



**INTEGRATED  
HIV/AIDS  
PLANNING**  
TA CENTER

**MARCH 22, 2022**

## **SITUATIONAL ANALYSIS: PULLING IT ALL TOGETHER**

**DIGITAL WEBINAR COMPANION GUIDE**

# INTRODUCTION

This webinar companion guide offers attendees a resource to supplement the information covered during the webinar and extend the webinar's benefits beyond the allotted presentation time. It contains:

- [Presenter bios](#)
- [Presentation slides](#)
- [Prompts for additional discussion](#)
- [Integrated planning resources](#)

State and local jurisdictions across the country are working on their response to the [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026](#). The IHAP TAC is hosting a webinar and peer learning series to support these efforts. The third webinar in our series, Situational Analysis: Pulling it All Together, focuses on Section IV of the Integrated Plan Guidance - the Situational Analysis. During the webinar, guest speakers from NASTAD will review the Situational Analysis requirements and share lessons learned from jurisdictions that developed a Situational Analysis for their Ending the HIV Epidemic in the U.S. (EHE) Plans. Participants will also hear from a jurisdictional guest speaker who will share his experiences and discuss plans for leveraging the EHE Situational Analysis for his jurisdiction's Integrated Plan.

By the end of this webinar, participants will be able to:

- Describe what the Situational Analysis section is intended to capture
- Identify at least two strategies to successfully completing the Situational Analysis section
- Describe approaches to leveraging the Situational Analysis submitted as part of the EHE Plan
- Describe the difference between the Situational Analysis and Epidemiologic Snapshot

## PRESENTER BIOS



### **Krupa Mehta**

Krupa Mehta (she/her/hers) is a manager on the Prevention team. Krupa provides technical assistance (TA) and training to Ending the HIV Epidemic (EHE) Phase 1 Jurisdictions on EHE plan implementation through monthly peer-to-peer calls; the TelePrEP Learning Collaborative; NASTAD's Online Technical Assistance Platform (OnTAP), and through webinars and TA meetings on various topics. Prior to NASTAD, Krupa worked for a state health department providing support to local STI programs. She has 14+ years of experience working in HIV prevention and care. She has an M.P.H. from the University of Maryland, College Park. She works remotely from Baltimore, Maryland.

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### **Graham Harriman**

Graham Harriman (he/him/his) is a long-term survivor of HIV, the Director of the HIV Health and Human Services Planning Council of New York at the New York City Department of Health and Mental Hygiene and the Vice Chair of the CAEAR Coalition. Graham's work in the field of HIV began 30 years ago as a coordinator of a wellness program for PLWH then as a mental health therapist in an integrated medical clinic serving low income People with HIV (PWH) in the 90's, he has worked in public health for the past 15 years. His current work interests include supporting harm reduction services for persons who use Meth, addressing the need of older people with HIV, and using implementation science to inform NYC services for PWH.



# Situational Analysis: Pulling It All Together

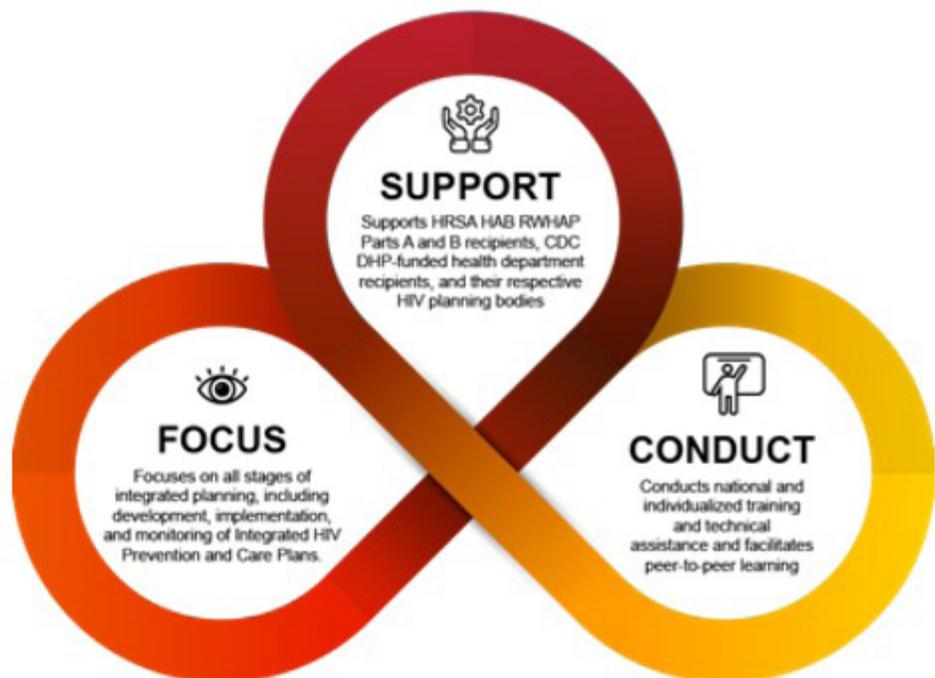
March 22, 2022  
3:00 - 4:00 pm EST



**INTEGRATED HIV/AIDS PLANNING**  
TECHNICAL ASSISTANCE CENTER



## About the Integrated HIV/AIDS Planning Technical Assistance Center



## Webinar and peer learning series - Month #3!

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### Integrated planning webinar and peer learning series goals

- Review and discuss the guidance section by section
- Highlight jurisdictional efforts
- Address emerging and ongoing questions
- Facilitate peer engagement and learning

