Molly Tasso:

Good afternoon, everyone. We have a pretty full presentation, so we're going to go ahead and get started here at the top of the hour. My name is Molly Tasso. I'm with the IHAP TAC and I want to welcome you and thank you for joining today's webinar, Making the Case with Data. This is the second presentation in our series of webinars and peer learning sessions that is walking you through the new integrated planning guidance section by section and helping prepare jurisdictions, helping you all to prepare your new integrated plans for your 2022 through 2026. So for those of you who might be new to this learning series or to the work of the IHAP TAC, here's a little bit about our project. The IHAP TAC began in 2016, and it provides support for HRSA HAB Ryan White Parts A and B recipients, CDC DHP-funded health department recipients, and their respective HIV planning, bodies conducts national and individualized training and technical assistance and facilitates peer to peer learning and focuses on all stages of integrated planning, including development, implementation and monitoring of integrated HIV prevention and care plans.

Molly Tasso:

As I mentioned earlier, today is the second installment of our learning series which supports jurisdictions in developing their plans. The learning series consists of webinars and peer learning sessions and the purpose of the series is to review and discuss the guidance section by section, highlight jurisdiction efforts, address emerging and ongoing questions and facilitate peer engagement and learning specifically through the peer learning sessions. During those sessions, participants have the opportunity to further connect, share, and discuss challenges and strategies. We understand there is no one size fits all approach to planning and that the process looks different for each jurisdiction. So we're really doing our best to take into consideration the context in which you all are doing this planning, including the rates of HIV diagnosis, geography, and whether or not your jurisdiction is engaged in phase one of the EHE Initiative. You can find more information about the upcoming events, including next Thursday's peer learning sessions on our website, targethiv.org/ihap and we'll be chatting out links to information and links to our website throughout this presentation as well.

Molly Tasso:

So by the end of today's webinar, you all will be able to describe the relationship between section 3 of the integrated plan guidance and CDC and HRSA requirements for conducting a needs assessment. Better understand how to use the HIV Resources Inventory Compiler to support the integrated planning process, identify at least two strategies for successfully conducting a needs assessment and access additional resources to support effective completion of the section 3 requirements.

Molly Tasso:

So just to give you a bit of a roadmap on this presentation, my colleague, Gretchen Weiss and Alissa Caron will provide an overview of section 3 of the guidance and demonstrate IHAP TAC's forthcoming tool, the HIV Resources Inventory Compiler and after that Amy Black and Mikey Davis will present on their work conducting a needs assessment in New Hampshire. And then we'll wrap up with a Q&A and a few announcements. And then in addition, today's live presentation, we've also put together a digital webinar companion guide which provides information and resources to supplement the information covered during today's webinar and the companion guide contains the presenter bios, copies of our slides, some questions for consideration, and then also integrated planning resources. And we're going to go ahead and chat out a link to that resource in the chat box as well.

Molly Tasso:

Throughout today's presentation, please do use the Q&A function in Zoom located along the bottom of your screen and shown here on the slide to ask us any questions that you might have. Today's webinar focus is on the content related to section 3 of the guidance, but please do submit any questions that you might have. We may not be able to answer all of them today, but we will work closely with HRSA and CDC to ensure all questions are addressed and also these questions really help us... They help inform the content for future sessions. So please don't hesitate to ask away.

Molly Tasso:

All right, here you can see the presenters for today's webinar. So we've got Gretchen Weiss and Alissa Caron from the IHAP TAC team and then we're also joined by our JSI colleagues, Amy Black and Mikey Davis, who work with the New Hampshire Department of Health Services on their HIV needs assessment. So before we dive into the content, we have three quick polls that we want to put to you all. So this first poll, were you involved in the 2017 to 2021 integrated planning process? Options, Yes, no and perhaps you can't remember.

Molly Tasso:

So we've got about half, almost 70% of folks have. So it looks like a lot of you are new to what seems like this integrated planning process, we are so happy to have you here. Go ahead and... There we go. So yeah, 72% of you we're not involved in the planning process last go around. We're again so happy that you're here. This next poll here. What is the status of the needs assessment process in your jurisdiction. Just started, about halfway done, we're nearly done. Give folks a few more moments to respond here.

Molly Tasso:

All right. So it looks like most folks have either just started or maybe it's halfway done. 13% of you all are nearly done with it, which is wonderful. Sorry about that. There, I just shared the results, so you can see. So yeah, about 61% have just started and about 25% are about halfway done. And then we have one more question here. Have you identified existing materials to include in your integrated plan submission? And so Yes but you will have to update or modify them, no or you're not quite sure yet. Give folks a few more seconds here.

