

The Road to Dissemination

DOCUMENTING THE JOURNEY FROM PLANNED
APPROACH TO INTERVENTION IMPLEMENTATION
SESSION 4

INTEGRATING HIV INNOVATIVE PRACTICES (IHIP)

Purpose: To support the coordination, dissemination, and replication of innovative HIV care strategies in the Ryan White HIV/AIDS Program (RWHAP) through the development and dissemination of implementation tools and resources and provision of TA.

Key Support:

- Implementation tools and resources (targethiv.org/ihip)
- Capacity building TA webinars
- Peer-to-peer TA on the featured interventions
- Support in the development and dissemination of implementation tools and resources
 - Webinars
 - One-on-one TA
- Helpdesk (ihiphelpdesk@mayatech.com)



The Road to Dissemination — Documenting the Journey from Planned Approach to Intervention Implementation

A four-session webinar series facilitated by ACOJA Consulting for RWHP grant recipients and other HIV services providers

Session 1 : February 28, 12-1 PM ET

Session 2 : March 28, 12-1 PM ET

Session 3 : April 25, 12-1 PM ET

Session 4 : May 23, 12-1 PM ET

Register: <https://bit.ly/IHIP-Road-to-Dissemination>





INTRODUCTIONS

Ask the Audience:

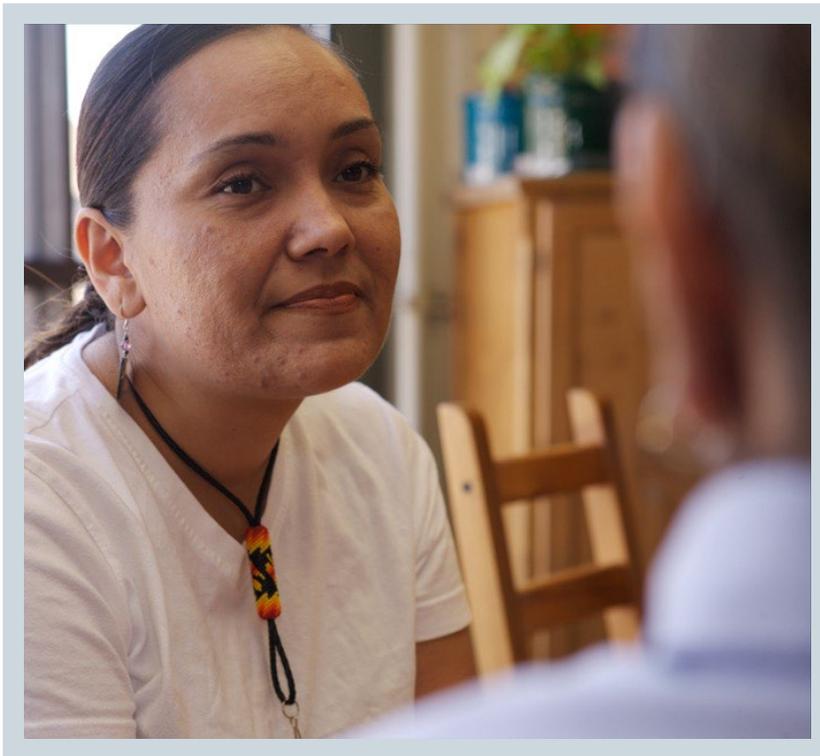
- What's Your Name / Pronouns?
- Where do you Work?
- What is your Role?
- What Interested you in this Webinar Series?



PURPOSE OF IMPLEMENTATION MANUALS

- Document the Process
- Learn from the Journey
- Foster Dissemination & Replication
- Support Sustainability
- Learn from the Process
- Pivot, Adjust, Adapt
- Create Additional Funding Opportunities During the Project
- Improve Project Outcomes

PAST, CURRENT, OR PLANNED PROJECTS



Ask the Audience:

IF THIS IS YOUR **FIRST SESSION**:

ANY PAST, CURRENT OR UPCOMING PROJECTS?
WHAT IS/WAS YOUR ROLE?

IF THIS IS **NOT YOUR FIRST SESSION**:

KEY TAKEAWAYS TO SHARE? UPDATES?

iHiP Webinar Series

Session 1:

Why this Destination? Getting Travelers and Stakeholders Onboard

Session 2:

Starting the Journey: Mapping a Route to your Planned Destination

Session 3:

Detours: The Only Certainty is Change

Session 4:

You've arrived! Creating your Travel Log

WHERE WE ARE

Session 1: Why this Destination? Getting Travelers and Stakeholders Onboard

- Overview of the journey.
- Identify your team and collaborators.
- Work together to learn the different approaches.

Session 2: Starting the Journey: Mapping a Route to your Planned Destination

- Planning tools and tips.
- Mapping your route - Planning before you go, with key considerations to document each stop.

Session 3: Detours: The Only Certainty is Change

- Documenting change and adapting approach using an iterative process.
- Planned vs. actual scenarios of change (real or imagined).

Session 4: You've Arrived! Creating your Travel Log

- Reflecting together on highlights, lessons learned, and final observations.
- Documentation, feedback & sharing lessons learned. Engaging the group for tips and tools.