### More information available at [TargetHIV.org/ihap](https://TargetHIV.org/ihap)

- Participation in the webinar is *not* required for the peer learning session

## Today's objectives

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### By the end of the webinar, participants will be able to:

- Describe what the Situational Analysis section is intended to capture
- Identify at least two strategies to successfully completing the Situational Analysis section
- Describe approaches to leveraging the Situational Analysis submitted as part of the EHE Plan
- Describe the difference between the Situational Analysis and Epidemiologic Snapshot

## Agenda

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- Section IV overview
- Comparison of the Situational Analysis sections for Integrated and EHE Plans
- Jurisdictional presentation – the view from New York
- Q&A
- Announcements
  - Upcoming IHAP TAC events
  - Integrated planning resources

## Have a question?

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**Have a question for one of the presenters? Please use the Q&A feature.**

Click on "Q&A" located  
along the bottom of your  
screen



## **Poll #1**

**Were you involved in the  
CY 2017-2021 integrated  
planning process?**



## **Poll #2**

**For those working in EHE  
jurisdictions, did you  
participate in the  
development of the  
Situational Analysis  
section for the EHE Plan?**

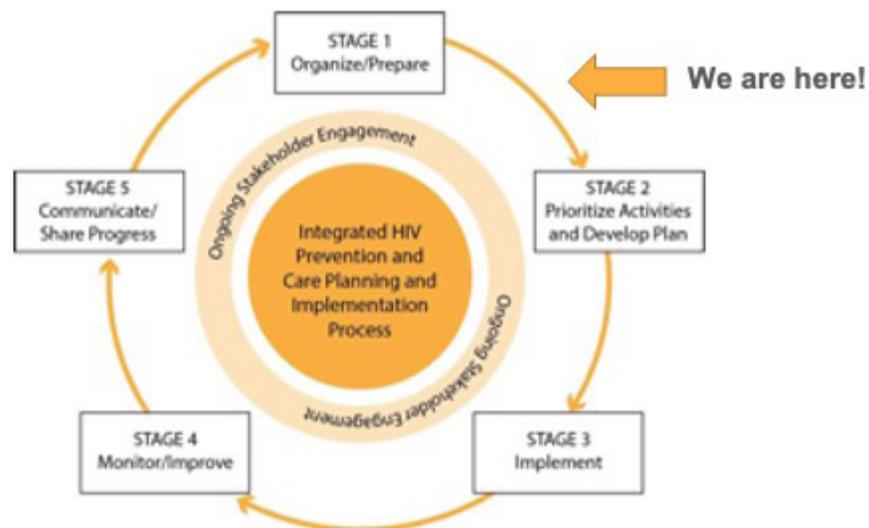


# Poll #3

For those in jurisdictions with EHE plans, are you using the Situational Analysis from your EHE Plan to help meet the Integrated Plan requirement?



## Stages of integrated planning



## **Integrated Plan Guidance at-a-glance**

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- I. Executive Summary of the Integrated Plan and SCSN
- II. Community Engagement and Planning Process
- III. Contributing Data Sets and Assessments
- IV. Situational Analysis**
- V. Goals and Objectives
- VI. Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up
- VII. Letters of Concurrence

## **Recapping key themes from the series to date**

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- Ongoing questions and discussion about using NHAS goals or EHE strategies to organize 2022-2026 Goals and Objectives
- How and to what extent to collaborate and coordinate with other jurisdictions
- Different degrees of taking a syndemic approach to the integrated planning process
- Strategies for community engagement
- Monitoring and evaluating the plan after submission
- Many of you are new to integrated planning!

## Epidemiologic snapshot requirement

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- Sub-section of Integrated Plan Guidance, Section III: Contributing Data Sets and Assessments
  - Snapshot summary of the most current epidemiologic profile for the jurisdiction, including trends for the most recent 5 years
  - Must include graphic of HIV care continuum
  - Highlight key descriptors of people diagnosed with HIV and experiencing risk for HIV
  - Describe any identified HIV clusters
  - Priority populations should be highlighted
- Similar to the Epidemiologic Overview section of the 2015 Integrated Plan Guidance, and a key component of the SCSN/Needs Assessment

## Additional resources for the epi snapshot

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- Integrated Plan Guidance, Appendix 4 includes suggested data resources to assist with the development of the Epidemiologic Snapshot, including:
  - [\*Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and Ryan White HIV/AIDS Programs Planning \(August 2014\)\*](#)
- [CDC PS19-1906 Component B Program Guidance](#) for EHE Plans includes a description for the Epidemiologic Profile section, which states that:
  - *“The snapshot should serve the same purpose as the full epidemiologic profile, yet constitutes a much less burdensome document for a jurisdiction to generate.”*

## Epi snapshot: a key planning input!

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- For both Integrated Plans and EHE Plans:
  - The epidemiologic snapshot is an important planning tool.
  - It should be shared with local planning bodies and partners.
  - It should inform the situational analysis and the goals/objectives.

**INTEGRATED HIV/AIDS PLANNING**  
TECHNICAL ASSISTANCE CENTER

## Speakers

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**Krupa Mehta**  
(she/her/hers)

Manager, Prevention, NASTAD



**Graham Harriman**  
(he/him/his)

Director of the HIV Health and Human Services  
Planning Council of New York at the New York City  
Department of Health and Mental Hygiene the  
Prevention team

# Situational Analysis for Integrated Planning

March 22, 2022

**Krupa Mehta, MPH**

Manager, Prevention



## About NASTAD

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**WHO:** A leading non-partisan non-profit association that represents public health officials who administer HIV and hepatitis programs in the U.S.

