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Julie:

Good afternoon, everyone, or good morning, depending on where you are, and welcome to this webinar on measuring effectiveness of HIV planning self-assessment tools for HIV planning bodies. My name is Julie Hook from the Integrated HIV AIDS Planning Technical Assistance Center, or the IHAP TAC. And I want to thank everyone for taking the time today for being on this webinar. During today's webinar, our colleagues from Health HIV will present on an HIV planning body assessment tool developed and implemented by Health HIV as part of the IHAP TAC team. Presenters will discuss the need to evaluate the effectiveness of state and local HIV prevention and care planning efforts. Review barriers that planning body face to effective HIV planning in their communities. Summarize the adaptable tools for conducting a self-assessment of HIV planning body effectiveness and describe how planning bodies can adapt the tools to suit their unique needs.

Julie:

We're also excited to be joined by panelists from the Minnesota Department of Human Services and a Part B representative for the Minnesota Council for HIV AIDS Care and Prevention and LA Commission on HIV to discuss their experiences with going through the assessment process and how it may support their ongoing integrated HIV prevention and care planning efforts. If you'd like to download the slides for today, they're available up on the IHAP TAC website and the link will be chatted out in a moment. Next slide, please.

Julie:

We'll be answering questions at the end of the call and we'll answer as many as time permits. I'm sure you're all familiar with Zoom at this point. If you have questions during the call, please submit them using the Q&A feature. And I also wanted to mention that after the webinar ends, an evaluation will pop up immediately and we hope you'll fill this out as it helps to improve and inform our future trainings. Next slide, please. We hope you're familiar with the IHAP TAC but if not, we started in 2016 and the current project continues through 2023 to support Ryan White HIV AIDS program, parts A and B recipients and the respective planning bodies with their overall integrated planning efforts and the implementation and monitoring of their integrated HIV prevention and care plans. We provide both national and technical and targeted technical assistance and training activities. And we're led by JSI with our partner Health HIV. Next slide, please.

Julie:

I also want to acknowledge that the guidance for the preparation for the upcoming integrated HIV Prevention and care plans for 2022 to 2026 has been postponed due to the COVID-19 emergency, which is outlined in the February 2021 letter from HRSA and CDC Program Leaders. HRSA and CDC in that letter outlined expectations for continued use of existing integrated plans and encouragement for ongoing refinement of ongoing planning, incorporation of EHE plans and community engagement. Next slide, please.

Julie:

We also acknowledge that many of you have already developed your EHE plans that were required as part of the funding from CDC. CDC and HRSA know that the integrated HIV plans continue to be an umbrella plan for all your HIV related resources and activities. The forthcoming Integrated Prevention

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and Care Plan guidance will incorporate the four EHE pillars of diagnose, treat, prevent, respond pieces of the EHE plan. And they will form the goal that the EHE will help align with the integrated plan requirements.

Julie:

This is all information that we have on the forthcoming guidance at this time, but we will share any information through our Listserv if we receive any additional information from HRSA and CDC. And we're also developing ongoing activities, including facilitation of peer to peer discussions of ongoing plan development with the guidance released. So please stay tuned and look for any announcements on our web page on target or a few IHAP TAC will serve. Next slide, please.

Julie:

So objectives for today, so we hope that after the webinar, you will be able to discuss the need to evaluate the effectiveness of state and local integrated HIV prevention and care planning efforts, these barriers that integrated HIV planning body face to effective HIV planning in their communities. Summarize any adaptable tools available for conducting self assessment of HIV planning effectiveness and understand how to adapt those tools for your planning body. Now I'd like to hand over the presentation to our fantastic Health HIV colleague Marissa [Tanelli 00:23:40], who is the director of Health Systems Capacity Building for Health HIV who will introduce herself and the rest of her colleagues. Marissa.

Marissa:

Hello everyone. Good morning and good afternoon. As Julie mentioned, my name is Marissa Tanelli. I'm Health HIV's director of Health Systems Capacity Building and I've been working as a partner with the IHAP TAC now for probably a little over five years and working with HIV planning bodies for almost a decade. So very excited to share this tool with you today and talk a little bit more about how you might be able to implement it in your planning bodies. So I'll turn it over to Eve, to even introduce yourself.

Eve:

Hi, everyone. My name is Eve Kelly. I'm a senior capacity building project coordinator at Health HIV. And I've been working with Marissa and that IHAP TAC team on this assessment process since around 2019. So for the last couple few years and I've been able to work closely with three planning bodies to conduct this evaluation throughout that time. So I'm excited to be with you all today and I'll pass it over to my colleague, Grace.

Grace:

Hi, everyone. Thanks so much for joining us. My name is Grace Hazlett and I'm a capacity building intern with Health HIV. And I started this work with IHAP TAC last year, so 2020, and worked with two planning bodies for this assessment cohort cycle.