SESSION 1: OVERVIEW

INTRODUCTION: Purpose of Implementation Manuals (IM), Audience, Overview

BACKGROUND | INTERVENTION: Describe site, need addressed, intervention, population, frameworks

PRE-IMPLEMENTATION ACTIVITIES: Gaining buy-in , Hiring staff, Collaborators, Promoting the Intervention, Planning for Sustainability, Planning Costs

PURPOSE OF IMPLEMENTATION MANUALS: Document the Process, Learn from the Journey, Foster Dissemination & Replication, Support Sustainability AND

Learn from the Process, Pivot, Adjust, Adapt, Create Additional Funding Opportunities During the Project, Improve Project Outcomes

Chat Questions (Engaging Key Stakeholders)

1. What facilitates getting key stakeholders on board?
2. What barriers/challenges do you face in engaging stakeholders?

SESSION 1: KEY TAKEAWAYS

- Gain buy-in
- Welcome and engage the reader
- Describe the intervention and its intent
- Discuss the need for the intervention
- Provide relatable background information that leads reader to want to learn more

SESSION 2: OVERVIEW

Mapping a Route to Your Planned Destination

- Planning tools and tips.
- Small group activity: Mapping your route - Planning before you go. Discuss key considerations for documenting each stop along the way.
- Review *Pre-Implementation activities, Implementation and Evaluation* sections of Intervention Manual.

Chat Questions (Reader Engagement)

3. How will you keep the readers interest? What are your tips for keeping readers engaged?
4. What will be your audience's key takeaways?

SESSION 2: KEY TAKEAWAYS

- Keep the readers' interest
- Give them adaptable tools and approaches
- Recognize roadblocks and detours
- Provide relatable information about problem solving that leads reader to want to know more

SESSION 3: DETOURS

The only certainty is change!

- Documenting change and adapting approach using an iterative process. Benchmarking, assessing status, challenging assumptions, sources, and multi-directional communication.
- Small group activity: Site presentation(s) of planned v. actual scenarios (real or imagined).
- Review intervention outputs, outcomes and lessons learned sections of Intervention Manual.

Plan for it!

SUSTAINING INTERVENTIONS



By experiencing a shared journey, with twists and turns along the way, adaptations and alternatives become part of the durable Implementation Manuals, expanding and enhancing the intervention and its reach.

Chat Questions (Lessons Learned)

5. What lessons/results will you be able to share? (How might collaborators support sustainability?)

SESSION 3: KEY TAKEAWAYS

- Anticipate and plan for change
- Be adaptable and look for new approaches
- Share ALL the lessons learned
- Manage by data to show results that matter
- Collaborations are key to sustainability

SESSION 4: YOU'VE ARRIVED

CREATING YOUR TRAVEL LOG

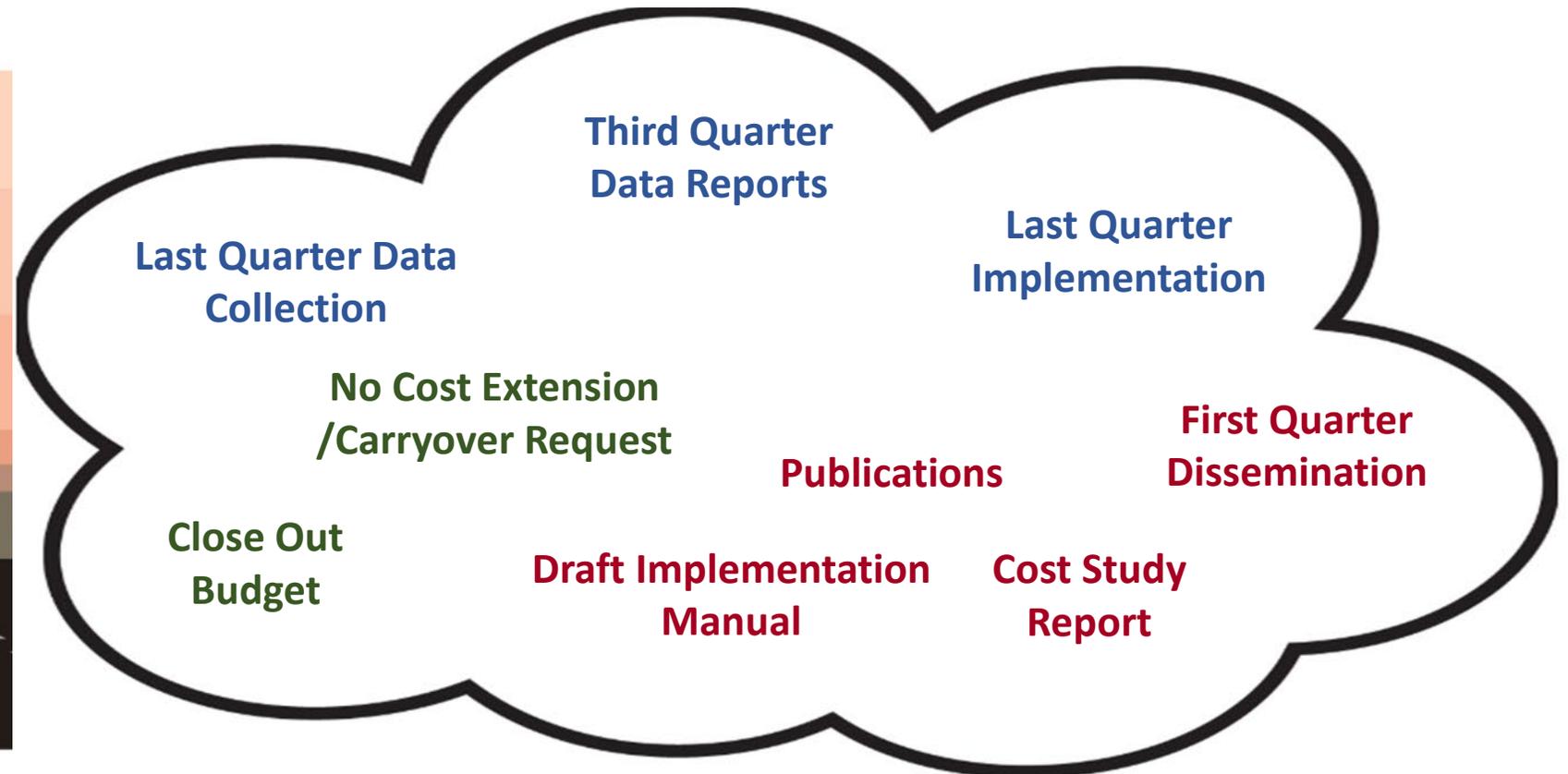
- Share Your Highlights and Lessons Learned
 - Discuss and define lessons learned for future implementers and discussing tools and tips on identifying and presenting key highlights from your intervention.
- Final observations about the intervention process, documentation, and adaptation (consider the final quarter)
- Review *Dissemination Activities, Attachments (Intervention Products/Materials)* of Intervention Manual