**WHERE:** All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.

**HOW:** Interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments.

## Our Mission And Vision

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**MISSION:** NASTAD's mission is to advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health and leveraging community partnerships.

**VISION:** NASTAD's vision is a world committed to ending HIV/AIDS, viral hepatitis, and intersecting epidemics.

## Integrated Planning TA

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- ❓ The JSI-led IHAP TAC provides technical assistance (TA) to support Ryan White HIV/AIDS Program Parts A and B recipients, CDC DHP-funded recipients, and their HIV planning bodies on all aspects of integrated planning
- ❓ NASTAD provides TA to Phase 1 EHE jurisdictions

## Situational Analysis Overview

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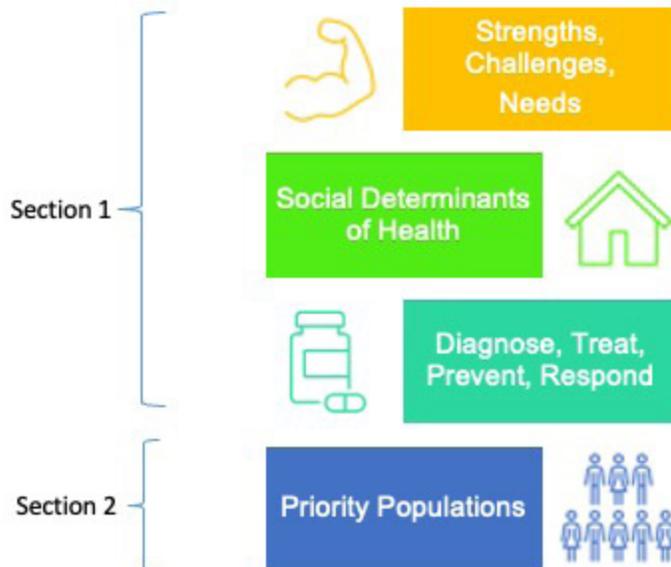
- ❓ Snapshot of strengths, challenges, and identified needs of HIV prevention and care activities
  
- ❓ Synthesizes information from the following two sections of the Integrated Plan Guidance:
  - ❓ Section II - Community Engagement and Planning Process
  - ❓ Section III - Contributing Data sets and Assessments

## Situational Analysis Overview

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- ❓ Existing material may be used, including the Situational Analysis submitted for the EHE Plan.
  - ❓ *As long as it is updated to include information for the entire HIV prevention and care system in the jurisdiction associated with the Integrated Plan submission*
  
- ❓ Meets the RWHAP legislative requirement for the SCSN.
  
- ❓ Lays the groundwork for the proposed strategies included in Section V: 2022-2026 Goals and Objectives

## Situational Analysis: At-A-Glance



## Situational Analysis for EHE Plan

**Purpose:**

To better understand the local context of HIV prevention and care.

CDC PS19-1906 Component B

**Program Guidance:**

<https://www.cdc.gov/hiv/pdf/funding/announcements/ps19-1906/cdc-hiv-PS19-1906-component-B-program-guidance.pdf>



## 19-1906 Component B Guidance

- ✓ Identify strengths, challenges, gaps/opportunities, barriers
- ✓ Synthesize local epidemiological data, community engagement efforts
- ✓ Needs assessment
- ✓ Informed by and include feedback from federal, state and locally funded partners and previous plans (“Getting to Zero”, “Fast Track City”, etc.)
- ✓ Social determinants of health
- ✓ Engaging new voices and new partners
- ✓ Organized by 4 pillars
- ✓ 10 pages



## What’s in the Situational Analysis?

Component	EHE Plan	Integrated Plan
Strengths	✓	✓
Challenges	✓	✓
Needs assessment	✓	Included in Section III
4 pillars	✓	✓
Social determinants of health	✓	✓
Priority populations	Not a specific sub-section	✓
New voices, new partners	✓	✓
Synthesis of data and community engagement efforts	✓	✓
Page limit	10	Not Applicable

# Thank You!

## Contact Information

Krupa Mehta: [kmehta@nastad.org](mailto:kmehta@nastad.org)

Angela Johnson: [ajohnson@nastad.org](mailto:ajohnson@nastad.org)

## NY State Integrated Plan

Bureau of Hepatitis, HIV, and Sexually Transmitted Infections

*Envisioning a New York City without transmission or illness related to viral hepatitis, HIV, and sexually transmitted infections.*

## Outline

- Background
- New York State Plan to End the Epidemic
- New York City 2020 Ending the HIV Epidemic Plan-
  - Epi Profile and Situational Analysis
  - NYC EHE Plan Highlights
- Gaps in Plan
- NYS Integrated Plan Timeline and Process
- Discussion



# Planning for the NYS HIV Integrated Prevention and Care Plan

2022-2026



# Integrated Prevention and Care Plan

The Integrated Plan Guidance for CY 2022-2026 is the second five-year planning guidance, developed by CDC and HRSA.

- **Builds on the first iteration of the Integrated Plan Guidance**
- **Allows each jurisdiction to**
  - **Develop new goals and objectives** that align public and private sectors to leverage strengths from the last five years
  - Add or revise services to **address local health inequities that may remain**

HRSA and CDC recognize that many jurisdictions have established and implemented extended planning processes as part of other local initiatives including but not limited to EHE funding, Fast Track Cities, locally funded Getting to Zero initiatives, or Cluster and Outbreak Detection and Response Plans. To minimize burden and align planning processes, **the jurisdiction may submit portions of these plans to satisfy the Integrated Plan Guidance requirements.**



## Existing Plans

“The new written plan should not redevelop existing products such as epidemiologic profiles, if these products are current and up-to-date. Existing versions of these documents may be updated or modified if needed for the current integrated planning process.”