Marissa:

So today's agenda, what our team will go through and our colleagues, as Julie mentioned, from Minnesota and Los Angeles County, will be reviewing the state of HIV planning bodies and some barriers to effective planning that we've observed over the past number of years, including the implications of

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the COVID-19 pandemic. We'll be introducing our HIV planning body assessment tools, discuss some lessons learned from planning bodies that have implemented the assessment tools, and review how to use the tools as a self-assessment. Next slide.

Marissa:

So one of the things that we observed just a number of years ago was then really the changing landscape for HIV planning. And a lot of this is related to the need for HIV planning to end the epidemic. When the ending the Epidemic HIV Epidemic Initiative came out, the integration, of course, of prevention care bodies, which started a number of years ago. And then also just acknowledging that there's many different responsibilities and priorities of HIV planning bodies. So different responsibilities to a variety of funders, a variety of audiences, as well as their community and constituents.

Marissa:

In the past two years, the planning bodies have really been faced with the challenge of adapting to the COVID-19 pandemic. Many planning bodies, as you know, and likely yours, met in person most times. And now everything has transitioned to virtual and that has really posed a challenge for HIV planning bodies to truly engage their community members meaningfully as well as their membership. So we're seeing a lot of great lessons learned from this. And lastly, as the planning bodies are awaiting the release of the delayed integrated HIV prevention care plan guidance, there has been some challenges around what's next, what are the expectations and how do we move forward. So these are some of the challenges facing the HIV planning bodies today. Next slide.

Marissa:

We also see some general barriers to effective planning, so when Health HIV started this work a number of years ago and began to pilot the assessment tools we developed, we were seeing a lot of planning burnout among key stakeholders, members that were engaged in anywhere from two to six different planning entities in their community. We were seeing aligning funder priorities for prevention and care being a challenge. Engaging community members in integrated HIV planning in a meaningful, representative, inclusive and equitable way has always been one of the challenges faced by planning bodies, as well as the uncertainty around developing metrics and measuring the planning body's impact on the community health outcomes.

Marissa:

So many planning bodies were looking to federal partners to share metrics or share guidance, and ultimately ended up developing a lot of these metrics and measures internally themselves. So that has been a challenge. And the other thing I think is very important is that we've seen that there tends to be limited feedback loops that track planning body accomplishments and activities and then provide that information back to the community. So those are some of the challenges that they're facing right now that this planning body assessment is hoping to identify and then, of course, develop some solutions around. Next slide.

Marissa:

So for the purpose of this assessment, we defined effectiveness for HIV planning bodies as how well the planning body structure, policies and procedures and consumer engagement support its ability to carry out its mission and objectives. But of course, there could be a number of different interpretations of

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effectiveness. And that's something that's important to consider for your unique planning body. So, as I mentioned, the solution to some of these challenges that we saw was to create an assessment tool. We developed an assessment tool that consisted of a survey guide and a key informant interview guide and have fielded it now with eight different HIV planning bodies over two years. And the purpose of this tool and the rationale for it is really to gather community input and HIV planning, body member insights and feedback and use their insights and feedback and lessons learned to improve the effectiveness of HIV planning efforts and its operations. And I'm going to turn it over to Grace.

Grace:

Thank you. And to give you an idea of Health HIV's assessment process, the two part assessment process consists of anonymous survey and key informant interviews. The survey is fielded online via a platform like Survey Monkey, and it consists of 40 questions to be distributed to the full planning body and membership. The key informant interviews are 60 minute conversations, and they're conducted via a phone call with ideally six to eight members and [inaudible 00:30:28] interview tool consist of 28 open ended questions to help guide these conversations. Next slide, please.

Grace:

So with regards to assessment topics, topic areas addressed in both the online survey and key informant interviews include but are not limited to planning body members understanding of their role and the role of the planning body as a whole. Recruitment and orientation activities, measurement of integrated prevention and care plan outcomes, as well as key planning body successes as well as areas for improvement. Next slide, please. The intended goal of this assessment process is to identify planning body strengths and areas for improvement relative to effectiveness based on the anonymous online survey, the key informant interviews and a review of planning body documents. Using these findings, we formulate recommendations as well as facilitate a discussion and support the development of solutions with the full planning body membership.

Grace:

Just to give you some context, for our 2021 assessment cohort, recruitment for this most recent cohort started in mid November of 2020 in the midst of this pandemic, at a time when COVID cases are on the rise, that vaccines were not yet available. So understandably, we experienced some difficulty engaging planning bodies who were dealing with competing priorities and really struggling to transition their usual activities into this virtual environment. And several planning bodies that we are in conversation with express a great deal of interest in the assessment process and thought it'd be really valuable but felt as though they were spread too thin to engage in the process given these unprecedented times. Next slide, thank you.

Grace:

And we ended up engaging four different planning bodies from across the country, three of these groups were at the state level and one was at the city level. And they represented high, medium and low incidence areas. And you'll have the opportunity to hear from representatives of two of the planning bodies we worked with shortly. Thank you.