GETTING THE WORD OUT

Implementation... Dissemination... Replication...

- Conference Presentations / Posters
- Peer-Reviewed Journal articles
- Implementation Manual
- Outreach to local and regional AIDS Education and Training Centers (AETCs)
- Posted on TargetHIV and AETC NCRC websites for download and use
- Opinion Leaders: Paterson HIV Testing
- Tools + Tips Handbook
- How-to Lessons Learned (A Time for Testing)
- Replication
- Outreach about the intervention to Housing & Employment programs
- Websites, Community Flyers
- Everyone you meet!

FINAL APPROACH & LANDING!



USEFUL TOOLS / RESOURCES / HANDOUTS

Attachments

Intervention products/materials

- Job descriptions
- Products/materials that support implementation of the intervention (including recruitment materials)
- Promotional content/products
- Protocols and other job aids (e.g., intake form, acuity scale, needs assessment tool, intervention evaluation tools, etc.)

Resources

Road to Dissemination Handouts:

- Implementation Manual Template
- Implementation Workplan Template and Tracking Sheet
- Budget Instructions and Templates

<https://targethiv.org/library>

Keywords: “Road to Dissemination”

RESOURCE: Template and Sample Tracking Sheet

Your Project

Implementation Tracking Sample

Your Letterhead
or Logo

Objectives:				TRACK ACTION STEPS BY DATE												Timeline Notes / Lessons Learned		
<ul style="list-style-type: none"> Develop collaborative relationships to facilitate local site data collection Support and guidance to inform integration with local EHE plan Enhance/ leverage existing resources to inform and streamline the process 				KEY: Numeric date = actual completion date X = planned completion month														
				Stage				Year 1 month				Year 2 month						
Action Steps				Responsible Entity	Facilitators, Barriers Outcomes, Next Steps (F, B,O, NS)	9	10	11	12	1	2	3	4	5	6	7	8	
PRE-IMPLEMENTATION	<ul style="list-style-type: none"> Review project materials / requirements Leverage resources / collaborators Finalize agenda; send invites 	PI	<ul style="list-style-type: none"> Coordinated meeting w/ local entities (F) Set Agenda w/o partners (B) Host breakfast meeting with key collaborators (O / NS) 	22														<ul style="list-style-type: none"> Meeting in community partner space improved attendance Share draft agenda w/ partners prior to next meeting
	<ul style="list-style-type: none"> Arrange meetings: schedule space, identify key stakeholders, facilitator Draft agenda; share w/ admin / funder 	PD	<ul style="list-style-type: none"> Coordinating logistics with partners (F) Send thank you / follow up with leadership / participants (NS) 	18														<ul style="list-style-type: none"> Getting the right people to the table will help facilitate next steps
IMPLEMENTATION	<ul style="list-style-type: none"> Met with key stakeholder to inform site visit agenda and presentations. Shared draft presentation materials Walk-through of partner space; met partner's team. 	PI / Leadership	<ul style="list-style-type: none"> Clarified roles & Id'd leads (F) Draft plan for cross-site data collection Identified key barriers (O) Contact FQHC (NS) Update Plan with partner input (O / NS) 	15													<ul style="list-style-type: none"> Helped improve integration with local EHE plan Partner staff informed logistics Full team needed (Project PI, project staff, data manager) 	
	<ul style="list-style-type: none"> Visit to partner location to present project overview Gain buy-in for needed data collection and reporting and inform the initiative 	PD/ Partners	<ul style="list-style-type: none"> Established/ enhanced relationships (O) Leadership pledged to work collaboratively w/ team (O) Champion identified (O) 	15														<ul style="list-style-type: none"> Walk-through revealed robust clinic services; onsite lab, transportation
EVALUATION	<ul style="list-style-type: none"> Advised site of need to complete Baseline for each identified location (not just main site) 	PI / Evaluator	<ul style="list-style-type: none"> Plan to prioritize, streamline and coordinate system-wide data collection/ reporting (O) 	15														<ul style="list-style-type: none"> Need simplified data collection tool for partner site use; discuss with Evaluation team
	<ul style="list-style-type: none"> Review and annotate Partner data collection tool (by location) 	PD / Evaluator	<ul style="list-style-type: none"> Partners unfamiliar with Red Cap data collection tool PD to facilitate 	X														<ul style="list-style-type: none"> Promotores / CC play vital role in gaining buy in to facilitate data collection
NEXT STEPS	<ul style="list-style-type: none"> Meet with Funder / Evaluation team to discuss next steps / lessons learn Expand partners to including FQHC, housing/ employment service agencies 	PI/PD Evaluator	<ul style="list-style-type: none"> Consider need to enhance data collection tools Determine need to update IRB approvals 	X														<ul style="list-style-type: none"> Consider inviting funder / evaluator to year end meeting with all collaborators / partners