Molly Tasso:

All right. So it looks like about half of you have or have identified materials, but almost half of you will be planning to update or modify them. And then a large portion of you all are also not quite sure yet. So this is all very interesting, helpful information for us to have. So I'm going to go ahead and hand it over to my colleague now, Gretchen, who's going to be walking us through the stages of integrated planning and getting into today's presentation. Thank you.

Gretchen Weiss:

Great. Thanks so much, Molly and hi everyone. So I just want to begin by acknowledging that integrated planning is an ongoing cycle. Right now, it can be assumed that everyone is very focused stages 1 and 2 of the cycle, but these stages are not necessarily independent of stages 3, 4 and 5, implementation, monitoring and communication and describing how you'll undertake these later parts of the later stages of the integrated planning process are certainly part of the development of your integrated plan, so really thinking about this as a whole cycle. And I wrote down, I think it was 72% of participants today were not part of the integrated planning process back in 2015 and 2016. So my colleague Shaivi is going

to drop a link into the chat to a online course of the IHAP TAC developed about the stages of integrated planning and would highly encourage all of you who are new or who just need a refresher to check out that course. Next slide please.

Gretchen Weiss:

So today, as Molly mentioned, we are focusing on section 3 of the integrated plan guidance. And just to put this in context, section 3 is one of seven sections in the integrated plan guidance. Next slide. And I'm just going to take a very few moments here to provide a bird's eye view of section 3 before passing it off to the other speakers who'll get into more detail about many of these components.

Gretchen Weiss:

So the purpose of section 3 is to analyze qualitative and quantitative data in order to describe how HIV impacts your jurisdiction, including determining the service needs of clients, identifying barriers for clients accessing those services, assessing gaps in the service delivery system, and so really digging into the data to do this. This section addresses legislative requirements for the statewide coordinated statement of need, as well as other CDC and HRSA requirements. And it provides essential information for the situational analysis and goals and objectives section of the integrated plan submission. And I really think of section 2 and 3 being the foundation for the integrated plan, the justification for what you are looking to do over the next five years. Next slide please.

Gretchen Weiss:

So this is an opportunity in section 3, one of the key opportunities to leverage existing materials. It was encouraging to see that it looks like 47% of you, I believe, were planning to use existing materials, but needed to modify or adapt them in order to ensure that they meet the requirements of the integrated plan submission. And that is a really key detail about the ability to use existing materials. It is likely that you will need to update or expand them. So very glad to hear many of you are using existing materials, not replicating but updating where needed. The integrated plan guidance emphasizes promoting a status neutral approach, considering the syndemics of HIV, STI's, viral hepatitis and behavioral health, and working to lessen the impact of social and structural determinants of health.

Gretchen Weiss:

And so the next two bullet points on this slide just emphasize the importance of using data to do this. So setting yourself up for a syndemic approach. Setting yourself up for a status neutral approach in your goals and objectives by building the case with your data in section 3. You're required to include both narrative descriptions as well as graphic depictions of the data in this section and as is true across the integrated planning process, it is absolutely essential to engage and incorporate partners and stakeholders, including people with and experiencing risk for HIV. Next slide please. And so this is my last slide, and we're really putting this up here for the sake of comparison. On the right hand side, you've got the various subsections of section 3 from the 2021 guidance and on the left hand side, we have section 1 of the 2015 guidance. And so particularly for those of you who are not part of the Integrated Plan Development 1.0, we just are showing this for comparison's sake to say that in 2015 the guidance included all elements of the statewide coordinated statement of need and needs assessment in section 1.

Gretchen Weiss:

They're a little bit more spread out in the 2021 guidance, but much of it is within this section 3. So it's not a perfect one for one, but you'll see in the 2015 guidance, the first part was an epidemiologic overview that corresponds almost exactly to the epidemiologic snapshot in the current guidance. And so if you want to get a sense for how the jurisdiction approached this section in its first plan or how you can build on what was developed there would encourage you to check out section 1, but of course, come at it with fresh eyes and really make sure you are sticking to the requirements of the 2021 guidance. So that was very much a bird's eye view and now I'm thrilled to pass it over to my colleague, Alissa, to do a deeper dive into the HIV prevention and care resource inventory section.