## Plan to End the Epidemic

In June 2014, New York State (NYS) announced a three-point plan to end the AIDS epidemic in NYS

The three points highlighted in the plan are:



Identify persons with HIV who remain undiagnosed and get them linked to care.



Link and retain persons diagnosed with HIV in health care to maximize viral suppression.



Increase access to Pre-Exposure Prophylaxis (PrEP) for persons who are HIV negative.



## The ETE Blueprint

NYS' plan called for the creation of an ETE Task Force, charged with advising the NYS Department of Health (NYSDOH) on strategies to achieve the goals outlined in the three-point plan by the end of 2020.

[health.ny.gov/endingtheepidemic](http://health.ny.gov/endingtheepidemic)

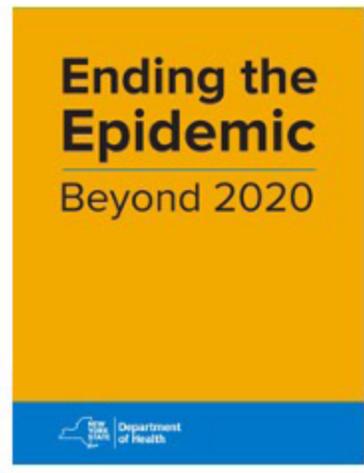


## ETE Beyond 2020

In 2020, the AIDS Institute implemented activities with stakeholders across NYS to identify current needs and increased areas of focus for ETE efforts beyond 2020.

The findings are outlined in the ETE Beyond 2020 Addendum Report.

[health.ny.gov/endingtheepidemic](https://health.ny.gov/endingtheepidemic)



## ETE Beyond 2020



Health Disparities



Health Equity



Trauma Informed  
Care



COVID-19 Impact

*Each jurisdiction should create Integrated Plans that address four goals:*

- Prevent new HIV infections*
- Improve HIV-related health outcomes for people with HIV*
- Reduce HIV-related disparities and health inequities*
- Achieve integrated, coordinated efforts that address the HIV Epidemic among all partners and stakeholders*



## COVID-19 Impact

COVID-19 remains an emerging issue for NYS residents. New Yorkers are currently experiencing, or at risk for, one or more of the following COVID-19-related impacts:



- **Increased isolation**
- **Lack of routine HIV, hepatitis C and STI testing**
- **Misinformation, mask-wearing politicism**
- **Fear of ineffective treatments**
- **Mistrust of the vaccine**
- **Mental health issues**
- **Job loss**
- **Lack of technology proficiency and capability (i.e., telehealth)**
- **Poor medication adherence**
- **Lack of access to equitable care services' practicing prevention strategies**



## New York City 2020 Ending the HIV Epidemic Plan

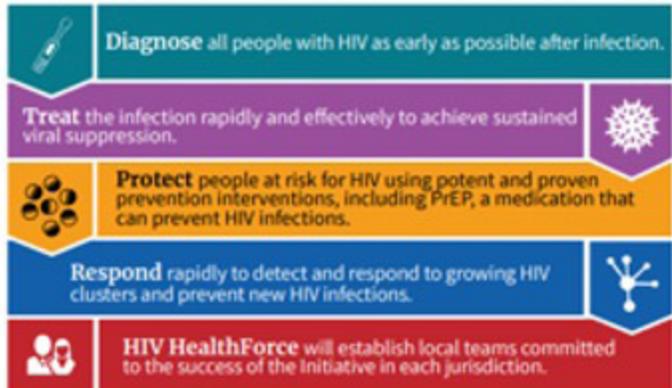
## Ending the HIV Epidemic in the U.S.

In February 2019, the U.S. Department of Health and Human Services announced the **Ending the HIV Epidemic in the U.S. (EHE)**, a set of strategies to reduce new HIV infections by 75% in five years and by 90% in 10 years.

### GOAL:

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

Our goal is ambitious and the pathway is clear – employ strategic practices in the *places* focused on the right people to:



Source: HIV.gov, What is Ending the HIV Epidemic in the U.S. (last accessed Nov. 12, 2021), available at <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>.

## NYC EHE Epidemiological Profile

### 2019 NYC Epidemiological Data for NYC

- Diagnoses- including timeline linkage to care
- Viral Load Suppression
- Mortality among PWH
- STI
- Comparisons by
  - Geography (of EHE Counties- Bronx, Brooklyn, Manhattan, and Queens)
  - Priority Populations



<http://nychpg.org/wp-content/uploads/2021/05/NYC-2020-EHE-Epidemiologic-Profile.pdf>

### NYC EHE Situation Analysis

- In preparation for EHE Plan, NYC conducted a Situational Analysis:
  - Supported
    - Data for Community presentations to receive input on the draft plan
    - Formation of key activities in the plan
    - Identified initial list of priority populations
  - Situational Analysis is also a key document for the Ryan White Part A Needs Assessment.



<http://nychpg.org/wp-content/uploads/2021/05/NYC-2020-EHE-Situational-Analysis.pdf>

### NYC 2020 Ending the HIV Epidemic Plan

To guide the development of NYC's EHE plan, NYC DOHMH led a nearly year-long **community planning process**, which included:

- Nine **virtual community listening sessions** with 308 participants, held from March 2020 to January 2021; and
- An **online survey** with 619 participants, open from September 2020 to October 2020.