Grace:

So as for what we observed throughout this assessment process of the four planning bodies, like everyone around the world this past year, we found that planning bodies' transitioning to virtual operations presented some really great benefits, as well as some new challenges to reckon with. Operating through these virtual platforms has allowed individuals to join planning bodies meetings from their workplaces in their homes without having to deal with transportation or having to leave the office for extended periods of time. But at the same time, they largely increasing the accessibility of these meetings. Survey respondents and interview participants indicated that these virtual calls interfered with the interactivity of meetings and many planning body members explained how in-person meetings enable side conversations and that these were actually incredibly beneficial in helping members to get to know each other, to bounce ideas off of each other and to clarify confusing content, particularly for these new members who may be orienting themselves to the process.

Grace:

Another major takeaway was the need to balance meeting efficiency and engagement. So while clearly outlined procedures and extensively mapped out agendas can streamline meetings and allow for greater efficiency, we found that too much structure and too formal of processes can stifle organic conversations. Because agendas are packed or because members don't understand parliamentary procedures that the planning bodies operate according to, individuals, particularly those who are newer, may be less likely to offer their valuable insights. And so as a result, we found it's incredibly important to reconsider which processes allow the meetings to run more smoothly and which simply interfere with productive discussions and decrease member engagement.

Grace:

We've also observed a real need to clearly outline expectations of both community members and government representatives in planning bodies that integrate Part A, Part B and prevention. We found that various separate government representatives are accountable for different things and may differ in their priorities accordingly. And lack of explicit conversations regarding these priorities and expectations of one another constrain relationships between members of government representatives, particularly those who are newer to HIV planning, a lack of understanding related to the distinction between Part A, Part B and prevention, as well as the differing responsibilities of these entities can leave folks confused or frustrated with the process.

Grace:

Other things we've observed through this assessment process include power imbalances along lines of race, education, socioeconomic status and experience, and HIV planning, as well as insufficient orientation of new members with important terminology presented once upon joining the planning body with a lack of resources to support these new members as they navigate the steep learning curve that they end up experiencing. And I will hand it off to Eve to introduce our panelists.

Eve:

So thank you, Grace, and thank you Marissa for your introduction as well. So like we have heard a couple of times, we do have the opportunity to have this panel with us here today to describe their experience working with us through the process of the assessment and the evaluation. So just start we have Darren Rolls from the Minnesota Council for HIV AIDS Care and Prevention. And then we also have Bridget Gordon and David Lee with us from the L.A. County Commission on HIV. So I'll give them a chance to

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introduce themselves briefly and just share a little bit more about their roles. And I think we need to start with Darren and we'll go across the screen, so then Bridget and David.

Darren:

Thank you Eve and hello, everybody. I wish I could see some faces, but I scrolled up the participant list, there's a lot of you on this call. So thank you for joining us today. Again, my name is Darren Rolls, he-him pronouns. I work for the Minnesota Department of Human Services, where I lead the administration of our Part B ward and then intersect with the Planning Council as that part B representative with a colleague. So I've been doing HIV work for a very long time, spent many years as a planning council member when I was in a sub recipient organization. And then now I'm getting the fun of experiencing the Planning Council from the receipt of the advice side and look forward to sharing some of our experiences from this process. Thank you.

Eve:

So we can go to Bridget next.

Bridget:

Can you hear me?

Eve:

Yeah.

Bridget:

Hi. My name is Bridget Gordon and I am co-chair of the Los Angeles County Commission on HIV and I have been a commissioner since 2015. And we have been meeting to have an assessment for quite a few years and finally had the opportunity to work with Health HIV this year. And I can go through the background a little bit later.

Eve:

Awesome. Thank you.

David:

Hi. My name is David Lee, I am the Associate Director of Drew Cares at Charles R. Drew University in South Los Angeles. I am the co-chair along with Bridget Gordon for the L.A. Commission on HIV. I've served in the past on the Seattle Planning Council and a long time ago on the Houston Planning Council. And that should tell you that I've been doing HIV work for a long time. We are really grateful to the support that Health HIV provided us in doing an assessment of our planning body. And like everyone else, I may have just to give you a little bit more detail about that.

Eve:

Awesome. Thank you all for those introductions. So before we jump into our specific panel questions, I just wanted to give you the space if you'd like to react to anything that we've shared so far. So we kind of shared our broader observations that we've seen about HIV planning, especially in the state of planning

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in 2021. So I just wanted to open the floor with that, if any of you three have any initial thoughts that struck you from those observations that we shared? We'd love to hear those thoughts now or you're also welcome to wait till the panel questions to elaborate further. But I wanted to give you that space now.

Darren:

I'll dig into some of the specific comments, probably more deeply in the questions, but I just wanted to reflect that I love being part of processes like this because so many of the themes resonate from what we were experiencing, what I thought was maybe happening in Minnesota. And it's always great to be part of these national conversations to understand that many of these complicated dynamics were trying to figure out we're not alone in trying and experiencing them and trying to figure them out. So being part of conversations like this is just a great way for us to do that hard work together.

