

IHAP TAC Peer Panel - Hear from Your Peers: Strategies for Successful Integrated HIV Prevention and Care Plan Monitoring and Evaluation

Travis Barnhart:

Hello. We will get started here shortly. We are just waiting for Zoom to let all the participants in. Thank you for joining us today. Okay. We will get started. Hello everyone and welcome to today's peer panel. Before we begin, we want to make sure you can hear today's session, so let's check for any audio issues. The audio is being shared via your computer speakers or headset. If you are having difficulty hearing us, please be sure to check that your headphones are plugged in correctly and/or your speaker volume is up. If you're still having trouble, you can dial in by phone to listen. If you need assistance, please chat the host and we'll try to help you out. Next slide please.

Alexandra Bonnet:

[foreign language 00:01:31].

Travis Barnhart:

Today's peer panel is titled Hear From Your Peers, Strategies for Successful Integrated HIV Prevention and Care Plan Monitoring and Evaluation. Thank you for joining us. Next slide. On today's panel, we will have some panelists speaking in English, and others speaking in Spanish. If you are monolingual, please choose the language you want to listen to the webinar in, and stay on that channel for the duration of the webinar. If you are bilingual in English and Spanish, you can stay on the main channel. For the monolingual folks, please choose a desired language and remain there for the duration of the meeting. You can do that by clicking on the globe icon at the bottom of your screen and selecting the language that you would like to listen in.

Alexandra Bonnet:

[foreign language 00:03:33].

Travis Barnhart:

Once you have selected a language, click once again and select mute original audio, in order to hear only the selected language.

Alexandra Bonnet:

[foreign language 00:03:54]. Next slide please. And before we get started, here are some technical details. First, attendees are in listening only mode, but we encourage you to communicate with each other and ask lots of questions Using the Q&A box. You can submit your questions at any time during the call, or during the question period at the end. Our presenters along with the IHAP TACF staff will take as many of your questions as we can at the end of today's session. And if you think of a question after the webinar, that's fine too. You can always email your questions to us at ihoptech@jsi.com.

Travis Barnhart:

This peer panel is part of a series that IHAP TAC host on a regular basis. We encourage you to join us and learn from your peers. Peer panels are recorded and available on our webpage on TargetHIV. Next slide. So let's get started with today's session. Our agenda for today includes going over our learning objectives, introducing you to our panelists. Then we'll have a facilitated discussion on Integrated Plan monitoring and evaluation. And we'll wrap up with some questions and answers. Next slide.

Alexandra Bonnet:

And by the end of this peer panel session, participants will be able to identify at least two strategies for monitoring progress on the Integrated HIV Prevention and Care Plan by IP and the goals and objectives. Identify at least one solution to challenges gathering data to inform evaluation activities. And describe at

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least one strategy to update stakeholders including people with HIV about, the Integrated Plan implementation and progress. Next slide please. And now, let's meet our peer panelist. First we have Jessica Forsyth. She is the director of the Office of STI/HIV/Viral Hepatitis for the Colorado Department of Public Health and Environment. She has been with the health department since 2000. Jessica's experience includes more than 20 years of experience in progressive public health management and leadership, including supervising teams and staff. Thank you Jessica for being here today.

Travis Barnhart:

Our next peer panelist is Gilbert Irizarry, who is the community planning coordinator for the Office of STI/HIV and Viral Hepatitis, at the Colorado Department of Public Health and Environment. Over the course of the last decade, Gilbert has used his lived experience as a Latinx individual to help those that are disproportionately affected by the intersectionality of socioeconomic health inequities and stigma. Thank you Gilbert for being here today.

Alexandra Bonnet:

Next we have Philip Doyle. Philip joined the city of Denver's HIV Resources Ryan White Part A team, as the program manager for the Denver HIV Resources Planning Council in July 2020. He has held positions that assist and advocate for people living with HIV over the past 14 years, most notably as the administrator for the Center for Positive Health at the ID Clinic of Denver Public Health. Thank you Philip for being here today.