Alissa Caron:

Thank you, Gretchen and good afternoon everyone. I'm very excited to share our new tool, the HIV Prevention Care and Treatment Resource Inventory Compiler with you today. I am going to review a few slides about the tool and then share my screen to demonstrate its use. The purpose of the compiler is to support the collection and analysis of information about all HIV resources in the jurisdiction. The tool supports three key actions. The compiler captures information for completing the resources inventory section of the integrated plan submission. It generates an inventory table, which can be downloaded as a PDF and included with the integrated plan submission. And it includes a dashboard with six items to support data analysis. I'm going to go into a bit more detail about each function in the next few slides. Data entry is completed by each primary funding award. Meaning the award that goes directly from the funder to the recipient. Information about subrecipients is captured as part of the data entry process for each primary award.

Alissa Caron:

This is a good opportunity for me to note that the tool is geared towards capturing funding that is awarded through grant mechanisms. We also encourage you to consider strategies for obtaining or estimating expenditures on reimbursable HIV services, such as those covered by Medicaid and Medicare and including them in the tool or otherwise incorporating them in the narrative for this section of the integrated plan submission. Since multiple agencies and organizations within the jurisdiction receive HIV funding, this tool can be shared with multiple users and then combined into one comprehensive version. In just a few minutes, I'll demonstrate what this looks like in practice.

Alissa Caron:

Next slide, please. After all HIV resources are entered and compiled, the tool can generate a formatted table that can be included with the integrative plan submission along with the narrative. It is now optional to submit a formatted table, whereas it was required by the 2017 to 2021 integrative plan guidance. Next slide, please. The tool also includes a dashboard feature which provides a quick snapshot of the data with these six components. I'll say more about this during the demonstration in a moment. Next slide, please. The compiler will be posted on Target HIV along with the video from today's webinar in the next few days. And in the coming weeks, we'll post additional instructional videos. We will make sure that everyone registered for this webinar receives notice when the tool is available. Before starting the demonstration, I'm going to highlight that the use of this compiler is not limited to integrated plan submission. It may be used for other efforts to document, track and analyze HIV resources such as for the Ryan White priority setting and resource allocation processes.

Alissa Caron:

So now I'm going to walk you through the tool. I'm going to click on the file and first have to start by enabling content. The tool has 10 tabs. The first three tabs provide an introduction, instructions and tips and best practices. The data inventory and data entry tabs are the core tabs for data collection. Next are the two database tabs where entered data are stored. The resource inventory tab is where you can view and download a formatted table. And the final tab is the dashboard.

Alissa Caron:

So now let's go back to the beginning and I'm going to transport us to a fictional state that I'm calling the fictional State of Joy. For this demonstration, I'm going to take on the role of Awesome Anita who is the HIV program manager for the State of Joy and the person responsible for the preparation of the HIV resources inventory. So I'll bypass the contact information tab since the file I'm working on will serve as the main version of the tool where all other submitted data will be compiled. I'm going to start on the data inventory tab. The data inventory tab is an important first step to ensure that key information that's needed for data entry is available.

Alissa Caron:

There are two pre-populated tables here that create lists for dropdown menus on the data entry tab. It's very important to review, edit and add to these tables to make sure that they align with the HIV resources in your jurisdiction. So let's look at the funders table first. You'll see that we pre-populated the table with a few key federal funders. This table should include all public and private funders of HIV services in the jurisdiction. To add funders, I click in the first blank row below the pre-populated items and I'll add state appropriations. I'll also add the state office of minority health.

Alissa Caron:

And as I review this list, I see that there's a typo here. So I can double click... Excuse me. Double click to change this to... Sorry, it's not cooperating. I could double click to change that to IHS, but I'll skip that for now. There was a typo. Excuse me. Next, I'll review the services delivered table, which includes Ryan White Core Medical and Support Services and CDC-funded HIV prevention and surveillance activities. First, I can look for any edits to ensure that the terminology is consistent with what we use in the State. I can edit the wording by double clicking on the cell. So I'll scroll down and I'll see syringe services programs and I want to change that to harm reduction because that's what we use in the State of Joy.

Alissa Caron:

I can also add up to 10 additional services in the designated add entry cells by typing over the text. So for example, I'll add LGBTQ health clinic. Now that the data inventory is updated, I'm ready to enter data. I'll go to the data inventory tab. For the purpose of this demonstration, I'm going to enter data for our Ryan White Part B Base Award. There are no required data fields. However, to generate a formatted table, the starred item should be completed.

