



HIV Planning Body Assessment Guide

A Resource for Integrated
HIV Planning Bodies

HealthHIV



INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER

Developed by HealthHIV on behalf of the
Integrated HIV/AIDS Planning Technical Assistance Center
(IHAP TAC)

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Overview of Resource

HealthHIV developed an assessment guide on behalf of the Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC) to help integrated HIV planning bodies review and evaluate the effectiveness of their structure, policies and procedures, membership, and stakeholder and consumer engagement. For this process, “effectiveness” is defined by how well the planning body’s structure, policies and procedures, consumer engagement and implementation supports its ability to carry out its mission and objectives. Through the comprehensive assessment, integrated HIV planning bodies are able to identify areas for improvement in order to develop more effective and efficient planning processes. The assessment process includes three phases:

1. Stakeholder Engagement
2. Assessment Implementation
3. Reflection and Solutions Development

Logistics and Responsibilities

The mixed-method assessment involves collecting and analyzing quantitative data via an anonymous, online survey and qualitative data via key informant interviews with stakeholders involved in integrated HIV planning. The assessment should engage all HIV planning body members and also may include other key stakeholders such as non-voting, ex-officio, former members, and state/local government representatives. Historically, people with HIV have used the phrase “nothing about us without us” to ensure a voice at the table for planning activities to address HIV/AIDS in their communities. HRSA/HAB has embraced this by requiring the participation of people with HIV in RWHAP Part A Planning Councils. It is important that this assessment include the voices of people with HIV.

The HIV planning body leadership facilitates the engagement of, and communication with, HIV planning body members and external stakeholders throughout the assessment process. Ideally, an unbiased third-party representative will administer the assessment tools and maintain the confidentiality of all assessment participants. The survey can be implemented via a web-based survey tool (e.g. SurveyMonkey) and the KII tool is designed to be implemented by phone, over video conferencing, or in-person. All responses should be reported in aggregate to protect confidentiality of individual HIV planning body members.

Goal and Objectives

The goal of the assessment process is to review and enhance 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. The key objectives to be achieved are:

- » Conducting a mixed-method assessment of HIV planning body structure, policies/procedures, membership, and engagement;
- » Reviewing the identified areas for improvement, key recommendations, and model practices that may be implemented; and,
- » Presenting summarized data and its implications to HIV planning body members to determine priority areas, next steps, and adaptation and/or implementation of recommendations.

Recommended Timeline

The following chart outlines a timeline for the implementation of the assessment process spanning approximately 12-16 weeks.

KEY STEPS AND ANTICIPATED TIMELINE			
	Key Step	Responsible Party	Timeline
PHASE 1 Stakeholder Engagement	Conduct kick-off call with planning leadership and key stakeholders to determine 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 contacts for key informant interviews (KIIs) and provide contact information	HIV planning body leadership	Weeks 2-3
PHASE 2 Assessment Implementation	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 survey and KII data	Assessment lead	Weeks 8-10
PHASE 3 Reflection and Solutions Development	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 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

Phase 1. Engagement and Information Gathering

If a third-party is implementing the assessment, it is essential for that individual or agency to have a comprehensive understanding of the HIV planning body and its culture, membership, and environment. The Stakeholder Engagement phase of the assessment process should include conversations with HIV planning body leadership to outline the objectives and intended outcomes of the assessment; list documentation requests; gain clarification on planning body structure, policies, and procedures; and ensure full cooperation and clear communication with HIV planning body members regarding the assessment activity.

Background documentation may include:

- » Acronym guide/glossary of terms
- » Executive Board and committee lists
- » Conference and workshop attendance
- » Confidentiality contract
- » Conflict of interest disclosure form
- » Meeting protocols, including minutes
- » Membership application form
- » Member contact information
- » Membership years of service
- » Planning body bylaws orientation and mentorship (includes list of orientation materials)
- » Outreach events/activity form
- » Taskforce/ad hoc meeting summary
- » Timetable of tasks

Phase 2. Assessment

The planning body assessment is conducted through a survey and individual key informant interviews (KIIs). The HIV planning body will implement the two assessment modalities concurrently: an *anonymous* online survey of the full planning body membership and phone interviews with a diverse group of six HIV planning stakeholders, including voting and non-voting members, government representatives, and facilitators/contractors.