Travis Barnhart:

Next slide please. Next we have Carmen Diaz, who is the senior program evaluator for the STD/HIV and Viral Hepatitis Prevention Division in the Puerto Rico Department of Health. She is responsible for ensuring program evaluation, monitoring and quality improvement for prevention efforts and approaches, including reporting requirements and data management. She also provides support for integrated and strategic planning at the jurisdictional level. She has been in this position for over 18 years. Thank you Carmen for joining us today.

Alexandra Bonnet:

And last but not least, we have Yomary Reyes Diaz. She has over 15 years of experience as a planning analyst and manager of various projects under the Ryan White Part B ADAP program, including the Ryan White Inter Parts Committee in Puerto Rico, the integrated plan for HIV Prevention and Treatment in Puerto Rico, the development of state and federal work plans, needs and satisfaction studies of people with HIV, and the emergency response and continuity plan of operations. Thank you all for being here today.

And next up we have our webinar interpreters. As we have already announced, we have Spanish translation today. Our interpreters for today's webinar are Pablo and Diana Donatti. They're part of Donatti Translations team, who are certified by the federal government and have worked with numerous national and international agencies. Their work with HIV AIDS began in the mid 90s and it has been their passion ever since. They have dedicated time and resources to ensure that language services are available when needed. We thank you Diana and Pablo for being here today. And now let's hear from our peer panelist.

A quick reminder before we begin, if you have not chosen yet your language to listen to today's peer panel, please choose your desired language using the globe icon at the bottom of your screen. If you need assistance, please send a message to the host. And first up we will like to hear our first question. Next slide please. We will begin with this first question that says, what approach or approaches/

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frameworks did your jurisdiction use to structure your Integrated Plan? And before we start with our first jurisdiction, we would like for you all to think about the NHAS goals, the EHE strategies, syndemic or status neutral approach, et cetera. And first up we have Colorado.

Jessica Forsyth:

Hi everyone. Again, I'm Jessica Forsyth with Colorado. So in Colorado, our integrated plan is called the Colorado HIV AIDS Strategy, or COHOS. And we in order to do our COHOS, we ended up having a steering committee where we paid people living with HIV or vulnerable to the acquisition of HIV, to help us formulate how we were going to engage the community and do this critical work. That group, our COHOS's steering committee chose the national HIV AIDS strategy. Colorado does not receive anemia epidemic funding, and they believed that the national HIV AIDS strategy due to its release later than the anemia epidemic framework really reflected more people living with HIV and community advocacy group input. We definitely took a syndemic approach. Not so much a status neutral approach, but definitely a syndemic approach. And our strategies are preventing HIV, improving outcomes for people living with HIV, and we chose to call it disrupting inequities. Furthermore, we also worked with our Ryan White Part A program in order to accomplish these goals. So that is what we did in Colorado. Anything to add Gilbert or Philip on that one?

Philip Doyle:

Sounds good, Jessica.

Gilbert Irizarry:

Yes. Yeah. That's everything. Thank you.

Alexandra Bonnet:

Thank you so much for that. And now we will have our jurisdiction from Puerto Rico, Yomary and Carmen.

Carmen Diaz:

[foreign language 00:12:43].

Alexandra Bonnet:

Thank you so much, Carmen. Does Yomary want to add anything else to the framework or approach your jurisdiction use to structure your IP?

Yomary Reyes Diaz:

[foreign language 00:14:59].

Alexandra Bonnet:

Perfect. So thank you so much both of you for explaining to all of us how your IP was structured and the framework you all used. So now we could go ahead and start with our next question. Travis? You can't unmute? Okay. No worries. I could go ahead and start-

Travis Barnhart:

I can. I'm sorry. I'm having some technical difficulties. I apologize. Okay.

Alexandra Bonnet:

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No worries.