RESOURCE: Budget Instructions + Templates

The Road to Dissemination – Documenting the Journey from Planned Approach to Intervention Implementation Coming Soon!

<https://targethiv.org/news/become-dissemination-pro-four-lessons>

INSTRUCTIONS FOR COMPLETING BUDGET / BUDGET NARRATIVE

PRO TIP: READ through ALL Instructions, forms and documents - twice. Ask others to read through as well.

NOTE: THIS TEMPLATE IS TO HELP YOU DRAFT YOUR BUDGET AND SHARE WITH YOUR TEAM. DO NOT SUBMIT PROPOSAL USING THIS FORMAT UNLESS FUNDER DOES NOT SPECIFY A FORMAT

Copy and paste:

- Tab 2 to draft an initial Budget
- Tab 3 to draft a Budget Modification
- Tab 4 to prepare Budget or Budget Modification Narrative

CONSIDER: What will you need to deliver the project? What resources are you leveraging in-kind?

When preparing your initial proposed budget, cross check/reconcile with funding request requirements, proposal narrative, letters of support, and internal administrative requirements before finalizing the budget.

Carefully review the instructions below information for key consideration in preparing your budget / narrative:

Project Title:

Submitting Organization:

Funding Announcement # & Title

Budget Attachment

Budget Item		Total Request	Total Inkind	NOTES:	
Personnel Services (PS)				see Budget Narrative for funding and Inkind PS justifications attached approved rate	
name / title	Salary FTE	\$ -	\$ -		
name / title		\$ -	\$ -		
name / title		\$ -	\$ -		
Salaries Total		\$ -	\$ -		
Fringe Rate (31%)		\$ -	\$ -		
PS Total		\$ -	\$ -		
Other than Personnel Services (OTPS)		Cost per # Units		see Budget Narrative for funding and inkind OTPS justifications attached	
specify and justify in narrative		\$ -	\$ -		
specify and justify in narrative		\$ -	\$ -		
OTPS Total		\$ -	\$ -		
Subtotal (PS + OTPS)			\$ -	\$ -	
Admin / Indirect (Calculate on PS only)			\$ -	\$ -	Reflects rate reduction, see letter from CFO attached.
	16%				
BUDGET TOTAL			\$ -	\$ -	see also Table # and Letters of Commitment attached to document In-kind support
	Direct (PS + OTPS)	\$ -	\$ -		
	Admin / Indirect	\$ -	\$ -		
BUDGET TOTAL			\$ -	\$ -	

check \$ - \$ -

Reminder: Remove all instructions and tailor or remove comments after copying budget template.

IHIP HANDBOOKS

JAIL: TIME FOR TESTING

INSTITUTE A JAIL-BASED HIV TESTING PROGRAM



A HANDBOOK AND GUIDE TO ASSIST

- JAIL HEALTH ADMINISTRATORS
- LOCAL HEALTH DEPARTMENTS
- COMMUNITY BASED ORGANIZATIONS
- AIDS SERVICE ORGANIZATIONS

Created by Yale University School of Medicine



TOOLS + TIPS FOR PROVIDING TRANSITIONAL CARE COORDINATION

HANDBOOK

Cover

Inside Cover

Contents

Acknowledgments

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> Chapter 1. Introduction and Overview