Member/Stakeholder Survey

The purpose of the online survey is to provide the planning body with information for reflection, discussion, planning, and development to improve the group's practices, structure, and community engagement efforts. The anonymous survey data may show where planning members are in consensus, disagreement, or where there are significant outliers. Survey participants are asked to provide thorough, thoughtful, and truthful answers. All answers to the survey must remain anonymous and be reported in aggregate to protect the confidentiality of respondents.

The survey instrument includes 40 adaptable, closed- and open-ended questions related to: membership demographics and skills; planning body structure; the planning body's recruitment and orientation activities; relationship with external stakeholders; and key successes and areas for improvement.

Key Informant Interviews

KIIs will further the participation and voice of the planning body's members in the assessment process. A diverse group of at least four to six members, including at least one person with HIV, should be asked to participate. A diverse set of perspectives may include both new and seasoned members, both government and community representatives, consumers, representatives of focus populations, process-leaders within the planning group or committee leads, planning body contractors, or planning meeting facilitators. The qualitative information from KIIs must be de-identified and aggregated for the reporting process. The KII tool consists of 28 adaptable, open-ended questions, which can be completed within 60 minutes, and includes discussion of member background, current engagement and role within the planning group, the purpose of the planning group and ability to fulfill its role, group membership, and future aspirations/anticipated challenges.

Phase 3. Recommendations

Data from the anonymous survey and KIIs are summarized and reported in aggregate, highlighting key findings and areas for consideration/ discussion. While the assessment aims to identify areas for improvement, it also is important to highlight the successes and effectiveness of the planning body and its HIV planning efforts. When the survey demonstrates consensus or disagreement among members in areas related to planning body effectiveness, the KIIs should be able to provide the context and details to clarify or contextualize survey responses. For example, the survey may indicate that 90% of members believe the new member orientation process is “effective” and 10% (two members) believe the process is “ineffective.” Not only would it be important to gain context for this disagreement in the KIIs, but it also should be a point of discussion when the data are presented to the membership. Why do two members disagree strongly with others? Are they simply outliers or is there a communication or process issue?

Some areas for improvement may focus on planning body structure, membership engagement and/or recruitment, community/consumer engagement, and monitoring and tracking activities. By examining the areas of improvement, a planning body will be able to engage in a discussion including specific strategies or recommendations to address improvements.

Ultimately, the assessment and subsequent discussion among HIV planning body members will lead to a better understanding of how to ensure and improve the planning body’s effectiveness in supporting state and local ending the HIV epidemic planning.

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 improve its effectiveness towards ending the HIV epidemic in your jurisdiction.

Participation and transparency in this assessment process is essential. This anonymous, online survey will collect responses from all members of the HIV planning body. All individual data and responses will remain completely anonymous.

(Optional Respondent ID - This is to make sure individual responses are only counted once.)
ID = Last Letter of First Name, First Letter of Middle Name, Day (XX) and Month (XX) of Birth
Example: Mary Kate Taylor born 04/23/1978 = YK0423

- 1. In 1-2 sentences, share what ways your participation (as an individual) in the [planning body] makes an impact on the HIV epidemic in [your jurisdiction].**

- 2. List three ways the [planning body] (as a full body) is helping to end the HIV epidemic.**

- 3. What are the [planning body]’s greatest area(s) for improvement? List up to three.**

- 4. In your own words, what do you believe is the primary purpose of the [planning body]?**

- 5. What is your understanding of the relationship, scope, role and responsibilities of the [planning body] versus the government entity (i.e. state or local health department)?**

- 6. How has the [planning body] addressed issues or new priorities impacting people with HIV over the past 12 months into its activities (e.g. social justice, racial inequities, COVID-19, health policy issues)?**