Eve:

Awesome. Thanks, Darren. I'll go ahead to the next slide and you're welcome to add any reactions to any of these questions as well. So we did have four formal panel questions, but if anyone listening has questions, either for myself, the whole [inaudible 00:40:46] team or any of our panelists, feel free to drop your questions in the Q&A box at any point. And we'll be keeping track of those and we'll have time for a Q&A at the end. But we'll go ahead and start with these four. So our first question that we wanted to go over with you all is just I think we can start with Darren. Could you just share a little bit about why the Minnesota council chose to participate in this assessment and then we'll move on to David and Bridget after that.

Darren:

Sure, I think I'll highlight two pieces, there are timing elements and environmental elements that I think I'll talk about in future questions, but I think it came down to two big things. Many of the stakeholders with the council, whether that be members of the council, unaligned consumers who maybe attend as non members, the part As, Part Bs, our prevention partners, regardless of who the stakeholders were, we had been discussing one essential question. The Planning Council model has essentially been around for 30 years and the HIV epidemic has changed a lot while the Planning Council model hasn't necessarily changed a lot.

Darren:

So is what we're doing the best way to really engage the community and get the input, advice and directions we need to actually make a responsive system that's going to best meet the needs of people at this point in the epidemic? And then we are also really interested in understanding ways to increase retention and keeping people on the council as some of the themes already brought up, council work is complicated. There's a lot of terminology, there's a lot of process. We want to figure out ways to make that more inviting people who aren't as familiar with it and figure out how to help people build their skills and feel that they have what they need to stay engaged.

Eve:

Awesome, that's really helpful, thanks for sharing that. Bridget or David, do you have any thoughts to share on why the L.A. commission chose to participate in this assessment process?

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Bridget:

So I'll go. So 11 years ago, our planning body merged with the prevention body and we had the great fortune of participating in the Ryan White Conference last year and Health HIV was presented. And one of our members, Joe Green, who was there when the two organizations merged, said that after the merging they were supposed to have an evaluation three years later, but never did. And so when he participated in your presentation during the Ryan White conference, he was like, "We have to do this." And so we brought it back to the commission and we made the decision. I love assessments. So you always get to know where you are and what you're doing.

Bridget:

But we wanted everybody to participate as much as possible, and we really didn't get anything that we didn't already expect, but it validated where we need to improve. So thanks to one of our commissioners, we were able to push this through and get it done. And your team has been excellent in supporting us. David.

David:

Sure. And I would just add that self assessments are always a way to kind of clean out cobwebs in a way. In these planning bodies and other organizations, things get a little stagnated. And I think we were really hoping that maybe we could see some areas where maybe we've gotten stagnated and see areas where we can improve processes and maybe get the... It's always good to have outside people come in and do these assessments because we all probably already clouded by personalities, opinions and perceptions. And so outside people like Health HIV come in and they can be a neutral body and gather information from individuals in an anonymous way to help people be a little bit more open and honest about our problems or processes or ways to improve things. So I think this is really helpful for us. And I think our planning body was looking forward to this.

Eve:

Awesome. Thank you all for sharing, that's really helpful to get your just initial context on this. I think I'll combine the next two questions because I know the first three all kind of work together. But maybe we can start with LA this time, so David and Bridget, you're up for speaking again right after that. Could you describe just how timing as well as other factors affected or contributed to your desire to participate? So we know coming in and doing this assessment like a year into COVID and your transition to virtual was its own challenge. So how did those kind of factors contribute? And then as well, kind of with that, you've already touched on this but what were you hoping to get out of the assessment? And do you feel like you have gotten what you were hoping to get out of the assessment so far in the process?

David:

I think Bridget kind of already spoke to the timing piece. I think the virtual environment probably helped because people were focused and most of us were at home or working remotely. And so it helped to keep everybody focused. So that worked really well. In addition to the timing piece that has already been spoken to, we've been seeing some changes and turnover in our commission. And so the timing for us was it was perfect around that to really look at what's going on here.

Bridget:

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Yes, I would agree it really did help to be online and have a captive audience. We have gotten so much work done during the pandemic, we had 80% participation, which I was shooting for a 100 so was David. But I think we had a pretty good turnout and people were very candid and that helped a lot. We've done some assessments, but they're are a little bit different than what this assessment was. So the results was sort of what we expected. We do know that we have areas that we have to improve upon and that was validated. And so it was not a question in the box, but I'll let Devon go.

Eve:

Awesome, and Darren, you can go ahead and share your thoughts as well if you have any of these two questions?

Darren:

Sure. A lot of similarities. Being a year into COVID, we had seen such a shift in how we were doing the work. In some ways moves to virtual platforms increased accessibility to the meetings but as has been brought up in themes, we were concerned about how that was impacting engagement during the meetings, orientation, training, all of that stuff. And having been that far into COVID, we feel like we had settled into. A groove of what that was looking like, so it seemed like a reasonable time to really assess where we were at with where the council was at in that environment.