The HIV Health and Human Services Planning Council of New York (Planning Council) and NYC HIV Planning Group (HPG) provided feedback on drafts of the plan, and in February 2021 both bodies voted on the final plan and achieved concurrence.



### Gaps in NYC EHE Plan to be addressed in NYS Integrated Plan

- Plan does not include Staten Island nor Tri-County area (Putnam, Rockland, and Westchester Counties) of Ryan White Part A Grant
  - Will ensure these areas are included in the NYS Integrated Plan through:
    - Use of 2020 NYS AIDS Institute listening sessions for Staten Island and Tri-County
    - Inclusion of Epi Data for these areas



### NYC 2020 Ending the HIV Epidemic Plan

In March 2021, NYC DOHMH released the **NYC 2020 Ending the HIV Epidemic Plan (NYC 2020 EHE Plan)**. The plan builds on the NYS Blueprint for Ending the Epidemic and the NYC Ending the Epidemic Plan, and is organized around the four EHE strategies and two cross-cutting issues:



**Diagnose**



**Treat**



**Prevent**



**Respond**



**Social and Structural  
Determinants of HIV-  
Related Health Inequities**



**HIV Service Delivery  
System**



### NYC 2020 Ending the HIV Epidemic Plan: Priority Populations\*

- Black MSM, including Black cisgender MSM and Black transgender MSM
- Latino/Hispanic MSM, including Latino/Hispanic cisgender MSM and Latino/Hispanic transgender MSM
- Black women, including Black cisgender women and Black transgender women
- Latina/Hispanic women, including Latina/Hispanic cisgender women and Latina/Hispanic transgender women
- All people of trans experience and people who identify as gender nonconforming, gender non-binary, or gender queer
- People with HIV ages 50 years and older
- Youth and young adults ages 13 to 29 years



\*NYC DOHMH recognizes that the use of the term "priority population" can be stigmatizing. In lieu of a more appropriate and communally agreed upon term, it is used here to refer to communities that face multiple forms of systemic oppression, including racism, poverty, homophobia, and/or transphobia.

### NYC 2020 Ending the HIV Epidemic Plan: Additional Populations

- People experiencing homelessness or housing instability
- People with serious mental illness
- People who use drugs and/or have a substance use disorder
- People who exchange sex for money, drugs, housing, or other resources
- People born outside the U.S., especially people without a settled or "adjusted" immigration status
- People who live in medium-, high- and very high-poverty NYC neighborhoods
- People with limited access to ongoing, high-quality primary health care
- People who have experienced intimate partner violence
- People with a history of incarceration and other justice-involved people



## NYC 2020 Ending the HIV Epidemic Plan



Diagnose



Treat



Prevent



Respond



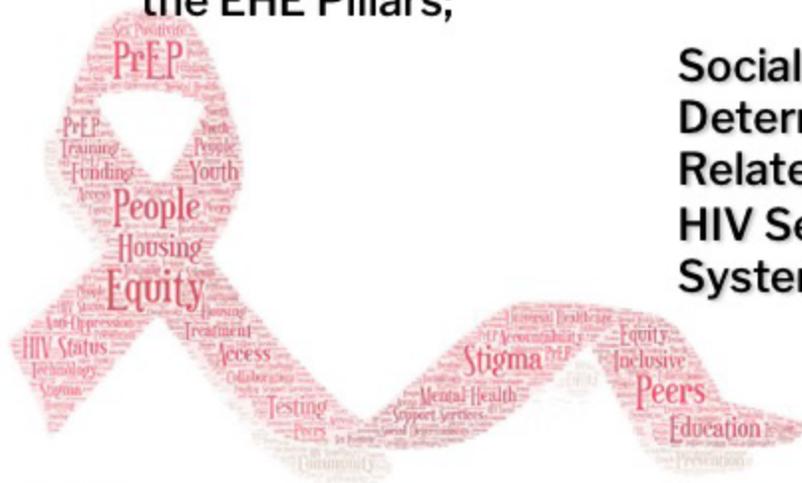
Social and Structural  
Determinants of HIV-  
Related Health Inequities



HIV Service Delivery  
System

## Situational Analysis Key to Cross Cutting Themes in NYC EHE Plan

The NYC EHE Plan includes two Cross Cutting Themes beyond the EHE Pillars;



Social and Structural  
Determinants of HIV-  
Related Health Inequities  
HIV Service Delivery  
System

## Cross-Cutting Issues

### Social and Structural Determinants

- Stigma and discrimination
- Immigration status
- Housing status
- Food insecurity
- Poverty and neighborhood conditions
- Criminal justice involvement
- Mental health challenges
- Substance use
- Intimate partner violence
- Sex exchange



### HIV Service Delivery System

- Strengths
  - Health insurance
  - Service delivery
  - Workforce
  - Public resources
- Challenges and Gaps
  - Service delivery
  - Workforce
  - Public resources

## NYC 2020 Ending the HIV Epidemic Plan: Diagnose



### Diagnose

The NYC 2020 EHE Plan's Diagnose strategy includes **4 key activities** to increase the percentage of New Yorkers who know their HIV status and reduce the proportion of people with HIV with a diagnosis of AIDS.

#### Key activities:

- Continue to normalize routine HIV testing
- Improve access to regular repeat HIV testing among members of priority populations and other New Yorkers vulnerable to acquiring HIV
- Expand routine HIV testing to additional settings
- Improve detection of acute HIV infection



## NYC 2020 Ending the HIV Epidemic Plan: Diagnose



### Diagnose

The NYC 2020 EHE Plan's Diagnose strategy includes **4 key activities** to increase the percentage of New Yorkers who know their HIV status and reduce the proportion of people with HIV with a diagnosis of AIDS.