Planning Body Meetings

7. What (if anything) gets in the way of meeting efficiency at FULL planning body meetings? (Select all that apply.)

- There are no barriers that interfere with efficient council meetings.
- The meetings are too frequent.
- The meetings are too long.
- There is no agenda.
- The agenda is NOT provided in advance.
- We don't follow the agenda.
- There is too much on the agenda for some items and not enough time for others.
- The purpose of the meeting is unclear.
- The purpose or objectives of the meeting are not met by the end of the meeting.
- There are too many tangents.
- There is no timekeeper.
- Speakers talk over one another.
- Meetings are dominated by a few voices.
- Other: (please specify other barriers) _____

8. What (if anything) gets in the way of meeting efficiency at COMMITTEE meetings? (Select all that apply.)

- There are no barriers that interfere with efficient committee meetings.
- The meetings are too frequent.
- The meetings are too long.
- There is no agenda.
- The agenda is NOT provided in advance.
- We don't follow the agenda.
- There is too much on the agenda for some items and not enough time for others.
- The purpose of the meeting is unclear.
- The purpose or objectives of the meeting are not met by the end of the meeting.
- There are too many tangents.
- There is no timekeeper.
- Speakers talk over one another.
- Meetings are dominated by a few voices.
- Other: (please specify other barriers) _____

9. **While our country faces the COVID-19 pandemic, rank which meeting format you are most willing and able to participate in.**

- Online, [virtual meeting platform] meeting with video conferencing
- Online, [virtual meeting platform] meeting without video conferencing
- Conference call
- Other, please specify and rank: _____

10. **Do you have a preferred virtual platform for meeting online?**

- No, I do not have a preference.
- WebEx
- Zoom
- Microsoft Teams
- Google Meet
- Skype
- Other, please specify: _____

11. **In an ideal world (post-COVID), rank which meeting format you are most willing and able to participate in.**

- In-person, all together
- In-person, with option to join via [virtual meeting platform]
- Online, web meeting with video conferencing
- Online, web meeting without video conferencing
- Conference call
- Other, please specify and rank: _____

12. What barriers do you personally experience related to your participation in meetings? (Select all that apply.)

- I do not feel that there are barriers to my participation.
- Lacking confidence in using virtual meeting platforms.
- Feeling as though members do not speak in inclusive ways (e.g. not defining acronyms, using overly-technical language).
- Feeling uncomfortable speaking as someone with less experience in HIV planning.
- Lacking confidence in understanding of how the [planning body] operates (e.g. how the planning body fits in with other HIV activities in the region, my role in the group, our relationship with government or funders).
- Feeling uncomfortable speaking in front of a large group of people.
- Struggling to find a space in the conversation to speak up.
- Feeling that some members are condescending.
- Feeling left out of the loop about planning body activities.
- Feeling like no one cares about or values my participation.
- Participation and/or assignments are not equally distributed.
- Sensing tense and strained relationships among members.
- Other: (please specify other barriers) _____

13. How significantly do these barriers impact your ability to participate in meetings?

- Very significantly
- Somewhat significantly
- Not very significantly
- Not at all

14. Are there specific areas or topics that you could use more training or skills building on to increase your engagement/participation in [planning body] meetings?

15. What would you change about the [planning body] meetings to remove barriers to participation? (e.g. format, agenda, culture)

Policies and Structure

16. How well do you understand the contents of the bylaws, policies and procedures of the [planning body]?

- Very poorly
- Somewhat poorly
- Neither poorly nor well
- Somewhat well
- Very well

17. How confident are you in your ability to explain the mission and objectives of [planning body] to the community (i.e. non-members)?

- Not at all confident
- Not very confident
- Neutral
- Moderately confident
- Very confident

18. What committee(s) do you participate in? (Select all that apply.)

- I do not participate in any committee.
- [list current committees as answer choices]
- Other, please specify name of committee: _____

19. Would you recommend changing the current structure and function of any of [planning body]'s committees?
Which, and how so?

Membership

20. What is your role as a member?

- Voting member
- Alternate
- Committee-only member
- Other, please describe: _____

21. How long have you been a member of the [planning body]?

_____ Years or _____ Months

22. Are you satisfied as a member of the [planning body]?

- Yes, and I plan to finish out my membership.
- No, but I plan to finish out my membership.
- No, and I plan to leave the [planning body] before my term ends.