Darren:

And side note, who knew that a pandemic would be a great time to do assessments and research. We did our comprehensive needs assessment completely during the pandemic and ended up with the highest response rate we've ever had in Minnesota in the process, so that worked. And so when this opportunity came up, we knew that things, assessments, surveys like this could happen in the virtual environment really effectively. And then again, similarly with my colleagues, Minnesota has been using a combined planning model for a number of years with A, B, and prevention. We've certainly done evaluation efforts along the way, but nothing to this level of assessment of overall council effectiveness and functioning. So it just [inaudible 00:50:03] to do that.

Darren:

And the last piece I'll add, we all know the book of work for the council is huge and work on HIV is huge. And with the endemics approach, there's so many intersections with other sectors, other issues where community advice, direction and engagement is needed. So before we figured out, we wanted to make sure we had a very clear vision of the council role, responsibility process, all of that to make sure that we had reconfirmed that before we added other elements of engagement that are beyond the council's book of works so we weren't creating redundancies, confusion and we were making sure to get all of the input we need for the wide book of work we do in HIV.

Eve:

Awesome. That's really helpful. Thank you, I think, all three of you. So our next question is this is a little broader. So we kind of in anticipation of the new guidelines coming out for the 2022 to 2026 integrated plans, we wondered what, if anything, did you learn from this assessment process that you feel like it's going to support your integrated planning efforts in this next round of planning? And any of you are welcome to share.

Darren:

I'm still unmuted so I can share. And I'll preface this with we jumped into this process a little bit late, so just today hot off the press is reviewing the preliminary report from the assessment. So we haven't gotten to really dig into it and move it forward. But I will say is from my quick review of it, there weren't many surprises. It's nice when formal research processes and evaluation processes confirm what you think you're seeing because you know you're not imagining it and you know you're really moving to work on the right things. And in there, there were some specific elements, particularly some concrete feedback around people's understanding or lack of understanding with how the integrated planning, how it fits into the overall council work. So I think being on the precipice of a new plan creation and then monitoring that plan, I'm excited to dig deeper into what we've learned from the assessment so we can make changes on the front end to really make sure everybody is coming along and as a meaningful part of the process.

David:

I would also add that in looking at our assessment, there was feedback about people who didn't quite understand the process or were feeling a little not able to fully participate and so that we are looking forward to figuring out ways to implement strategies for people to feel fully vested in the process going forward. One of the other things that came out of ours is that people like the online platform, but people are really ready to get back into in-person meetings. And so we, again, did have a high response rate. And so that was very impressive. And I think one of the other things that I saw in ours is that we do really need to spend more time, probably with mentoring newer members and pulling them in and helping them to feel comfortable. I think we all can relate to being new in a group and feeling some intimidation. And so I think part of ours is that we really have to work on helping those folks get up to speed and feel comfortable with their contributions.

Bridget:

I agree with that. One thing that we did see was the inclusion of people who are actually utilizing the services and how important that is. We saw and we really tried to limit the use of acronyms so that everybody understands what we're talking about. And we also acknowledge that this is kind of a complicated and complex project, a process that we go through every year with the Planning Council. And ours, the Planning Council is also combined with the prevention. So that adds a little bit more to it.

Bridget:

A couple of folks said that regular assessment should be mandated maybe on a three or four year basis just so that we can get grounded, because this is very grounding for us to understand where we need to go, how we need to approve and how we need to work with new members and even sometimes older members to keep people engaged. So we're putting a mentoring program together, we try to have as much inclusion as possible and that was the main thing, is including everybody's voice and having everybody's voice have the same value, whether you're a researcher or a provider or a person who utilizes the services.

Eve:

That was really helpful and sorry, Darren, for putting you on the spot. I know you just kind of got a look at your data, so I appreciate your initial thoughts as well. And David and Bridget, what you shared, I think, is really helpful coming from the perspective of a group that has had a chance to work, kind of see

their final findings and talk through them a little more thoroughly. So that's really helpful. But I think we've gotten a lot of great questions in the chat that we'd love to get to at the end. So I'm just going to run through our last couple of slides here, focusing on specifically how we can implement these assessment tools, how you all could implement them in your own planning bodies and then we'll bring our panel back and we can jump into some of those questions. But thank you, David, Darren and Bridget, I really appreciate your initial responses to these questions. And we're looking forward to talking to you in just a couple of minutes again.

Eve:

So to keep going, like I said, as we've been working with planning bodies the last few years, we've noticed some challenges that seem to be fairly universal across different planning bodies, but we've also seen that every jurisdiction is different and the priorities that they have can vary pretty significantly based on where they are and who they're serving. And so this assessment process is something that we envision as a dynamic process that definitely needs can change and shift depending on the needs of the specific planning body that you are working in. So we wanted to share just some of our initial tips for how you can use these tools to make them the best for you all, specifically in your work.