#### Select programs:

- New routine HIV testing funding opportunity announced in August 2021; the program will support high-volume health care settings to implement and scale up universal opt-out routine HIV testing
- *New York Knows* – the nation's largest HIV testing initiative – continues to deepen its work to embody an HIV status neutral approach and include STIs and hepatitis C in program goals, planning, and activities.

## NYC 2020 Ending the HIV Epidemic Plan: Treat



### Treat

The NYC 2020 EHE Plan's Treat strategy includes **6 key activities** to improve linkage to and engagement in care, viral suppression, and other health outcomes for people with HIV.

#### Key activities:

- Ensure optimal HIV treatment
- Meet behavioral health needs of people with HIV
- Support retention in care and sustained viral load suppression
- Provide enhanced services for people with HIV in correctional settings and specific programming for people with HIV returning home from correctional settings
- Address co-occurring health and support service needs of people with HIV
- Meet unique needs of people with HIV age 50 years and older

## NYC 2020 Ending the HIV Epidemic Plan: Treat



### Treat

The NYC 2020 EHE Plan's Treat strategy includes **6 key activities** to improve linkage to and engagement in care, viral suppression, and other health outcomes for people with HIV.

#### Select programs:

- Five organizations recently funded to adapt evidence-informed HIV care models to support communities most affected by HIV
- Public health detailing campaign for providers promoting immediate initiation of HIV antiretroviral treatment (iART) underway
- Multi-pronged initiative to increase knowledge and facilitate delivery of long-acting injectable HIV antiretroviral treatment underway

## NYC 2020 Ending the HIV Epidemic Plan: Prevent



### Prevent

The NYC 2020 EHE Plan's Prevent strategy includes **10 key activities** to reduce the number of new HIV diagnoses, reduce estimated HIV incidence, increase the number of people on PrEP, and decrease stigma among people diagnosed with HIV.

#### Select programs:

- New PlaySure Network 2.0 funding opportunity announced in August 2021; PlaySure Network 2.0 will support health care and supportive service agencies to deliver a comprehensive health package of HIV prevention services using an equity-focused, client-centered one-stop shop model

### NYC 2020 Ending the HIV Epidemic Plan: Prevent

#### Key activities:

- Ensure access to optimal comprehensive HIV prevention, including biomedical prevention strategies
- Provide comprehensive sexual health education available at all points in the life cycle
- Increase public awareness and uptake of PrEP and emergency PEP
- Build provider capacity to take comprehensive sexual histories and offer PrEP and emergency PEP to clients
- Provide HIV prevention services for individuals in correctional settings and specific HIV prevention programming for individuals returning home from corrections

(cont.)



Prevention

### NYC 2020 Ending the HIV Epidemic Plan: Prevent

#### Key activities (cont.):

- Increase access to and implementation of HIV prevention interventions, including PrEP and emergency PEP, for *people who use drugs and their sexual and needle-sharing partners*
- Increase access to and implementation of HIV prevention interventions, including PrEP and emergency PEP, for *Black and Latina/Hispanic women*
- Increase access to and implementation of HIV prevention interventions, including PrEP and emergency PEP, for *youth and young adults, particularly young Black and Latino/Hispanic MSM and people of trans experience*
- Increase access to and implementation of HIV prevention interventions, including PrEP and emergency PEP, for *people of trans experience*
- Increase access to and implementation of HIV prevention interventions, including PrEP and emergency PEP, for *people who exchange sex for money or other resources*



Prevention

## NYC 2020 Ending the HIV Epidemic Plan: Respond

### Key activities:

- Engage in community outreach and education with people with HIV, providers, and other stakeholders to increase understanding and trust of molecular HIV surveillance (MHS) as a public health practice
- Employ state-of-the-art scientific methods to identify HIV strains in real time, allowing NYC HD to map possible transmission networks, identify people with HIV and HIV-negative people who may benefit from PrEP and other HIV prevention services, and provide them with timely partner notification and linkage to care
- Increase the percentage of newly diagnosed individuals who get a baseline (within three months of diagnosis) HIV genotype
- Increase identification of and response to acute HCV infection among people with HIV



Respon

## High Level Timeline for IP – Part 1

### February – April

- Propose Bi-monthly coordinating group planning meetings
- Gather and Identify documents needed
- Create templates for and set up email to receive planning documents submissions
- Plan community convenings to be held in April/May
- Host community convening(s)
- Gather data sets for review and narrative development
- Gather documents/information from coordinating group partners



## High Level Timeline for IP – Part 2

### May - June

- Compile data from community convenings
- Draft IP narrative (situational analysis/resource inventory/monitoring tools)
- Assess for any missing information