Alissa Caron:

Starting in section 1, I'll select HRSA from the dropdown menu and then I'll enter the HIV/AIDS Bureau. I'll also enter the name of the funding source. I can then indicate whether this funding source is funded by the Ending the HIV Epidemic or EHE Initiative and this one is not. For the sake of time, I'm not going to complete all of the data entry items, so I'll move on to section 2 which captures more detail about the funding source. So I'll enter the state health department as the organization receiving the funding

source and I'll enter the annual award amount followed by the subrecipients. For this award, we have three subrecipients and I'll enter them one by one, separated by a comma and a space, forgot that.

Alissa Caron:

For the sake of timing, I'm going to skip to the last item in this section, which includes a dropdown menu for the stability of the funding, and I'm going select typically awarded every two to five years. Next, I will select all of the services that are supported by this funding source. So I'm going to select health insurance premium and cost sharing assistance by clicking on the box to the left of the text. And when I click on the box, you'll see that the item text changes to bold and red.

Alissa Caron:

I also scroll through and want to select medical case management, but oops, by accident, I select hospice, which wasn't what I wanted. So I can clear the selection by checking this hospice check box again, and then selecting the item that I want. The last few items in this section allow me to indicate which of the HIV care continuum steps and EHE strategies are impacted by this funding source by putting an X in the corresponding cells. And so I'll just add a few engagement or retention in care for the HIV care continuum and treat for the EHE strategies. I can also add additional details about this award, such as how it is coordinated with other funding sources, which part of the workforce is supported and any other important information about strengths or gaps in the funding.

Alissa Caron:

Lastly, in section 3, I have the option to include details about each of the subrecipients for this award. For example, one of our subrecipients for our Ryan White Part B Base Award is Safe Community Counseling. So I can continue on here with some more information such as the amount of funding that they receive under this award, the services they deliver and the priority populations they serve. I can also indicate which of the HIV care continuum steps and EHE strategies are impacted by the service. And I can include additional details about this particular sub-recipient here, just as I did above for the funding source.

Alissa Caron:

I have prepared a fully completed version of this spreadsheet which I'll navigate to now and once I've entered all the data about the Ryan White Part B Base Award, I can click to submit the data and you'll see that the form is cleared and saved and the data are saved in these two funding databases, which we will come back to in a minute. Here, you'll see the Part B Base Award that I just entered data on and you'll also see The state's HIV CDC Prevention and Surveillance Award that I entered data on previously. So, that is data entry.

Alissa Caron:

Now I will demonstrate data compilation. So in this scenario, as remember I, Awesome Anita disseminated the tool to other agencies and organizations in the state to complete for their primary HIV funding awards that they receive. For example, I sent this tool to Brave Brian at the Wonderful Community Center, which is also called WCC, to complete for their Ryan White Part C and Part D Awards and for their CDC prevention grant. So let's see what Brave Brian sent me. Now, I'm opening up the worksheet that Brave Brian sent me, and you'll see here that he completed the contact information tab for himself and for Wonderful Community Center.

Alissa Caron:

Now I'm going to go to the funding source database where I'm going to find the two Ryan White and one CDC grant that I asked him to complete the data for. And I also see a fourth grant from the Building Joy Foundation. I wasn't aware that Wonderful Community Center receives an award from the Building Joy Foundation for HIV services, so it was not included in the inventory that I sent to Brian, but as I instructed him, when he returned the file, he let me know that he added this funding source in order to provide a completed file on all of the community center's HIV funding.

Alissa Caron:

Please note that WCC is also a Part A subrecipient, however, they have not included their Part A funding in this spreadsheet, because it is not a primary award of the WCC. To add WCC's data into the primary data file, I can click on any cell in this database, and click control A which selects all of the rows of data, excluding the headers, then I right click to copy the data and open up my primary data file where I go to the funding source database and then I right click to paste the values.

Alissa Caron:

Next, I'm going to repeat the process for subrecipients. So I'm going to go back to the spreadsheet from Brave Brian and open the subrecipient database. When I open it, I see that there aren't any subrecipients listed here. So if there were, I would repeat this process, the same process of selecting the data, copying it and pasting it into my primary file. But since there aren't any subrecipients that Brian shared with me, we are finished with this step for now. So for this demonstration, I'm going to assume that this completes the data collection process for all HIV resources in the State of Joy.