Eve:

So just to give you a quick overview again, and this is something that will be shared, we'll be publishing our formal assessment guide that has the tools included as well in the next week or so on the IHAP TAC website, where the recording of this webinar as well as the slides will be posted. So that assessment guide will go much more thoroughly into the details of the assessment process and how to conduct it. But just to give you a brief overview, in addition to what we've already shared. So this assessment really works in three or so phases. So the first stage is all about gaining stakeholder engagement. And this really involves just getting buy-in from the planning body leadership and ideally the full membership. And so during this phase, it's important to designate who's going to take the lead on what roles, as well as to begin kind of gathering documents about the planning body that can be used to kind of take a step back and get a formal overview of the operations and policies that are in place.

Eve:

After that phase you are welcome to move into the assessment phase. And this is where we actually implement the survey and the KII. So we conduct those key informant interviews as well as launching the survey out to the full membership. And then after that assessment implementation, we move into the last phase, which is really around reflection as well as developing solutions. So this is where everyone can discuss the key findings from the assessment and then determine what they like to integrate into the work moving forward and how those findings can guide our recommendations.

Eve:

So some of the key partners that we recommend working with or engaging on this throughout this assessment process, essentially, it's really anyone who can provide a unique perspective on the planning body. I think we have found that it's most helpful when you're able to get as many voices as possible to share their own perspective coming into the planning work. And so this is what you would expect. But this includes both voting and non-voting members, as well as consumers and community members, as well as providers on the planning body. It's great to get representatives from government agencies, health departments, as well as newer members and older members. That's especially helpful for getting

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insights on the recruitment and orientation practices, which we found to be a key point for both areas of strength and areas for recommendations.

Eve:

And then, as well, any contractors or meeting facilitators who might be external, who are brought in to engage with the planning body routinely. Stakeholders like that, as well as others and there some more listed on the screen, we find as many as possible is really ideal to getting a diverse array of perspectives and helps make the assessment more well-rounded. So now to get into kind of some specific tips that we've kind of pulled together from working with planning bodies, what we would recommend, if you're thinking about implementing this in your own planning body, is to first and foremost, like I was saying, clearly define what roles are needed. So this is, for example, like who's going to be the person that's communicating and reaching out to members?

Eve:

I would give Bridget a shout out when we were giving survey results from LA. Bridget actually called all of the members individually and asked them to complete the survey. So as well as I also was sending out emails to all the membership. So it was helpful to have people designated who were reaching out to members and that kind of above and beyond work helped get that participation number up to what we wanted it to be. So having someone who is in charge of that, as well as designating who or a team of people who are going to be responsible for collecting the responses as well as conducting the interviews, who's going to be in charge of analyzing the data. And with that, who's going to lead discussions about the findings and kind of facilitate discussions around recommendations.

Eve:

We also recommend that you adopt the tool to fit your needs each time you use it. So, of course, what we offer, there are questions that we've developed from what we've seen as points of concern or things that planning bodies want to look into more thoroughly. So the questions we have placed there, we found to be helpful, but they might not be helpful for you, some of them. So you're, of course, welcome to adjust them, change the wording on anything. We want you to personalize it. So, of course, add in the name of your planning body and the specific committees that you have as it seems to be different for every group.

Eve:

So we want you to feel at liberty to make it as tailored to your needs as possible. And so this also involves getting input from a variety of different members, like I was talking about on the previous slide and considering who's going to lead the assessment. So we were positioned to come in as a third party, so an external party to conduct this assessment. But if this is something you'll be implementing within your own planning body, it's important to give consideration to who's going to lead this process and if it should be people at the leadership level or if you think that folks will be more comfortable sharing honestly if it's a team pulled from members across multiple different areas of the body or however you see fit.

Eve:

We think that, that's about special consideration for the dynamics of your specific planning body is important for making sure that this assessment is successful. We also recommend that you aim for as

much participation as possible. So as we shared before, ideally, in an ideal world, we would get one 100% participation from all members and get to hear what everyone thinks about these things. We know that, that's not always possible. So aiming for 90% participation is excellent. We know that, that's also not always possible. So we found that as long as you have more than 75% participation from members, that's really important. Ideally more than 75, but any less than that and we found that the findings just really aren't as representative as we want them to be.

Eve:

And so ways that you can kind of bolster participation that we've seen offering incentives can be helpful. And so incentives often in the form of compensating participants for the time and effort that they put into the work. So when we were rolling this out, we offered gift cards at different levels and we kind saw that that helped boost participation in some settings. So that's something to think about as both your ability to do that and the feasibility within your group. But we have found that to be helpful.

Eve:

Next, we found, and this touches on who ends up leading the assessment in the group, but taking measures to protect people's confidentiality is extremely important. We want this to be a space where people feel safe to share open and honestly about what they really think. And so, if it's something that's not being conducted by an external party, then confidentiality is kind of really takes an extra important role. And so this is something that we think there are probably a number of ways to approach this. We think creating a dedicated committee to run the assessment. So made most likely of a diverse array of members could be really helpful as well as if you do work with an external consultant or any kind of meeting facilitator that is an external body, it could be really helpful to engage them and actually collecting that information so that they can share it back in an anonymous way.