### July - October

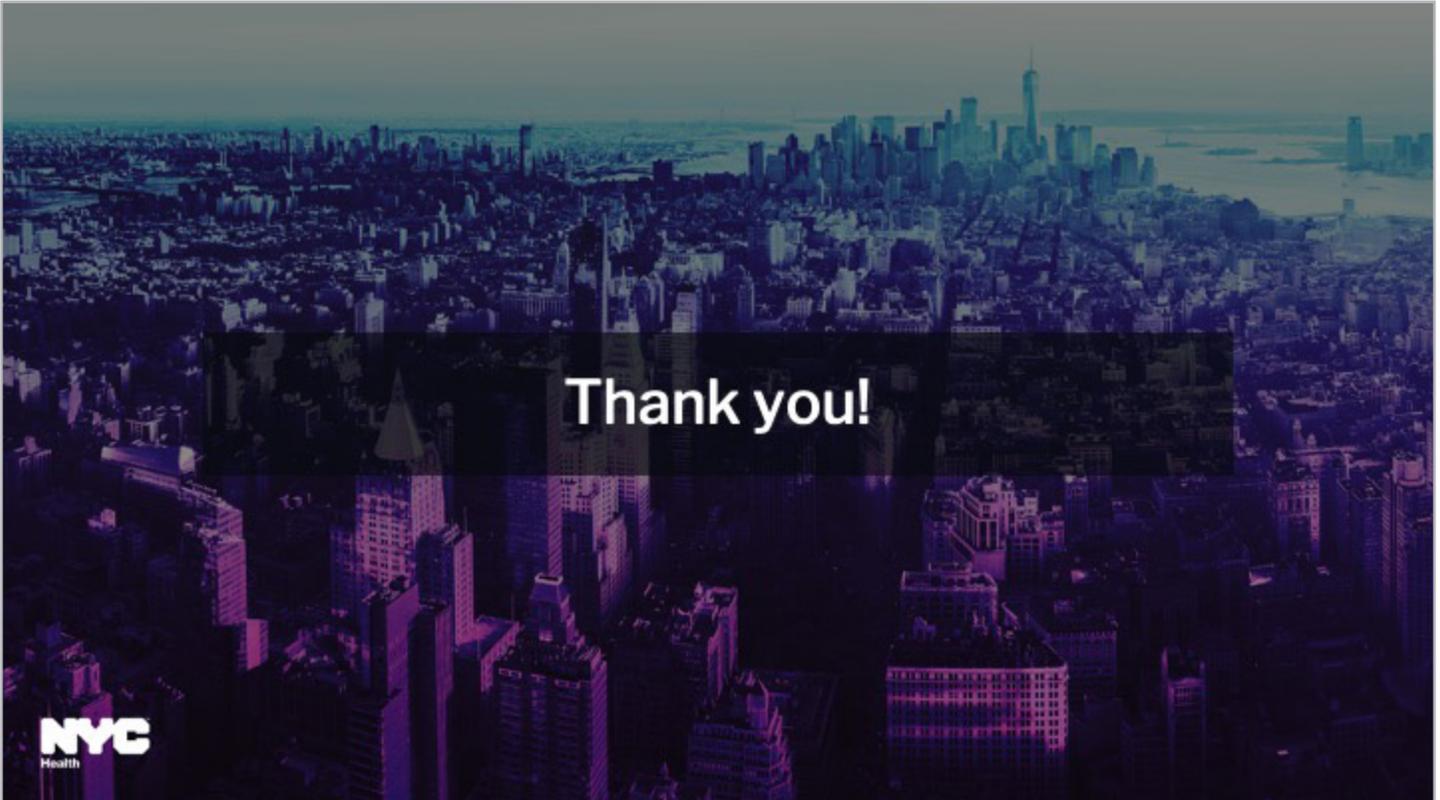
- Present draft information to HIV Advisory Groups for feedback
- Public Comment Period (?)
- Receive letters of concurrence
- Submit Draft for review/submission/public posting



## Submission Deadline

NYS Integrated Plan submission is due to  
CDC DHAP and HRSA HAB no later than  
**11:59 PM ET on December 9, 2022.**





# Questions?

Click on "Q&A" located along the bottom of your screen



## Upcoming series events

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- **Peer Learning Session**
  - March 30, 1:00-2:00 pm EST
- **Next Webinar**
  - TBD

Registration details available at <https://targethiv.org/library/ihap-webinars>.

## NEW TOOL!: HIV Prevention, Care and Treatment Resource Inventory Compiler

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Supports:

- **Data Collection:** Captures information necessary for completing the resource inventory section of the IP submission.
- **Resource Inventory Table Creation:** Generates a table in PDF format for IP submission.
- **Funding Analysis Dashboard:** Analyzes the collected data with six pre-programmed options.

Available at: <https://targethiv.org/library/hiv-prevention-care-and-treatment-resource-inventory-compiler>

## The IHAP TAC can help!

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- New to Integrated Planning or Need a Refresher?
  - Online Course: An Introduction to HIV Prevention and Care Planning
  - Access at [www.targethiv.org/ihap](http://www.targethiv.org/ihap)
- Visit our website at [www.targethiv.org/ihap](http://www.targethiv.org/ihap)
- Join our mailing list at <https://targethiv.org/ihap/subscribe>
- Contact us at [ihaptac@jsi.com](mailto:ihaptac@jsi.com) to request tailored technical assistance

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# Thank you!



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30144, Ryan White HIV/AIDS Program Integrated HIV Planning Implementation. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

## PROMPTS FOR ADDITIONAL DISCUSSION

As you reflect on the webinar content, consider these prompts for discussion with your colleagues and integrated planning partners.

- What advice would you give jurisdictions that have not developed a situational analysis before? What are key inputs to help in its development?
- What process or processes have you used to date to produce a situational analysis?
- How has the situational analysis been helpful in the development of the EHE plan?
- Has your jurisdiction used the situational analysis submitted as part of the EHE for other purposes? If yes, for what?
- How will your situational analysis submitted as part of the EHE inform or be adapted for the 2022-2026 Integrated Plan? What challenges do you anticipate?

## GLOSSARY OF TERMS

Check out the [IHAP TAC glossary](#) for terms specifically related to integrated planning.