> Chapter 2. Getting Started: Building a Transitional Care Coordination Model

> Chapter 3. Program Planning

> Chapter 4. Client Encounters

> Chapter 5. Medical Alternatives to Incarceration

Chapter 6. Records and Documentation

> Chapter 7. Problem Solving and Goal Setting

> Chapter 8. Data Quality Management

Chapter 9. Conclusion

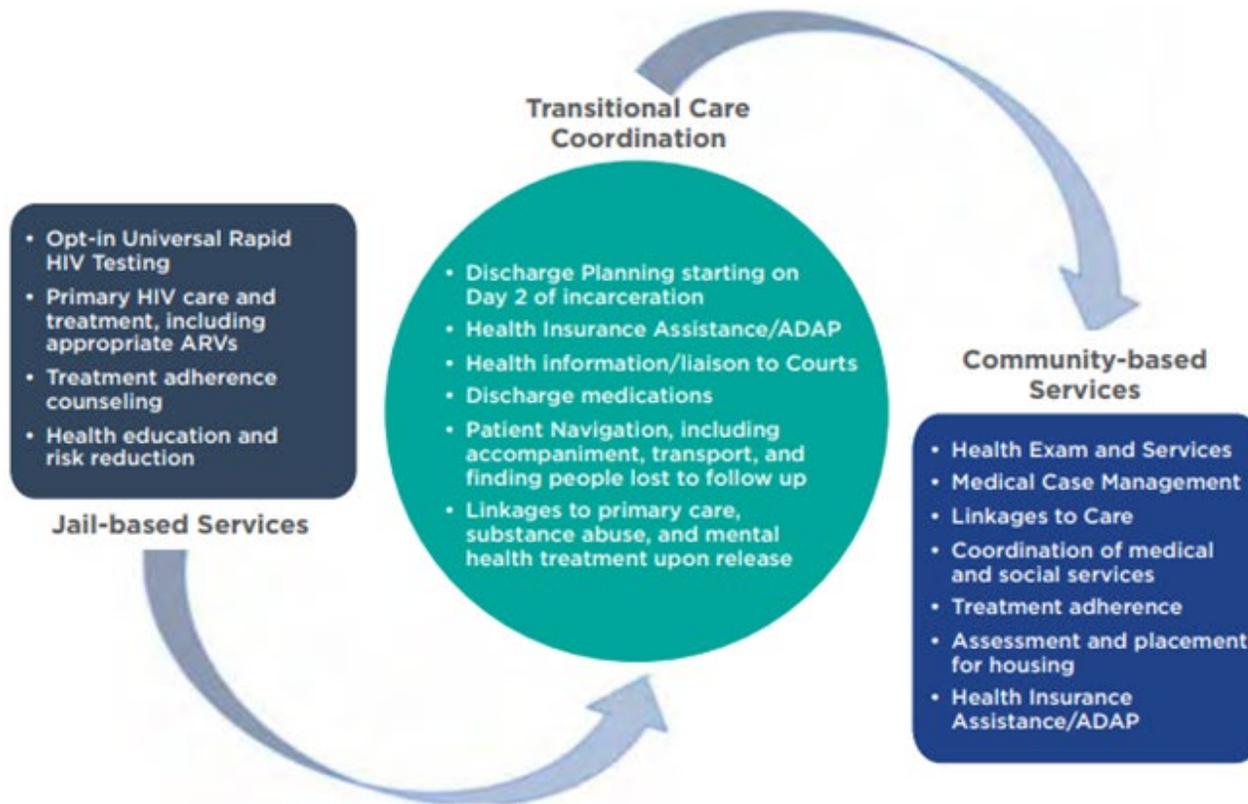
Special Thanks

> Appendix

<https://targethiv.org/sites/default/files/file-upload/resources/Jail Time for Testing 2010 0.pdf>

<https://targethiv.org/ihip/tools-tips-providing-transitional-care-coordination>

PRACTICE TRANSFORMATION MODEL



Establishing Relationships	
At all levels:	Within the correctional setting:
Greet with a smile and a handshake.	Know the chain of command, including formal and informal roles.
Listen first; then ask key questions, such as <ul style="list-style-type: none"> • How do things work now? • What do you need? • Can you help me? 	Identify a champion of this work within the jail administration.
Be clear and set realistic, measurable, and achievable goals.	Identify the benefit you're providing to the jail and to jail personnel (e.g., service gaps you may be filling, programs leading to reduced violence).
Begin where you can.	Acknowledge additional work for correctional staff (e.g., escort/transport, ensuring your staff's safety).
Build trust by <ul style="list-style-type: none"> • Starting with winnable battles • Sharing at least five positive messages before any negative one • Setting up individuals to succeed • Setting clear expectations and delivering on them. 	Demonstrate your accessibility by <ul style="list-style-type: none"> • Visiting often and becoming a familiar face and • Knowing who to approach for jail access, security training, and space in jail to interview clients.
Align expectations with abilities.	Recognize that you are a civilian in a jail and be respectful of the policies and procedures in place.
Expect to give more than you receive.	Invite input from jail administrators as a way of securing buy-in and opening lines of communication.

Linkages and Maintenance in Care

- **Along with primary medical care, NYC clients were connected to:**
 - Medical case management (53%)
 - Substance use treatment (52%)
 - Housing services (29%)
 - Court advocacy (18%)
- **Surrogate family: 65% received accompaniment / transport to medical appointment**
- **Outreach for reengagement: 85% found through outreach team; 30% in jail**

“An ideal community partner offers a one-stop model of coordinated care in which primary medical care is linked with medical case management, housing assistance, substance abuse and mental health treatment, and employment and social services.”