Eve:

Likewise, there are also anonymous platforms. We use the platform, Survey Monkey, where you can offer to make it anonymous by not requiring people to share their names or emails. And if that data is not trackable on the back end of who submitted it unless they share that information with us. So that's something to note as well and that's a really useful tool. We, even as somebody coming in as a third party, we also try to make it anonymous for ourselves because we don't really need to know who shares which comments. That's something to keep in mind for sure as well. We recommend selecting a diverse group of people for the key informant interviews. And so this is something that you can read more about in the assessment guide.

Eve:

But we find that just getting as many perspective as possible helps kind of round out that report like I was talking about earlier. We really see those KIIs as a way to kind of supplement the open ended survey questions and just even just the quantitative data that we collect through the survey. So those KIIs are a great way to just kind of fill in the gaps of what we're seeing in the survey and provide kind of a more a fuller explanation to what folks are thinking. And then finally, we think what's most important to really round out the assessment is to have a dedicated time to present the findings back from the survey and the KIIs, of course, in an anonymous, aggregated way. To present those key findings back and then use that as a chance to kind of facilitate a discussion around solutions.

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Eve:

So there are a number of times in the tools that we do ask members to kind of brainstorm what they would like to see changed or we'll ask things like... We'll ask them to rate their satisfaction with the committee structure and then ask them to share, if you listed yourself as not satisfied, "How would you like to see this improved going forward?" So the tools do give us some important points, essentially starting points for solutions to discuss in these conversations. But once the data is all presented together for folks to see, it becomes a lot easier to launch into those conversations and have really fruitful discussions around recommendations moving forward.

Eve:

So those are some of our initial tips for how to use these tools for your own planning body. So I think I mentioned this previously but the assessment guide and with these tools, as well as details about the process will be available to download off of the IHAP TAC website in the next week or so. And so you all will be receiving an email notification when the tool is available, as well as when the webinar recording and slides are available to view as well. But if you do have any questions at this point before the tool comes out and the recording's made available, of course, feel free to email myself or anyone else from our team. But my email is listed on the screen here at eve@healthhiv.org, so just E-V-E at Health HIV. And I'm happy to answer any questions you have in the meantime. But I want to get us back to the panel because I think we've gotten some really great questions in the Q&A box. So I'll stop sharing my screen and we can discuss those there.

Marissa:

Great. So, Eve, before we get back to our panelists, there's a couple of questions that I think I could knock out a little bit quickly that are directed towards help HIV. So one of the questions from Tanya as she asked was what resources were identified to do the analysis of data collected and was this done through an external partner? And then you also, Tanya, I'm not sure if the participants will see this, but you also asked about the process for the development of the assessment tool. So as we mentioned at the beginning, we piloted this tool for the first time after development in 2019. And actually it was over a year of piloting with different HIV planning bodies and seeing which types of questions and information really garnered the most important information that was actionable, actionable findings that we could then use to develop recommendations.

Marissa:

So that was a collaborative process. Health HIV, JSI, a number of other entities. We were working with the CDC also at the time, as well as HRSA related to the Integrated HIV Prevention Care Planning Guidance. So there's a number of people involved in the initial development of this. And again, then the pilot findings. And we also collected, right at the beginning of this process, we collect a number of different written documentation from each of the planning bodies. And this is something that is detailed in the guide for the tools that if you have an external party, it's really important to have someone review the existing integrated plan, any written practices and procedures, written bylaws, even member application forms, etc.

Marissa:

And I think there's one here that I think might be interesting for the panel, so thank you again, Tanya, for your questions which is, "Is there an ideal time to conduct an assessment, beginning or ending of the

planning cycle?" And I'm just wondering if Darren and Bridget, if you have any thoughts on that. And of course, we can reflect on it. But do you think if others were to do this assessment, would it be better at the beginning and or somewhere in the middle?

Bridget:

So it helped us in the beginning of the year. I mean, you're starting a new year fresh. And so you want to have an idea of how people are feeling, what's happening. And so for us, we got started at the beginning of the year. So that was really helpful. The hard part of the planning priorities and allocations comes in the summertime. So by then you can hopefully get people warmed up and understanding what it is that we're doing and why we're doing it if they're new people. So for us, it was the beginning of the year.

Darren:

And I think for our process, it kind of happened both at the very end and the very beginning. And interesting part about that, if you have a little more time to do assessment, is we were able to capture feedback from members who had been on the council for a while and were rotating off and catch some new reactions from people who are just joining the council. So if you have the luxury of time where you can have a little bit longer of a data collection period, I think that kind of that term... For those of you who have terms and a set time, when you bring in members, doing that kind of right at that turnover of membership can be a really good time to get, again, that seasoned, I think, is the word we like to use. Seasoned experience, seasoned perspective and the unseasoned, the fresh perspective.