Alissa Caron:

So now let's look at the two databases. The first database, the funding source database, captures all the data that was collected for sections 1 and 2 of the data entry form. So you'll see here data on the Part B Award that I entered, the CDC Prevention Award that I entered earlier and the four funding sources that Brian from WCC sent to me. The second database captures all of the data about subrecipients. So here I see three rows of data about subrecipients for the CDC HIV Prevention Award and three for the Part B Base Award.

Alissa Caron:

I can review the databases and look for any errors. For example, I notice that this subrecipient is not spelled correctly in the database, so I can double click and change this to Safe Community Counseling instead of Safe Communities Counseling. You'll see when we look at the database that inconsistent spelling can impact functionality, so this is an important step to check over the databases. You'll also see that there's a row of null data at the top of the databases. Null data is a placeholder for the database functionality. The rows that have null value should not be deleted from the tool. They will not be included in the table that I'll show you in a moment and they won't impact the dashboard either.

Alissa Caron:

So I will now show you how to generate the formatted table, which includes all the starred items from the data entry form, which are among the elements required for this section of the integrated plan. I can export the table in PDF format with either the components of the HIV care continuum or the EHE strategies impacted by the funding. And you'll see here that there is already data on the CDC HIV prevention grant, because I had entered it at an earlier time.

Alissa Caron:

So to generate the table, I will start by clicking update table and that will make that all the data that I have entered so far in the databases is included. And you can see it here. I will then select PDF with EHE strategies and save it to my desktop, and then the PDF will be generated. And here it is.

Alissa Caron:

So we now come to the final part of the tool, which is the dashboard. First, I'm going to click to refresh the dashboard just like I did with the table and that will integrate all of the data that has been entered in the databases. The first four items in the dashboard present the cumulative funding data in a few different ways. First, that is the total funding by funder. The next is the percentage of total funding by funder. The third is the proportion of funding allocated through the EHE Initiative, and note here that none of the mock data we showed was EHE funding, so you'll see that there isn't any showing in this pie chart, but it would if we had designated it as so. And the fourth is the total stability of funding by funder. I can copy and paste these figures into other materials, such as the integrated plan submission itself or other presentations to planning groups.

Alissa Caron:

The subrecipient detail section displays all of the information I've entered about subrecipients, which is helpful for looking across what could potentially be multiple sub awards from different funding sources to the same agency. I can use the slicer on the left to filter which subrecipient I like to see. So let's select safe community counseling and here you'll see all of the data that Safe Community Counseling receives from the various funding sources, which are two in this case. The last element in the dashboard pulls all of the data that has been added to the two additional details sections. On the left I see the additional details about particular funding sources and on the right I see additional details that have been entered about subrecipients.

Alissa Caron:

In addition to reviewing this information from the dashboard, you may consider copying and pasting some of these details into your integrated plan submission or pulling the data out for other purposes. And there you have it. We hope you'll find this tool useful for your integrative planning process, as well as other use cases. In the peer learning session next Thursday, we will have a breakout room for those who want to ask questions about the tool. If you haven't registered yet, we're going to drop a link to do so in the chat. Additionally, you can also submit questions to us via our email address, ihaptac@jsi.com. I want to thank everyone who has reviewed and provided input on the tool, including recipients, HRSA and the CDC. And now I will pass it along to my colleagues, Amy and Mikey to talk about the New Hampshire needs assessment approach.

Mikey Davis:

Great. Thank you, Alissa and Awesome Anita as well for such an amazing tool. Thank you to IHAP too for inviting us to present on today's webinar. My name is Mikey Davis and I am a consultant at JSI. I'm also joined by I colleague today, Dr. Amy Black, who is a senior consultant at JSI and we're going to discuss our work with the New Hampshire Department of Health and Human Services, Division of Public Health Services to conduct the statewide coordinated statement of need, which for the remainder of this presentation will just be referring to as the needs assessment for short.

Mikey Davis:

Next slide. Thanks. First, I'd just like to start off with an overview of the three components we used to inform how we approached the needs assessment. As some of you already know, the statewide coordinated statement of need is a legislative requirement for Ryan White Part B grantees. The information collected is used to assist with planning and resource allocation of HIV related services based on gaps and barriers. So the first component, and Gretchen also went over a little bit of this, so this is all maybe just a refresher, but the first component is the Epi profile, which is used to determine trends in the HIV epidemic. Second is the needs assessment survey to assess gaps and barriers that make it challenging for people living with HIV to access services and care. And third is the provider capacity profile based on responses to the statewide provider survey and resource inventory.