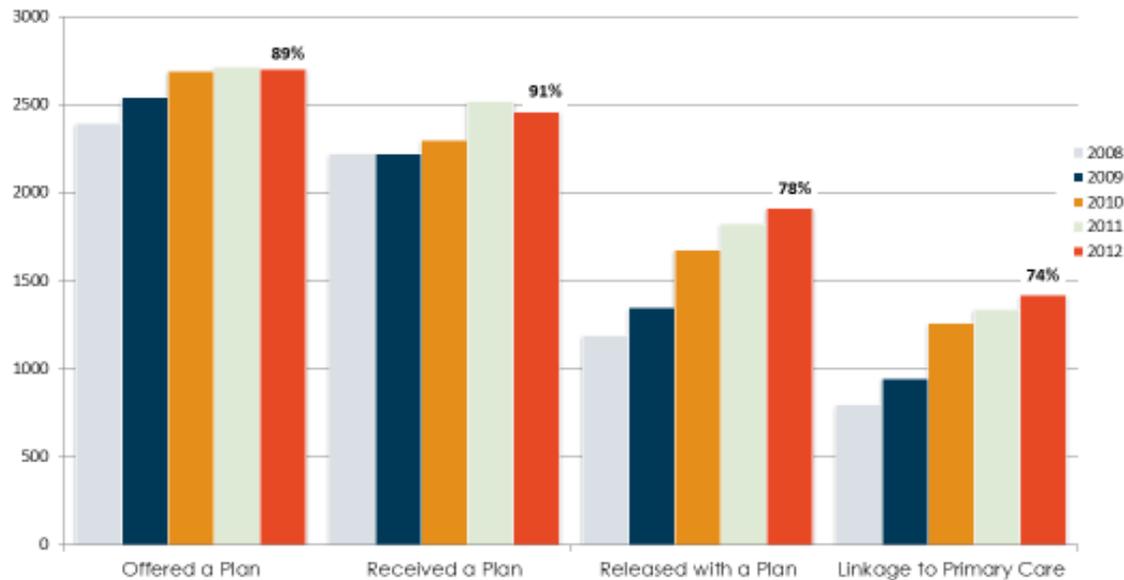
Enhancelink Policy Brief, Vol. 1 Issue 4. Winter 2010. Enhancing Linkages to HIV Primary Care and Services in Jail Settings Initiative: Transitional Care Coordination - from Incarceration to the Community.

<http://chip.sph.emory.edu/EnhanceLink/index.html>

PROGRAM / HEALTH OUTCOMES



NYC PROGRAM OUTCOMES 2008-2012



n=17,010 self-reported HIV-positive admissions to NYC jails (2008-2012)

DISSEMINATION OF
**EVIDENCE-
INFORMED**
INTERVENTIONS



SPNS JAILS INITIATIVE OUTCOMES From 6m Prior to Incarceration to 6m Post Release

Indicator	NYC	All Sites
Clinical Care		
CD 4 (mean)	↑ (372 to 419)	↑ (416 to 439)
vL (mean)	↓ (52,313 to 14,044)	↓ (39,642 to 15,607)
Undetectable vL	↑ (11% to 22%)	↑ (9.9% to 21.1%)
Engagement in Care		
# Taking ART	↑ (62% to 98%)	↑ (57% to 89%)
ART Adherence	↑ (86% to 95%)	↑ (68% to 90%)
Avg. # ED visits p/p	↓ (.60 to .2)	↓ (1.1 to .59)
Survival Needs		
Homeless	↓ (23% to 4.5%)	↓ (36.2% to 19.2%)
Hungry	↓ (20.5% to 1.75%)	↓ (37.4% to 14.1%)

DISSEMINATION OF
**EVIDENCE-
INFORMED**
INTERVENTIONS



FLYER HELPS SUSTAIN + REPLICATE

Transitional Care Coordination Overview

Our Program and Population at a Glance

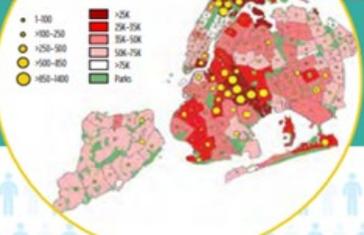


2nd largest jail system in the country



All individuals detained for at least **24 hours** receive medical intake and mental health screening

Number of Discharges to the Community from NYC Jails by Zip code and Socioeconomic Status for 2014



New York City has a well-established Transitional Care Coordination program.

The Transitional Care Coordination model is built on a strong foundation of public health and criminal justice partnership building, as well as an unwavering commitment to the incarcerated population.

Transitional Care Coordination has demonstrated public health benefits, from decreased ED visits to improved HIV viral load suppression and improved self-management skills.

Demographically, the jail population mirrors that of the NYC communities hardest hit by healthcare and socioeconomic disparities.



5% of NYC jail population is self-reported HIV-positive



Within **48 hours** individuals receive a discharge plan



Individuals linked to care within **30 days** have greater retention/health outcomes



More than **70%** of clients released from jail return to communities of the greatest socioeconomic and health disparities

10,000 average daily jail census



Meeting with an HIV provider **within 30 days of release** from jail was associated with having an **undetectable viral load** 6 months after release from jail.

At the NYC site there were statistically significant improvements among the group that attended **at least one case management meeting** within 6 months' post-release. This group, for example, was found to have the following healthcare improvements:



Fewer visits to the emergency department, from 0.60 per person in the 6 months prior to baseline to 0.20 visits at follow-up.



Food insecurity decreased from 20% at baseline to less than 2% at follow-up.



Individuals also self-reported feeling **in better general health**.