David:

I might add that if you have the luxury of time or timing, that you can do it where you can decide if it's going to be done at the beginning or the end then great. But I would just say for most commissions or councils, to do it when you can because sometimes you don't have that luxury but to do it... For us it's been very beneficial and so I would just emphasize that I wouldn't get hung up on the timing. But if you can, just to be able to do it, I think would be very helpful.

Marissa:

Great, thank you. And I think, Darren, you hit a question from Karen about engaging past members too. And I certainly know that you are having to engage some members that were cycling off of terms. And I think that is definitely something that can be done. When we describe key stakeholders, in many cases, it involves individuals who are no longer formal members of the planning body. So I think that's certainly something that you could do, especially if you have a large number of new members and you need insights from those who have participated for longer periods of time.

Marissa:

There's two questions that are kind of similar that I wanted to address from Karen and from [Corissa 01:16:11]. And one was that when we look at the assessment data and the strategies, how are those strategies developed or solutions developed to improve? And are the results shared with the planning body? So as as Darren, Bridget and David know. And Darren, we haven't done the report back in Minnesota, we do schedule time to report back the findings, a summary of the findings to the planning body and engage in the discussion, as Eve mentioned.

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Marissa:

And I think if this is something you're implementing on your own, it's really an important part of the process to share back that data and get reactions. Following that, one thing that we've done that we hope to do with all of our planning bodies that we work with and we encourage others to do in the self assessment process, is look at some of the key areas for improvement that Health HIV pulls out in the final report process or in your final reporting and identify where the priority might be for the next year or the next few months to address that particular area of improvement.

Marissa:

Usually what we're able to do is put forth best practices that we've seen across the country and offer some suggestions and recommendations. But we also incorporate all of the really excellent suggestions and recommendations that the planning body members themselves added to and shared with us during either the report back period or the survey or key informant interviews. So all of that is put into a final report. In the past, we've done anything from helping to develop a work plan to kind of work through some key areas for improvement, shared some follow up tools. And the great thing about partnering with the IHAP TAC and being a part of the IHAP TAC is that there are so many resources available and that IHAP TAC team also delivers individualized TI so we can also then encourage the planning bodies to go to the IHAP TAC for specific, more long term follow up TI if needed.

Marissa:

So those are just two ways, two of the things that I wanted to respond to. I wanted to just ask one last question since we have one minute left. Brian asked, "What kind of tools do you use to educate your members and your constituents on acronyms in planning? And do you have a tool that you use during orientation?" So that's a question to Darren, Bridget and David.

Bridget:

So we created a list of acronyms and I don't know where that list is, but what we do is when people start using the acronyms, we stop them and ask them to please say what it is that they're referring to so that everybody is on the same page and we just take it really slow in that context. But we did compile a couple years ago a list of the acronyms that people could refer to. I haven't seen that in a long time. It's just easier to have people say what they're referring to in the non-acronym form.

David:

I hesitated to respond because like Bridget, I don't recall. What we've done as far as listing acronyms, because it's been a while since I've been through our orientation. But Bridget did make an important point there, we do stop in the middle of our meeting when an acronym is used and ask the people to break it down and explain what it means. So I can't answer the question directly whether we have a list. It may exist somewhere, but it is a good idea.

Darren:

I think we're in a very similar space here. I'm fairly sure we have a list that's given out during the orientation and then maybe periodically after that. We have a very fantastic planning council coordinator and assistant so they make sure those things happen. Similarly, in the meetings, we work to not use acronyms or just explain the acronym the first time. I think in virtual spaces it makes it easier to be

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reminded when you forget because someone just throws the question in the chat, "What are you talking about?" That people may be less comfortable doing in the meeting space. But again, just since we just have a report hot off the press, it's a reminder that even though that's our intent to not use acronyms, we probably are still doing it. So continuing to work to refine systems, both to help people understand the acronym and to be as plain language as possible when we're in meetings.

Bridget:

I know that our consumer caucus compiled a list and it was many pages long, so it's a little bit cumbersome.

Marissa:

Right. Well, on behalf of Health HIV, I know we're out of time so I just want to thank Darren, Bridget and David so much for joining us today and being a part of this process and being excellent partners in this process with us. So we're excited to continue our work through the end of the month with your planning bodies. And we're all so excited to be able to share this resource with as many planning bodies as our interested. So you can contact JSI at lhaptac@jsi.com. Eve also put her information into one of the slides, Eve@healthhiv.org, and she's been taking the lead on the assessment tool, development and implementation. So we're more than happy to field additional questions. We're excited that these tools will be available in the next week to you. And we encourage you, if you're interested to reach out to your planning body leadership and make the request and follow up with Health HIV and JSI if you have further questions. So thank you all again so much and we truly appreciate your engagement in this webinar today.

Eve:

Thank you all so much.