Other terms that are helpful to be familiar with as you begin to collect and/or adapt your data:

- **Epidemiological snapshot** - A snapshot summary of the most current epidemiologic profile for the jurisdiction that uses the most current available data (trends for most recent five years). The snapshot should highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and aligned with those of the National HIV/AIDS Strategy.
- **Situational Analysis** - A snapshot of strengths, challenges, and identified needs of HIV prevention and care activities. The Situational Analysis summarizes information from Section II: Community Engagement and Planning Process and Section III: Contributing Data sets and Assessments of the Integrated Plan Guidance.
- **Needs assessment** - A needs assessment takes into account the needs of people who can benefit from prevention services (e.g. PrEP), and people with HIV (whether in care or not). Needs assessments can identify gaps in access to needed services as well as disparities in access to care for specific populations and underserved groups. Conducting a needs assessment is a programmatic requirement for CDC DHP recipients and a legislative requirement for Ryan White HIV/AIDS Program (RWHAP) Part A and Part B recipients.
- **Statewide Coordinated Statement of Need (SCSN)** - The RWHAP Part B is required to convene the SCSN. The SCSN is a written statement of need developed through a collaborative process with other Parts of the RWHAP. The SCSN must reflect, without replicating, a discussion of existing process needs assessments and should include a brief overview of epidemiologic data, existing quantitative and qualitative information, and emerging trends/issues affecting HIV/AIDS care and service delivery in the State. Important elements in assessing need include a determination of the population with HIV are aware of their status but not in care (unmet need), individuals who are unaware of their HIV positive status, a comprehensive understanding of primary care and treatment in the State, and a consideration of all available resources. EHE - Ending the HIV Epidemic in the U.S.

## ACRONYM LIST

- ETE - New York State's Ending the Epidemic initiative
- HRSA - Health Resources and Services Administration
- IHAP TAC - Integrated HIV/AIDS Planning Technical Assistance Center
- IP - Integrated Plan
- JSI - JSI Research & Training Institute, Inc.
- NHAS - National HIV/AIDS Strategy
- NYS - New York State
- PEP - Post-exposure prophylaxis
- RWHAP - Ryan White HIV/AIDS Program
- SCSN - Statewide Coordinated Statement of Need
- TA - technical assistance

## INTEGRATED PLANNING RESOURCES

### [Situational Analysis: A Key Component of Planning to End the HIV Epidemic \(NASTAD\)](#)

This webinar provides an overview of CDC Program Guidance on conducting or updating the jurisdictional situational analysis as a part of the EHE planning process. Speakers from NASTAD, the Council of State and Territorial Epidemiologists, and the Massachusetts Department of Health shared key strategies, approaches, and lessons learned.

### [Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and Ryan White HIV/AIDS Programs Planning \(August 2014\) \(Centers for Disease Control and Prevention and HRSA\)](#)

### [CDC PS19-1906 Component B Program Guidance \(Centers for Disease Control and Prevention\)](#)

While this guidance pertains to the Ending the HIV Epidemic in the U.S. Plans, it includes a description of the Epidemiologic Profile section.

### [HIV Prevention, Care and Treatment Resource Inventory Compiler \(IHAP TAC\)](#)

The HIV Prevention, Care, and Treatment Resource Inventory Compiler is a new tool that supports the collection and analysis of funding information about all HIV resources in the jurisdiction. The tool generates a formatted table for the Integrated Plan and includes a dashboard for data analysis.

### [Integrated HIV Prevention and Care Plan Guidance, Including the Statewide Coordinated Statement of Need, CY 2022-2026 \(HRSA HIV/AIDS Bureau and Centers for Disease Control and Prevention\)](#)

### [An Introduction to Integrated HIV Prevention and Care Planning \(IHAP TAC\)](#)

This self-paced, online course serves as an introduction to the fundamentals of integrated planning, and is designed for anyone who is new to integrated HIV prevention and care planning or anyone who would like a refresher on the basics.

### [Fillable CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist \(IHAP TAC\)](#)

The checklist is a new feature required in the submission of the Integrated Plans for 2022-2026. Use this fillable checklist to outline which elements required new content and which elements were developed as part of another jurisdictional plan. The checklist details submission requirements for jurisdictions including RWHAP legislative requirements and SCSN; allows recipients to create an Integrated Plan that meets local needs; and asks recipients to identify page number(s) within the document/plan where the requirement is listed.

## [Integrated HIV Prevention and Care Planning Online Resource Guide \(IHAP TAC\)](#)

This Online Resource Guide is intended to support RWHAP Parts A and B recipients, CDC HIV prevention recipients, and their planning bodies with the ongoing integrated planning and the development, implementation, and monitoring of their Integrated HIV Prevention and Care Plans. The guide includes resources, tools, and tips to help inform and guide the work of jurisdictions in the process of integrating HIV planning and implementation efforts across prevention, care, and treatment delivery systems.

### **Need More?**

[Visit our website](#) to access more resources and learn about upcoming events.

Stay in touch! [Sign up for our listserv](#) to receive up-to-date information about new resources and upcoming learning opportunities.

Thank you for your participation!



**INTEGRATED HIV/AIDS PLANNING**  
TECHNICAL ASSISTANCE CENTER

**About the IHAP TAC:** The HRSA-funded [Integrated HIV/AIDS Planning Technical Assistance Center](#) (IHAP TAC) supports Ryan White HIV/AIDS Program Parts A and B recipients, CDC DHP-funded recipients, and their respective HIV planning bodies with integrating planning, including the development, implementation, and monitoring of their Integrated HIV Prevention and Care Plans. We provide national and individualized training and technical assistance and facilitate peer-to-peer learning.