Travis Barnhart:

So our next question, let me get up my screen here again that I was on, is, how is your jurisdiction monitoring Integrated Plan implementation? So two questions that we have on this slide for the jurisdictions to discuss. Who is responsible for monitoring and evaluating your Integrated Plan goals, objectives and activities? And how does the planning body, whether that's a planning council, statewide planning group, et cetera, participate in monitoring and evaluation? And this time, we will kick it off with Puerto Rico.

Yomary Reyes Diaz:

[foreign language 00:16:32].

Travis Barnhart:

Okay. Thank you very much. Sounds like you have a lot of really great work going on between prevention and care coming together to evaluate and monitor your plan. We'll turn it over now to Denver and Colorado. Before I do that though, I wanted to explain real quick, we were fortunate enough to have both the Denver TGA... I believe you're a TGA, correct? Yes. The Denver transitional grant area and the state of Colorado Part B on today's call. And really wanted to spotlight how those two jurisdictions really work together in their Integrated Planning. So I'll turn it over to Gilbert who discussed your monitoring of your implementation plan.

Gilbert Irizarry:

Thank you, Travis. Again, my name is Gilbert Irizarry. I just want to say that our jurisdiction monitoring really at the state level is taking the lead for our entire COHOS, our Integrated Plan. So it is our data and analytics team that is leading this charge. And what's happening is as they are collecting all this data, they are bringing this to our data sharing task force, which is a community led group that works closely with our state integrated prevention and care group. And what the data sharing task force does is they take this feedback and then they adjust it to bring key messages to the alliance, which is the Colorado HIV Alliance for Prevention Care and Treatment. This is our Part B, our state planning body.

So once we have all of those... Well, let me step back up a little bit. We have our alliance, but under that we also have three subgroups that are working specifically on our COHOS. We have our preventing HIV subgroup, our improving health outcomes for people living with HIV, and then our reducing and disrupting inequity subgroup. So data sharing task force along with these three subgroups come together and make recommendations to the alliance. These subgroups are also places where our other planning bodies come together as well as our TGA, our Part A planning body. They all come together and hear the same information, make the same recommendations, take it back to their specific groups. But once recommendations are made here at the subgroups and the data sharing task force, everything's moved forward to the alliance. And from there, our members of the alliance and our general constituents, everyone, the members of Colorado, come together and make recommendations and thoughts for CDPHE for the state to move forward. And that's the state. And I'm actually going to ask Phillip if he can describe the planning council a bit.

Philip Doyle:

Certainly. Thank you, Gilbert. The planning council enjoyed a process within the development of the Integrated Plan years ago when they were all involved with the needs assessment. And the needs assessment in turn informed the Colorado statement coordinated need statement. The planning council

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was involved in development of that survey and the responses that were received, as well as some steering committees that informed listening sessions. And so this process has been a continuation. And we have really enjoyed our collaboration with Ryan White Part B. And we have really taken meaningful steps to involve community people living with HIV. Appreciate that. And we look forward to hearing back from our partners and from each other, so that we can make this strategic plan meaningful and really inform a direction that is ultimately best for people living with HIV.

Gilbert Irizarry:

And I think we work very closely with our Part A partners, the TGA. So as requested by the planning council, all of our information is shared with that planning body, just to make informed decisions.

Travis Barnhart:

Sorry, I keep forgetting I put myself on mute. Thank you so much for sharing on that. So there's a continuation of this particular topic on the next slide. So continuing on talking about Integrated Plan implementation, the next two questions are, what are your processes for data collection? You may have already touched on that some. And systems... I think you all might have actually already touched on these two, but I'll give you a chance to add anything. And if it's relevant, how will you gather data related to integrated plan implementation for non-funded partners? And we'll start with Puerto Rico again... if you have anything to add. And might be on mute.

Carmen Diaz:

[foreign language 00:27:17].

Yomary Reyes Diaz:

[foreign language 00:30:23].