Mikey Davis:

Next slide. Just to provide you all with some context, at the end of 2020, around 1,400 people were living with HIV in the state of New Hampshire. Just under half included people living with an AIDS diagnosis and over the last decade, the state has seen a total of 363 new cases of HIV infection. As indicated on the map on the left here, most people living with HIV reside in the more densely populated southeastern part of the state, which primarily shares a border with Massachusetts and it's also a part of the Boston EMA. A little over half of people living with HIV in New Hampshire are eligible and received services through the New Hampshire Care Program, which is the state's Ryan White Part B program.

Mikey Davis:

Next slide. Next, I'd like to discuss the needs assessment survey. So our process for developing the survey began in 2020 with several planning discussions involving the Division of Public Health Services, the New Hampshire HIV Planning Group, and other key stakeholders and community members. However, in March 2020 with the COVID 19 pandemic impacting many clinics and causing local and state health departments to shift their focus, we needed to pause the survey implementation and take a look at revising some of our methodology in response to all of that. So in response to many local aid service organizations and clinics being closed, we pivoted to making the survey primarily accessible online and also offered a $25 e-gift card incentive as a way to try to limit any in person contact as much as we could.

Mikey Davis:

However, we also recognize that although the online survey format would be more accessible for some, at the same time, it would also create barriers for others, particularly those who might not have access to internet, access to a computer or a smartphone and for those who possibly were further isolated due to public spaces and services being closed, such as libraries, where they may have likely been able to access the survey pre COVID. We made additional efforts to make the survey accessible by paper form, and also by mail to ensure that we are including as many folks as we could.

Mikey Davis:

In addition to the logistics of implementing the survey, we also acknowledge that representation matters. So we were intentional with our promotional recruitment flyers and communications. You can see a few examples of these on the right, all these are in English, but the flyers and the survey itself were also made available in other languages, including Haitian Creole, Spanish and Swahili. We eventually were able to implement the survey in January 2021 and closed in March. Although a year out from the initial start point, our team at JSI and the New Hampshire Division of Public Health Services, as well as the other stakeholders involved in the planning and implementation of the survey wanted to be

as intentional as we could with our recruitment process and to make sure we were approaching this as an opportunity you to hear from as many folks as we could, especially given such a turbulent year for many.

Mikey Davis:

In total, we received 120 survey responses. So by comparison, in 2013, when the needs assessment was last conducted, we received 64 responses. So while we can't say what one thing caused such a significant increase in our responses, our observation is that switching to a mostly virtual platform for data collection with a combination of more intentional recruitment and promotion were possibly a combination of likely reasons our sample nearly doubled. The added benefit of the online survey is that folks didn't have to travel or go in person to their case managers in order to complete the survey which would've been done... Which was the traditional method of how the needs assessment was conducted in the past, and also to receive the gift card incentive, they would've had to go in person too.

Mikey Davis:

Next slide. Next, I'll just briefly touch on our approach for the resource inventory capacity profile. The survey was conducted between August and October 2021. We used a single survey to collect data regarding the resources and funding, as well as the service capacity for providers in state. The survey was also primarily conducted via online survey, and we found that the response rate was slightly lower compared to the 2013 needs assessment and responses were a little bit slower to come in. However, we were able to increase our responses by working with New Hampshire DHHS to conduct more individualized outreach to service providers and making that direct ask for them to complete the survey.

Mikey Davis:

So you can see some of the results of the survey detailed here are on this slide. Most providers who responded to receive funding through Ryan White with other funding sources coming from the state through program and service fees and then other federal funding services like SAMHSA and HUD. More than 65% provide testing and prevention services for HIV, STI's and HCV and around the same percent provide care and treatment services.

Mikey Davis:

Next slide. All right, now I'll hand it over to Amy to discuss our approach to data analysis and interpretation. Amy, I think you might be on mute.

Amy Black:

Boy, that's what I get for having two screens. I'm so sorry. Let me start over. So before anything else, I just want to just ground us in our approach. In order to honor the lived experiences of people living with HIV, we consistently reflected on how not only the recruitment strategy and the implementation of the assessment, we also wanted to think about how we would interpret and share the results as their experiences are central to any needs assessment, we wouldn't have the needs assessment if it weren't for their experiences.

