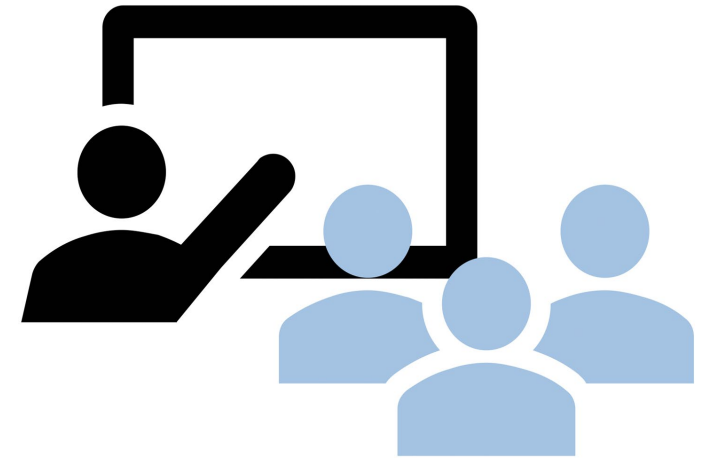
Lessons Learned

- Utilize an unbiased, third-party representative to administer the assessment tool(s) and aggregating data in order to maintain the confidentiality of all participants.
- Review and adapt the assessment tool prior to each use. Planning bodies around the country operate differently; there is no single strategy that can be used universally to assess effectiveness.



Lessons Learned

- Report on assessment findings in-person to more effectively engage HIV planning members in a discussion of reactions and strategy development to address areas for improvement. Digital meetings with stakeholders had less robust discussions and outcomes.
- Update the tool regularly based on new federal and local policies/strategies and the evolving healthcare environment, such as new CDC and HRSA planning guidelines and EHE guidance.



TA Drives Engagement



Area(s) for Engagement	HealthHIV Technical Assistance Offering(s)
<p>Ensure Representation, Inclusion, and Knowledge Transfer among Members</p>	<ul style="list-style-type: none"> • Develop succession planning guidance which includes meaningful engagement of current members, alternates and non-voting members • Create a member skills matrix to focus recruitment efforts • Enhance new member onboarding materials and guides to available training opportunities, regardless of member background and experience • Develop/design external communications materials, such as palm cards and talking points for members to use in promoting activities of the planning body
<p>Promote External Community Engagement</p>	<ul style="list-style-type: none"> • Enhance social media presence and improve engagement through visuals, polls, shares on partner sites • Utilize regional task forces to coordinate and design community engagement activities, such as testing events and focus groups
<p>Implement Activities to Monitor and Track Effectiveness</p>	<ul style="list-style-type: none"> • Design and implement annual, confidential member satisfaction survey • Visualize data to share local data and outcomes from HIV planning activities externally • Work with health department to include HIV planning body as a responsible party in integrated HIV plan and jurisdictional EHE plan



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For the HIV Planning Body Assessment Tool:

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Or visit: <https://targethiv.org/ihap>

CDC/HRSA guidance for preparation of upcoming *Integrated HIV Prevention and Care Plans for 2022-2027* is postponed due to the COVID-19 emergency.

For up-to-date information, visit: <https://targethiv.org/ihap> or contact Marissa@HealthHIV.org

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For More Information or Request TA



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