Travis Barnhart:

Thank you so much for sharing. One thing I really noticed in what you're talking about is the number of databases that end up being used across all systems. And even within HIV, you have different databases often for care, prevention, disease intervention, et cetera. It's amazing all the different sources of data that we end up having to work with in order to pull all this information together. So I know a lot of jurisdictions really are interested in how their COHERT does with that. And thank you for sharing your examples. We'll move on to the next slide now. Alexandra, you might be muted.

Alexandra Bonnet:

I am here. Thank you so much everyone. Can you hear me now?

Travis Barnhart:

Mm-hmm.

Alexandra Bonnet:

Thank you. So we are going to open up this next round of questions with this following. What strategies will you use to determine whether you have met your integrated plan goals and objectives? And when answering this question, we will like for you to explain to us how frequently will your integrated plan goals and objectives and activities will be evaluated. And we will start this round with Puerto Rico.

Carmen Diaz:

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[foreign language 00:33:19].

Yomary Reyes Diaz:

[foreign language 00:34:57].

Alexandra Bonnet:

Thank you so much, Carmen and Yomary. And now we have Colorado.

Gilbert Irizarry:

Yeah, actually, so just going back to the previous slide since we weren't able to... Just let everyone know.

Travis Barnhart:

I apologize. Can we go back one slide, Julie? And we'll get you here in just a second.

Gilbert Irizarry:

Yeah. No worries. Well, we do have a few different monitoring systems that are in place. We do have to really applications that are really used and that is our REDCap, which is for prevention. So screening pep and engagement. And also COHERT, which is our Colorado HIV Evaluation and Response Treatment application. So those two are one of or some of the many databases that we use. We also utilize our contractors, their contract monitoring that they send in every month, their responses. We have a list of questions that is used through REDCap. We utilize all of that data along with surveys for client centered in provider metrics. And whenever we're reaching out to our non-funded partners, we are actually in the process of working on implementation system for qualitative data collection. All that's to say that our goals, objectives and activities are evaluated depending on whether or not the measure is a lead measure or a lag measure.

So if it's a lead measure, it is something that is done quarterly, and that is primarily our programmatic evaluation measures around implementation. And our lag measures are going to be reported out annually. And those are typically our EPI measures. Actually, Leslie, we have our data analytics, one of our managers here. And I was wondering if we could let her speak a little bit to this or if you are able to speak a little bit to this.

Leslie:

Yeah. I don't know. Are folks able to hear me?

Alexandra Bonnet:

Yes, we can.

Travis Barnhart:

Yes. Mm-hmm.

Leslie:

Yeah. So as Gilbert mentioned, we have two main data systems that we're using, our REDCap and our COHERT system. And so our lead measures, those are things that we're trying to pull quarterly. And those are those things that we have really direct influence over. So those are, how many clients are we reaching? Are we reaching the right populations? Are we getting services out to the right communities? And so we're monitoring those things quarterly so that we can in real time make adjustments to programming to meet the needs of our clients, and make sure we're reaching those priority populations.

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And then we have lag measures and those are those things that we may not have direct influence over, but we're really hoping by reaching the right populations and providing the right services at the right time, that we'll be able to see those shifts within our EPI data.

And so we'll be pulling our EPI data out of our surveillance system annually just to see within those priority groups are we starting to see some changes within our EPI as well. And then as Gilbert also mentioned, we have some provider centered and client-centered metrics where we're really trying to pull some qualitative data from our providers, both clinical and non-clinical, as well as our clients just to understand their experiences and some more qualitative information around quality of life and those types of things.

Gilbert Irizarry:

We also have a data sharing agreement with the TGA. So any information that we receive... Well, a lot of information that we receive, we can share with them.

Travis Barnhart:

Great. Did you want us to go and jump to the next slide for you?

Gilbert Irizarry:

Yeah. Sure.

Travis Barnhart:

Okay.