23. If you are dissatisfied as a member, what is your primary reason?

24. List up to five skills or personal/professional experience that are missing from the current [planning body] membership.

25. What barriers exist that might interfere with [planning body] new member recruitment?

- Accessibility of outreach/recruitment information to the general public.
- Lack of broad outreach/recruitment efforts.
- Confusion/lack of understanding about what the [planning body] is.
- Confusion/lack of understanding about expectations and responsibilities for members.
- Confusion about the application process (timeline, etc).
- Time commitment for members.
- Insufficient compensation for participation.
- Confusion about whether someone is eligible to apply.
- There are no barriers that currently exist.
- Other: _____

(Optional) What could be improved about current recruitment strategies and materials?

26. How well does new member orientation prepare you to fully participate in [planning body] activities/ committees and understand their expected roles and responsibilities?

- Very Well
- Well
- Fair
- Poor
- I don't know

(Optional) Please explain your response:

27. Do you believe the [planning body] actively engages new members into planning activities in the first 1-2 months following orientation?

- Yes
- Somewhat
- No
- Unsure

(Optional) What could be improved about the new member orientation?

Collaboration and Impact on the HIV Epidemic

28. Does the [planning body] as a whole adequately... (Select all that apply.)

- Conduct adequate needs assessments with impacted communities.
- Use data to support decision-making.
- Communicate effectively with the communities impacted.
- Communicate effectively with other partners (i.e. state and local health organizations, etc).
- Reflect the demographics of the communities most affected by HIV.
- Address disparities linked to social determinants of health like poverty, unequal access to health care, lack of education, stigma, and racism.
- Monitor and evaluate achievement of Integrated HIV Prevention and Care Plan objectives.
- Evaluate the effectiveness of the council's own HIV planning activities.
- Assess the efficient administration of HIV funding in the state.
- None of the above.

29. The [planning body] could improve communication and collaboration with the following groups:

- State Health Department
- Ryan White Part A recipient(s)
- Ryan White Part B recipient
- Other city/county health departments
- Community- and clinic-based providers of HIV prevention
- Other planning bodies in the region/state
- The [planning body] does not need to improve communication/collaboration with external stakeholders.

30. How well does the [planning body] incorporate community voices, specifically those affected by the HIV epidemic, in *developing HIV planning priorities and objectives*?

- Poorly
- Somewhat poorly
- Neither poorly nor well
- Somewhat well
- Well

(Optional) What can be improved about the [planning body] incorporation of community voices?

31. Has the [planning body] addressed current and future impacts of the COVID-19 pandemic on consumers and providers of HIV services in any of the below areas?

- Telehealth funding/policies
- Housing Loss
- Comorbidities of COVID-19 and HIV
- Isolation/mental Health
- Income loss due to pandemic
- COVID vaccine education and uptake
- HIV self-testing
- Not yet, but the [planning body] has planned to address these impacts in the near future
- Other: _____

32. How familiar are you with the objectives of the [state] Integrated HIV Prevention and Care Plan?

- I am not familiar
- I am somewhat familiar
- I am very familiar

33. Please answer to what extent you believe [planning body] has been effective in meeting or working towards the following Integrated HIV Prevention and Care Plan objectives for [state].

Objective	Very Poorly	Somewhat Poorly	Neither Poorly Nor Well	Somewhat Well	Very Well
List objectives [planning body] is responsible for.					

(Optional) How do you know that the [planning body] is making progress towards these objectives?

Member Information

34. Are you a consumer of HIV prevention or care services?

- Yes, HIV prevention services.
- Yes, HIV care services.
- No
- Unsure

35. Please indicate any of the following demographic characteristics or groups that you identify with (Select all that apply.)