EXPANSIONS & ENHANCEMENTS

Evidence based outcomes led community integrated correctional health collaboratives to expand / enhance approaches to include:

Other populations:

- Substance use disorders including MOUD
- Geriatric & Complex Care
- Chronic and communicable disease interventions
- Universal HCV screening, treatment and linkages
- Visitor Outreach & Education
- Young Adult Initiatives

Legal & Social Services

- Housing & Employment Services
- Alternatives to Incarceration
- Leveraging networks of care + collaboration
- SPNS Latino Cultural Appropriateness Curricula



EXPANSIONS & ENHANCEMENTS (CON'T)

Evidence based outcomes led community integrated correctional health collaboratives to expand / enhance approaches to include:

Other locations:

From Hampden County to

- 10 SPNS CHLI sites
- COCHS sites
- Transitions Clinic Network

From NYC CHS to

- OSCC-PR
- 3 SPNS DEII sites
- 14 Housing & Employment sites



SPNS DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

Implementation in Camden, Raleigh & Las Vegas

Patient Outcomes

2015-2020

Of the 229 identified and return home (85%)
180d after incarceration:

- 53% documented linkage to care
- 76% documented viral load suppression

AIDS United & Boston University

Training/Technical Assistance & Translational Research

Suggested citation: Dissemination of Evidence-Informed Interventions. Transitional Care Coordination: From Jail Intake to Community HIV Primary Care (2020).

Available at: <https://targethiv.org/deii/deii-transitional-care>



DISSEMINATION OF
EVIDENCE-
INFORMED
INTERVENTIONS



TRANSITIONAL CARE COORDINATION

Three Phases: Five Core Components

1. Initial Contact (Prepare for after incarceration)
2. Transitional Plan (Prepare for after incarceration)
3. Facilitate (Transition to standard of care)
4. 90D Follow-up (community linkage and follow-up)
5. Ongoing Care Management (community linkage and follow-up)

FUNDING SOURCES

Since the 1980s...federal, state and local agencies as well as foundations have supported:

Hampden County MA: Public Health Model for Correctional Health (PHMCH)

led to Community Oriented Correction Health Services (COCHS) adaptations in other areas

HRSA Special Projects of National Significance (SPNS):

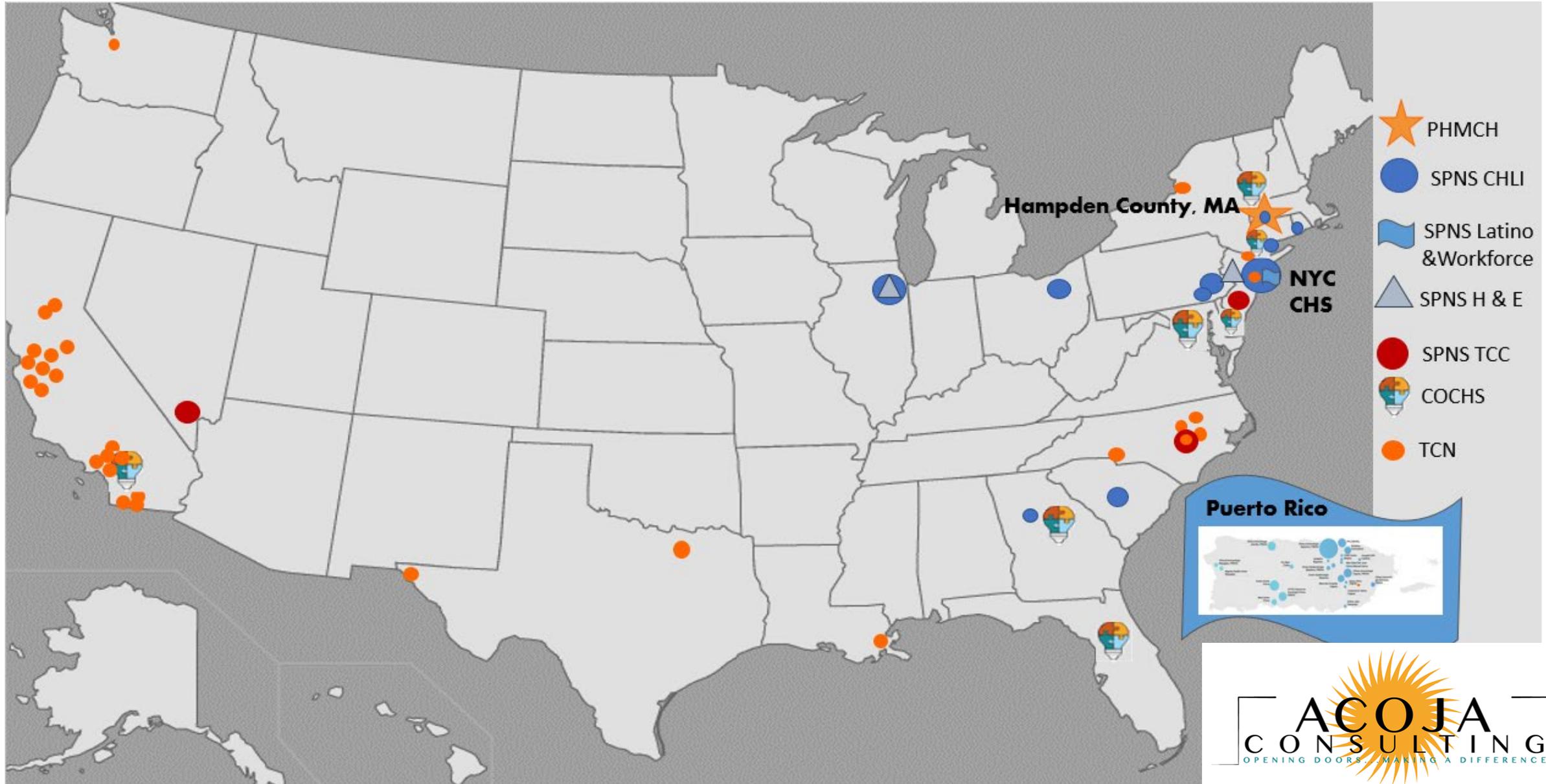
- 10 Correctional Health Linkage Initiatives (CHLI) sites (**Hampden County MA, NYC ...**)
- Workforce Capacity and Latino Initiatives (NYC and Puerto Rico)
- 14 Housing & Employment demonstration sites (Chicago; Paterson NJ)
- 3 Dissemination of Evidence Informed Intervention TCC sites (Camden, Raleigh, Las Vegas)