Gilbert Irizarry:

Yeah. So just like I said a little earlier, we are looking at reporting out our lead measures every quarterly. So those are our programmatic evaluation measures, and our lag measures, which are going to be annual, which Leslie just spoke to.

Alexandra Bonnet:

Anything else you would like to add?

Gilbert Irizarry:

Jessica? Phillip? All right. Thank you.

Alexandra Bonnet:

Thank you so much, Gilbert. And now to our next slide. Travis?

Travis Barnhart:

My unmute button does not want to work today. Sorry about that. All right. So we have one final discussion slide here, and that is, how will you provide updates on Integrated Plan implementation and progress to key stakeholders? And we have a couple of prompts here. One is, how will you report progress to your Integrated Plan, to key stakeholders, including people with HIV? How often will you report? How often will reporting happen and with which groups? And then, beyond updates to key stakeholders, how will you make your Integrated Plan available to the general public? And for this slide... I can't get my mouse to work correctly. We will start with Colorado and Denver.

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Jessica Forsyth:

Thank you. So in terms of our updates to our Integrated Plan, which again is called the Colorado HIV AIDS Strategy or COHOS, and how we do this to our stakeholders, we do this at every single alliance meeting. We have work groups with specific charges based on our first year of our Integrated Plan. And we meet the alliance that Gilbert talked about, the alliance for HIV Care prevention, Prevention Care and treatment is meets every other month for two and a half hours in the evening. And so we report progress there. And that group includes people living with HIV also people are living with HIV are in some of those separate work groups that we talked about for preventing HIV, improving outcomes for people living with HIV and disrupting inequities. We are also have community co-chairs for those three groups that we are going to be paying them if they're not associated with an agency, and they're a person living with HIV. We want to make sure that we're valuing people's time for that.

So essentially, we report back to the Alliance every other month on the progress and discuss challenges that the work groups come up with. So if there's specific implementation challenges or funding challenges, this is a place that they would come to. And then the Colorado Department of Public Health and Environment, along with our Part A partners, and we meet separately monthly to discuss the Colorado HIV AIDS strategy. We would be coming back and talking about funding opportunities. And so we have in terms of that's how we engage our key stakeholders through that process. All of our community meetings are open and we encourage people to come to those meetings.

Beyond our updates to our key stakeholders, one of the things that we are really focusing on for our integrated plan is really thinking about... We talk about investments of time and funding of course, because investments are also time that you take. And we really are trying to particularly look at housing. So our integrated plan is posted on all of our websites. But in terms of engaging with general public, we engage thoughtfully and we engage on specific strategies. So for example, in terms of addressing syndemic approaches and some real issues that we are facing in, I think across the nation, but certainly in Colorado is housing. And so we're going to be working with our [inaudible 00:43:56] partners as well as other housing plans to really think about how we improve housing for people living with HIV and those vulnerable to the acquisition of HIV. So those are some ways that we will engage key stakeholders. Beyond is really focused on objectives and goals in our integrated plan. Housing is one such example. Gilbert and Philip, did you have anything else to add from Colorado?

Philip Doyle:

I'll just add that the planning council, Denver HIV Resources Planning Council, as I stated before, has been so involved in the development of the needs assessment and the cohos that they are invested and they're interested and they know that their opinion counts and that the cohos will be informing decisions on the planning council side for party setting and resource allocation. So that's a continuing conversation about the meaningful use of what the strategic plan does to inform us.

Gilbert Irizarry:

And I think I just want to add that as we move forward, we're trying to make sure that we continue to have our community members involved every step of the way, not only at our planning groups, but also sometimes just going out and speaking to them at their agency or where they are. Because as much as easy as it is for us to send out a meeting invitation, have them come to us sometimes meeting them where they are, where they feel most comfortable, will give us the best information and the best data that we can collect. Because we want to make sure that we are not relegating a person to being a number. We want to make sure their story is told as we progress through this strategy.