Amy Black:

So we wanted to make sure that we accurately presented what we were finding so that people living with HIV and AIDS have the access to necessary resources and care. As we found through about this process, it's super easy to get lost in the logistics, so like I said, we would check in with the department

of health and we would check in with each other consistently to make sure that we weren't missing something that there was, even if it was a small amount, of folks saying something that we weren't discounting it because the numbers were small, the numbers are small in New Hampshire to begin with.

Amy Black:

So in addition from the beginning, we designed the needs assessment in the context of the COVID 19 pandemic, as Mikey's already said, and we knew that we were going to have to complete the bulk of the needs assessment virtually as Mikey already described. In previous years, this was not the case and in fact, we found that a really strong on recruitment strategy is through the case managers. We also wanted to make sure when we're thinking about the experiences that consumers were going through during this time, that incentives were quick and easy to access. So in terms of the results, when we were looking at the results, and I should just add, one of the areas where we had to put on hold was around focus groups and in person engagement with consumers. So when we were looking at the results, we held several meetings to engage the New Hampshire Department of Health and the purpose of those meetings were to gather input into the findings as well as collaboratively develop the recommendations.

Amy Black:

The first meeting that we held was at the New Hampshire HIV Advisory Planning Group. This includes providers and case managers mostly, but also it is designed to include consumers. We also discussed the findings within the context of the previous needs assessment and recommendations. So some of the questions that we asked, were the previous recommendations feasible, were you able to implement them and are they still relevant today? And so working with these stakeholders, we developed a list of recommendations and we're going to continue to be working with the New Hampshire Department of Health and the New Hampshire Planning Group to develop the 2022 integrated plan.

Amy Black:

So I just want to share with you, before I close, two key takeaways. Like so many of our best laid plans, like all of us, we had to adjust our expectations about consumer engagement. Ideally we would've held focus groups with people living with HIV to delve deeper into some of the findings from the survey and explore additional themes, particularly those one or two things that popped up and were only a few people, that was the goal of the focus groups. And also we wanted to give an opportunity for people living with HIV in New Hampshire, just to tell us how they were feeling, what their experiences were, what we could do to improve their experiences and what was working well.

Amy Black:

So at that time we tried multiple strategies for recruitment, but ultimately we determined that focus groups and individual interviews were not that feasible. And the feedback that we received from case managers was really around the technology, but it was also that there was just so many other things that were taking precedent at that time. We're also unable to present the findings to consumers outside of the planning group, so going forward, consumer engagement strategies are going to be a particular focus. Finally, regardless of some of these challenges, we just want to make it clear that ongoing collaboration with the New Hampshire Department Health and the planning group has started us on a strong foundation for our needs assessment integrated planning processes going forward. So with that, we can take any more questions that you might have.

Molly Tasso:

Great. Excuse me. Thank you so much, Mikey and Amy and Gretchen and Alissa. So we've gotten a few question through the chat, but we also... Please, we have a few minutes before we need to wrap up. So please do submit any questions that you might have. Excuse me. While we take a look at the few questions we've gotten in, I also... Julie, if you want to go to the next slide. I'll talk us through the upcoming events that we have. So the peer learning session for this topic is being held next Thursday, February 24th, from 2:00 to 3:00 and the next webinar presentation is scheduled for March 22nd and that is going to be focused on the situational analysis component, requirements of the integrated plan and we will be joined by our colleagues from or our partners from NASTAD for that presentation.

Molly Tasso:

And as a reminder, the peer learning sessions, that is a sort of unstructured time, there will be slide presentation. It's really an opportunity for you all to connect and to discuss together, sort of loosely facilitated by us, topics that you want to all discuss related to the needs assessment and the data pieces of the integrated plan.

Molly Tasso:

So quick question for Amy and Mikey, what type of survey platform did you use?

Amy Black:

I don't know if Mikey's jumping in there, but we used Alchemer, which used to be referred to as SurveyMonkey. Mikey, I don't know if you want to go into details on[crosstalk 00:51:34]-

Mikey Davis:

Yeah. So for the survey we used Alchemer and also for the e-gift card incentive, we used a platform called Ribbon, which was extremely helpful. If anyone's thinking of like transitioning their incentives more to online or virtual methods, it's pretty helpful. We didn't have to collect any information, it's collected from the third party, so there's additional information, you'll have to go through regarding privacy concerns, which we had clearance with. But yeah, it's an extremely helpful platform if you're looking to switch to more virtual incentives for any purpose.