Other federal and Foundation funding

- HIV Prevention: Health Education / Risk Reduction & Condom Distribution (CDC)
- NYC Correctional Health Service [NYC CHS] Transitional Care Coordination model (CDC/RW)
- NYC HIV testing model adapted from **Project Start** seeded by (ELJ, MACAIDS, Robin Hood)
- **Transitions Clinic Network (TCN):** over 30 community health centers; collaborate with TCC



LOCATIONS



PUERTO RICO COLLABORATIVE RESOURCE GUIDE

Puerto Rico Empleo, Vivienda y Salud Resource Guide

Search Search

Results **199**

Map Satellite

CONCRA (Community Network FOR Clinical Research on AIDS)

Calle Brumbaugh #1162, Urb. García Ubarri, San Juan, PR 00925

Rosaura López Fontáñez, Directora Ejecutiva

rlopez@prconcra.net

787-773-0464

787-294-1569

Homepage

6 services offered at this location **More**

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Calle Quisqueya, 61 Esquina, Hato Rey, PR 00918

José A. Vargas Vidot, Executive Director

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5 services offered at this location **More**

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P.O. Box 366535, San Juan, PR 00936- ----

Google

ACOJA CONSULTING
OPENING DOORS. MAKING A DIFFERENCE

SESSION 4: KEY TAKE AWAYS

- Sustain something – may not be the full intervention but a new approach can make a difference
- Collaborations are key to sustainability

REFERENCES, RESOURCES + TOOLS

IHIP Tools & Resources

Implementation Manual Template and Instructions:

<https://targethiv.org/library/ihip-spns-implementation-manual-template-and-instructions>

Tools + Tips Handbook: Cruzado-Quinones, J., Jordan, A. O., & Cagey, R. (2016) Tools + Tips for Providing Transitional Care Coordination: Handbook, <https://targethiv.org/ihip/tools-tips-providing-transitional-care-coordination>

SPNS Care and Treatment Interventions (CATIs) Curriculum: <https://targethiv.org/deii/deii-resources>

References & Additional Resources

Logic Model: <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>

Collaborations: Jordan AO, Lincoln T, Miles JJ Public Health is Correctional Health is Community Health: Collaboration is Essential, Public Health Behind Bars, Greifinger, 2ed Springer Nature 2022
https://link.springer.com/chapter/10.1007/978-1-0716-1807-3_33

REFERENCES, RESOURCES + TOOLS (CONT)

References & Additional Resources

Leveraging Past Initiatives:

Cruzado-Quinones J, Cagey Huibregtse R, Jordan AO (2023) Transnational Trans Women Inspires and Informs Evidence-Informed Interventions Journal of Correctional Health Care, pre-publication Liebert publishers.

Correction & Community Connections: Collaboration is Essential <https://www.acojaconsulting.com/commcollab>

Jordan AO, Lincoln T, Miles JJ Public Health is Correctional Health is Community Health: Collaboration is Essential, Public Health Behind Bars, Greifinger, 2ed Springer Nature 2022

https://link.springer.com/chapter/10.1007/978-1-0716-1807-3_33

Project Management:

The Ideal Praise to Criticism Ratio: <https://hbr.org/2013/03/the-ideal-praise-to-criticism>

Improvisation: <https://kicp-workshops.uchicago.edu/eo2014/pdf/Tina-Feys-rules-of-improv.pdf>

Logic Models: https://www.cdc.gov/dhdsp/docs/logic_model.pdf

Trauma Informed Care: https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

UPCOMING IHIP CAPACITY BUILDING TA OPPORTUNITIES

June 29th webinar: Featuring an intervention that relies on four evidence-based intervention components, collectively known as the Addressing STIs: Ask. Test. Treat. Repeat. Intervention.

July webinar (date TBD): Featuring a recreation-based intervention that provides sexual health-related services in a stigma-free space for Black men who have sex with men (BMSM) with HIV, ages 18 - 45.

July webinar (date TBD): Designed to describe various intervention resources (e.g., manuals, tips sheets, marketing 1-pagers) that can be developed for specific audiences and uses, with cultural responsiveness in mind.

Visit: <https://targetHIV.org/ihip> to find our tools and resources, including webinar recordings, and to sign up for the IHIP Listserv.



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