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Travis Barnhart:

Excellent. Thank you for sharing. Those are some really great things in what you all shared. Particularly what stood out for me is that sounds like you have a standing agenda item every other month where you talk about your plan, which I think is important. Even if you feel like, oh, we're not going to have any updates, you probably are going to have updates. So it's always a good idea just to put it as a standing item. Also, I heard you mention that you have evening meetings, which I know a lot of jurisdictions struggle with getting people who don't work for agencies, who don't work for the health department at the table, and looking at maybe if an evening meeting can help facilitate that.

And then Gilbert, I really appreciate the idea of going to where the people are and sharing those updates. Because you can host all the meetings you want, but if people aren't comfortable getting there or can't get there, you're just going to be spinning your wheels with that approach. So thank you for sharing that. All right, let's turn the floor back over to Puerto Rico to answer these questions.

Yomary Reyes Diaz:

[foreign language 00:47:21].

Carmen Diaz:

[foreign language 00:49:34].

Travis Barnhart:

Thank you so much. I'm trying to pause a little bit, by the way, between discussions because I know sometimes the audio doesn't carry over. Thank you for sharing that. One thing I really wanted to point out that both Colorado, Denver and Puerto Rico mentioned is having your plan available on your website, even if it's only just there on your health department website. Making that plan available is very important for your community partner, your key stakeholders, other folks who are interested to know what's going on with HIV and your community and also hopefully see opportunities to partner with you and join in on moving your plan forward. I know I believe that there... Was I mention of a requirement to make sure it was available on a public website in the Integrated Plan guidance. Having worked at health departments in the past, I know how it can be challenging though to sometimes get things on your website and your webpage, but hopefully everyone, all the jurisdictions out there are able to work with their IT departments to make that happen.

Okay. We can move on to our next slide, which is our question and answer. So I do want to say thank you so much to all of our wonderful presenters, panelists, thank you so much for joining us today and taking the time to really thoughtfully work through the questions that we posed and share your experiences with your peers out there in the world. So we're going to use the remaining a little bit of our remaining time to respond to questions that have come in through the Q&A, which I don't think we actually have had any, but I'll check in with the Amishi to make sure.

Amishi:

Yes. No questions so far.

Travis Barnhart:

Okay. So we do encourage you to use the Q&A function at the bottom of your Zoom screen. If you do have any questions that you would like to ask for now. Well, let me pause for just about 20 seconds and just see if any come in real quick. Sorry. I don't have any hold music or anything to entertain people over paused. Okay. Oh, I see one just popped in there. So the question is for the planning council's standing

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agenda item, who gives the Integrated plan update? Is it the state or the transitional grant area? So that seems to be opposed to Colorado and Denver.

Philip Doyle:

Certainly I can speak to that. Within the HIV planning council. When the integrated plan is discussed, it is usually presented by a co-chair or by myself, the program manager. We also have [inaudible 00:52:53] who comes to our meetings so they can speak to it as well.

Gilbert Irizarry:

Yeah. Just adding to that, we do have two separate meetings. So we have our state meeting that happens on the second Wednesday of every month for the state, that is the alliance. And our planning council, the TGA group, they have their planning council meeting first Thursday of every month.

Travis Barnhart:

Great. Thank you. I do not see any further questions at this time. You're still welcome to enter questions into the Q&A. I'm going to go ahead and move us to the next couple of slides and we'll keep an eye on that. And is that me or you, Alexandra? Looks like Alexandra.

Alexandra Bonnet:

I see another question where we could go back after this. So I could give you some time to visit the document. But I wanted to let you all know about our upcoming events. Up next, we will have our monthly office hours, that is tomorrow, but we usually have those a second Thursday of each month from three to 4:00 PM Eastern time. There is no pre-registration required. So all you have to do is click on the link and join at three or during three and four at any time. There's no set topics. You just come in with your questions and connect with other jurisdictions.