- Person with HIV
- Person with viral hepatitis
- Person who injects or formerly injected drugs
- Heterosexual woman
- Heterosexual man
- Gay, bisexual, or same-gender-loving man
- Lesbian, bisexual, or same-gender-loving woman
- Transgender
- Currently or formerly on PrEP
- Currently or formerly experiencing homelessness
- Person who has engaged in sex work (exchanged sex for money or drugs)
- Born outside the U.S.
- Baby Boomer (born 1945-1965)
- Youth (born 1995-2006)

36. What is your racial/ethnic identity (Select all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other, please specify: _____

37. What is your gender identity (Select all that apply.)

- Female
- Male
- Gender non-conforming or non-binary
- Prefer not to say
- Prefer to self-describe: _____

38. Do you identify as transgender?

- Yes, transgender woman
- Yes, transgender man
- Yes, transgender non-binary
- No
- Prefer not to say

39. How would you describe the area you primarily live in?

- Urban
- Suburban
- Rural

40. What other skills, not listed above, such as lived experience, do you bring to the [HIV planning body]?

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

1. What is your current title/role?

Current Role/Engagement with [HIV planning body]

2. Why did you choose to join the planning body?
3. How would you describe your understanding of HIV planning and your role?
4. Are you able to meaningfully participate in meetings? Do you feel that other members do as well? Why or why not?
5. What is the biggest obstacle(s) you've encountered to fully engage with the [HIV planning body]?

HIV Planning Purpose/Effectiveness

6. What would you define as the state/local health department's key roles in HIV planning?
 - a. Optional for Part As] What would you define as the Ryan White HIV/AIDS Part A Program recipient's key roles in HIV planning?
7. How does the [HIV planning body] currently measure effectiveness/success?
8. How would you describe the [HIV planning body]'s relationship with your health department and/or Ryan White HIV/AIDS Program Part A recipient?
9. How would you describe the community member's role in the activities of this Planning Body? What could be improved here? What would you define as the community member's key roles in HIV planning?
10. How would you describe the [HIV planning body]'s relationship with the communities affected by the HIV epidemic?
11. Do you feel that the [HIV planning body] sufficiently represents all communities affected by the HIV epidemic in your area?
12. What steps are taken at the end of meetings and throughout the year to assign tasks to members, keep track of actions taken, etc? What more could be done to ensure that the [HIV planning body] translates meeting activities into measurable, tangible actions?

[HIV Planning Body] Governance and Structure

13. Do you think the current structure of the [HIV planning body] in terms of co-chairs, committees, voting policies, etc is effective in helping the [HIV planning body] reach its goals? Why or why not? How could it be more effective?
14. Do you think the current bylaws are effective in helping the [HIV planning body] reach its goals? How could they be more effective?
15. Do you think planning body meetings are accessible and structured in a way that encourages participation from all members (location, timing, necessary technology, language, etc.)?
 - a. If not, how could it be structured to be more inclusive and welcoming to more voices?

HIV Planning Engagement/Membership

16. Do you believe the [HIV planning body] effectively incorporates community and stakeholder voices into its planning? Why or why not?
17. What do you perceive as an obstacle to engagement and/or recruitment of [HIV planning body] members?
 - a. What about orientation of new members?
18. Do you believe the [HIV planning body] effectively incorporates community and stakeholder voices into its planning? Why or why not?
19. Does the [HIV planning body] currently have a means of soliciting feedback from community members or other stakeholders? How do you communicate with the community?

Integrated Planning and Ending the HIV Epidemic Planning

20. Do you have access to relevant and current data to guide your planning efforts? How do you access this information?
 - a. Is the relevant and new data incorporated back into HIV planning?
21. How do you play a role in measuring or monitoring success or achievement of objectives in your integrated plan?
22. Is there anything missing in the Statement of Needs that needs to be addressed?
23. Are there prevention and care gaps in the community that aren't being filled?
24. Are there sufficient support services being prioritized in the community?
25. How has the CDC/HRSA integrated planning guidance affected the [HIV planning body]'s function?

Looking Toward the Future

26. How can the [HIV planning body] operate more effectively?
 - a. What will be the biggest roadblocks/challenges to making this happen?
27. What type(s) of training/technical assistance do you yourself, other [HIV planning body] members, and/or the health department need to operate more effectively?



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