Molly Tasso:

Great. Thank you. We have a couple questions related to the new tool that Alissa walked us through. So first we received a question around whether the tool can be used to enter data on resources related to STI, substance use disorder and viral hepatitis. So for folks who are developing a syndemic plan. And so the question is, can they add those resources into this tool as well?

Alissa Caron:

And the answer is, yes. You can enter data on any funding source into the tool. There's no limit on the number of funding source you enter. You could also add new service types up to 10, if you don't see the type of work that you're doing in the jurisdiction reflected in our pre-populated list and you can also edit the wording of the services that are there. So it's very customizable and we hope it will support preparation of a syndemic plan as we move forward.

Molly Tasso:

Great. Thank you. And Alissa, if you want to stay on. So another question, is it possible for information to be collected independently and one person, for example, at the state health department or does all the data entry... Sorry, let me start that over or Alissa, do you want to frame that question in your answer a little bit more succinctly[crosstalk 00:53:55]thank you.

Alissa Caron:

Yes. I think the question is about data entry and data compilation roles. So yes, one person can be designated to enter all the data or the data entry can be designated among multiple folks and one person can do the data compilation. But there are many different options. Also, if it's burdensome to manage the files, it's possible to actually integrate data from others and... I'm trying to think of the easiest way to explain this. It's possible to share files in a way that one person is essentially managing the data entry. So we've tried to make the roles clear and as least burdensome as possible. Another question is, will we get a copy of the tool? Yes. So we will be posting the tool to Target HIV in the next few days. And as I mentioned, once it's live, we will reach out to everyone who registered for today's webinar with a link to the tool, as well as to the recording of the video from today where I did the walkthrough.

Molly Tasso:

Great. Thank you so much. Just taking a look at the questions here. Okay. Amy and Mikey, I'm wondering if you can speak at all to anything you know about the funding stream used to provide the incentives for survey participants?

Mikey Davis:

Yeah. I can speak a little bit to that. So it was through our contract with DHHS, so that's how we were able to fund some of the gift card incentives. But again, I would just reiterate for using the gift card incentive, if you were to go through Ribbon, we had IRB approval for ours, so I would just encourage anyone if they're using that. Another technicality was, if you have to collect information for that, we allowed clients to go through their case managers if they didn't feel comfortable providing information, so that was one other way that we got around that a little bit in order to offer the gift card incentive.

Molly Tasso:

Great. Thank you, Mikey. The questions have slowed down. We've everything really that we've gotten in here. Give us one second. Stewart, I'm wondering if you want to address this next question. Question being, can we write that we will continue to assess annually the needs among consumers in addition to anything that can be pulled together for the plan?

Stewart:

Yes. Thank you, Molly. I think it's absolutely fine to talk about the intention to continue to collect data, needs assessment data. It's not always easy to do everything in one fell swoop and I think the idea of continuous collection, I'm not saying everyone needs to do that, but I think if, for example, your needs assessment identifies a population that you are not as aware of as being impacted by HIV, you may want to do a follow-up the next year and look at that community in greater detail. So I certainly think that type of ongoing needs assessment activity makes sense. And I would think you should mention that in the plan, if that's something you're going to do to continue your needs assessment activity. Thanks.

Molly Tasso:

Great. Thank you, Stewart. So we are going to go ahead and wrap up here. Again on the screen here, you can see the information for the peer learning session which is next Thursday as well as the situational analysis webinar, which is being conducted on March 22nd. You can register and find additional details for those events in the link that Shaivi just chatted in the chat box and I believe there's also links in the companion guide that was sent out as well. And then more broadly, we understand that integrated planning can feel a bit daunting but we are here to help and so if you are new to this process or would like a refresher, again, we encourage you to start with our introductory online course, the module which provides an introduction to HIV prevention and care planning. And if you aren't necessarily sure where to start or what you might need, we encourage you to visit our websites, to subscribe to our mailing list, review the resources and tools that we have available and also request tailored technical assistance.

Molly Tasso:

And again, you can access all the information on our website on targethiv.org/ihap and you can also please feel free to reach out to us directly on ihaptac@jsi.com, which is there on the slide for you to jot down as well. So thank you so much for joining us today and to our wonderful presenters, please do take a moment to fill out the evaluation that will pop up once the webinar ends. And again, please do not hesitate to reach out if you have any questions or if there's anything that we can help you with and be on the lookout for that inventory compiler resource to be released soon. So with that, thank you so much and have a great afternoon.