Travis Barnhart:

Great. Yeah. So we did have another question come in, says, for the planning council... Oh, no. Wait. I'm sorry. That was the other question. The question that came in is how do you report the progress of the plan in a culturally responsive way? And I believe that came in Gilbert when you were talking about going to the agencies and talking to folks.

Gilbert Irizarry:

So really collaborating with our contract monitors as well as our other members of our state team that go out and work closely with our agencies. So primarily those people working with our case managers, as well as our outreach specialists. Because we do have multiple programs out here, not only syringe service access, so our harm reductionists, but also our case management as well as our clinical teams at our agencies. So we do have different people who work with them. And then just asking our providers, what's the biggest need first so that we get an idea and we can tailor our subjects. But I think the other part is really making sure that we code switch because here at the state and in the public health system itself, we use a lot of big words, a lot of acronyms. So making sure that we are able to actually make that as accessible and plain language as possible for the people that we are trying to reach out to.

Travis Barnhart:

[inaudible 00:56:27]. I'm sorry.

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Jessica Forsyth:

I would like to add one more thing. Additionally, the development of the Colorado HIV AIDS strategy, we used what's called a graphic recorder who for every meeting that was attended, actually drew out in pictures what we were discussing. So to also achieve people who think like that differently. And so who don't always want to look at a document. So that is in our integrated plan, we have a few examples of how the graphic recorder actually, and also some of those graphic recordings were in Spanish, so for some of our groups. So just to let you know, we use that in the development when we engage the community to really hear for them what was critical in the strategies for the Colorado HIV AIDS strategy.

Philip Doyle:

And Jessica, that's exactly the point I was going to make. So, thank you.

Travis Barnhart:

Love that. I've not heard of a graphic recorder before, so that's something new.

Alexandra Bonnet:

It's good to hear that they're addressing the different learning styles. I'm wondering if Puerto Rico has incorporated any strategy as far as cultural competency, language and the different subcultures in the island?

Yomary Reyes Diaz:

[foreign language 00:58:03].

Carmen Diaz:

No. [foreign language 00:59:15].

Alexandra Bonnet:

Thank you so much. Travis?

Travis Barnhart:

I'm checking our Q&A. I don't see any additional questions at this time. Julie, can you please move forward two slides? And Alexandra?

Alexandra Bonnet:

Yes. And again, we understand that the Integrated Planning process might feel daunting, but IHAP TAC is here to help. So if you are new to Integrated Planning or would like a refresher, we encourage you to start with our introductory online module, which provides an introduction to HIV prevention and care planning by way of self-pace online course. If you aren't sure where to start or what you need, visit our website to subscribe to our mailing list, review the resources and tools we have available there. And you could also request tailored technical assistance. You can access all information via our website on targethiv.org.

Travis Barnhart:

And let's see. We would like to thank you again so much for joining us today. We really do appreciate and welcome your feedback. So we are going to have Amishi chat out the link to our evaluation for today's session. That link will also pop up when you close out of the Zoom meeting today. But we are giving you

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some time now to go ahead and open up the link and even start working on it while we finish up today's webinar. So please, please, please, help us out, give us some good feedback, constructive criticism on how today's session went.

We do respect your time. We actually are very much ahead of time today. So we're going to give you just a little bit of time to work on that as we do some wrap up. I'm just going to check in on questions again real quick before we do anything else. Anyone have any questions? Do you see something in the chat? Okay. So yes, Amishi has put the link to the evaluation in the chat as well as, if you haven't been checking out the chat, we've been posting resources as the webinar has gone on, including a link to our website on targethiv.org. So we definitely encourage you to join our mailing list and also access our other resources on our website. All right. I'm pausing just a little bit just to see if any further questions come in.

All right. So thank you so much for joining us today and also to our wonderful presenters again. Thank you so much for being here today. It's been a pleasure working with you. I hope that we get to work with all of you again in the near future. A reminder to the participants, please complete the evaluation if you haven't started working on that yet. Thank you and have a great afternoon. That will conclude today's webinar. Thank you very much.