ELEVATE Program Training

Date
Location

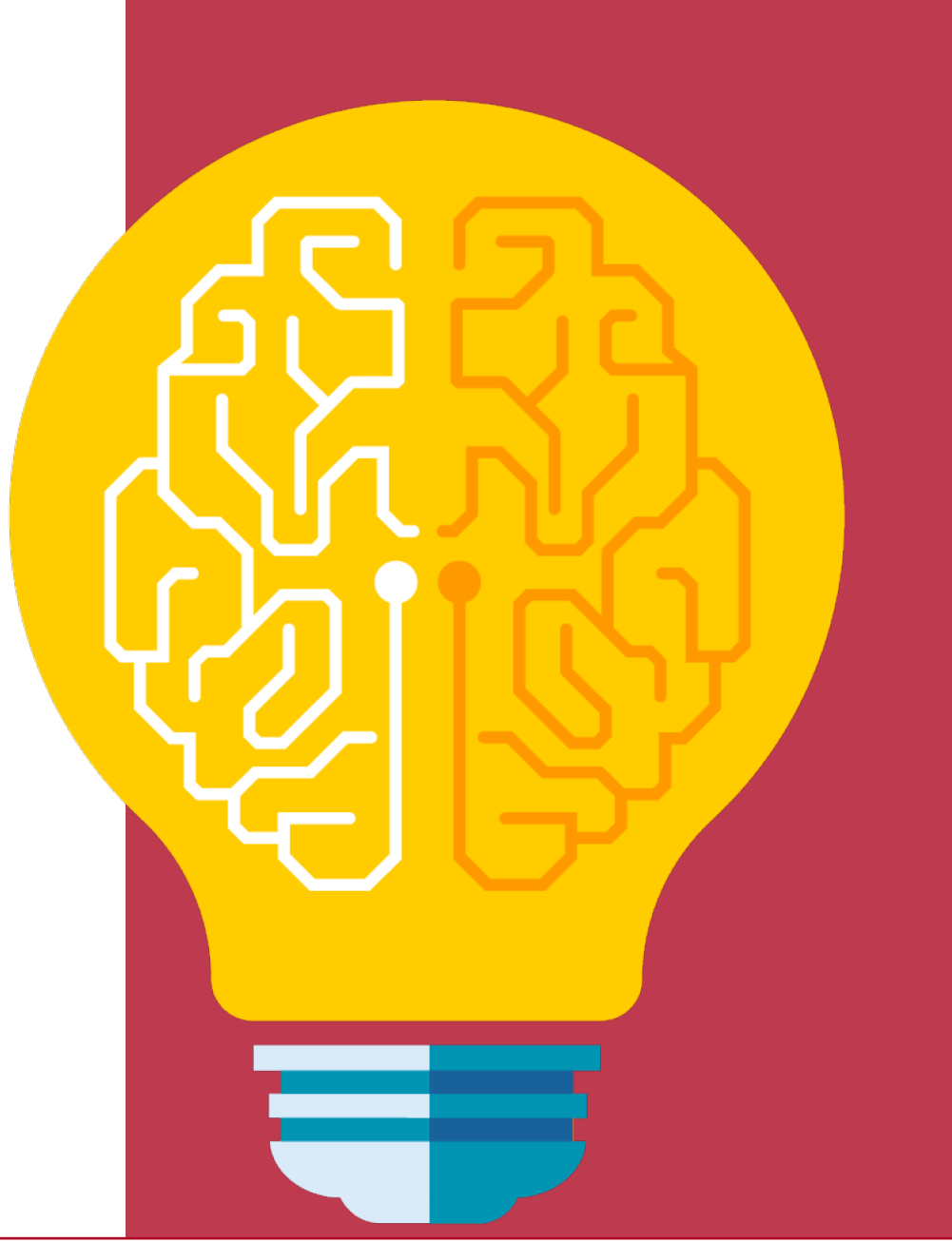
NMAC
leads with race

ELEVATE
Engage Leadership through Employment, Validation & Advancing Transformation & Equity

ELEVATE Day One

Learning Environment

- Explore the role of race and gender in HIV-related service delivery
- Develop and reinforce positive self-identities for all participants
- Create a welcoming and safe environment



ELEVATE Purpose

The purpose of the ELEVATE program is to build the capacity of Persons with HIV (PWH) to be meaningfully involved in the planning, delivering, and improving of Ryan White HIV/AIDS Program (RWHAP) services.

ELEVATE Goals

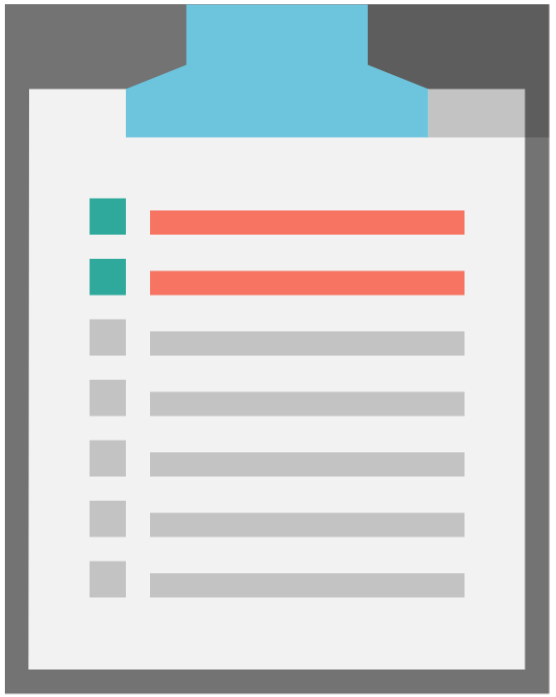
1. Increase the number of PWH meaningfully involved in the **planning, delivering,** and **improving** of RWHAP services
2. Build the capacity of PWH to be meaningfully involved in **community planning for HIV prevention, care, and treatment services**
3. Build the capacity of PWH to be meaningfully involved in **clinical quality management (CQM) activities**
4. Build the capacity of PWH to be meaningfully involved in the **delivery of HIV prevention and care services**
5. Develop individualized action plans to increase engagement and involvement in the planning, delivering, and improving of RWHAP services

ELEVATE Four Day Program

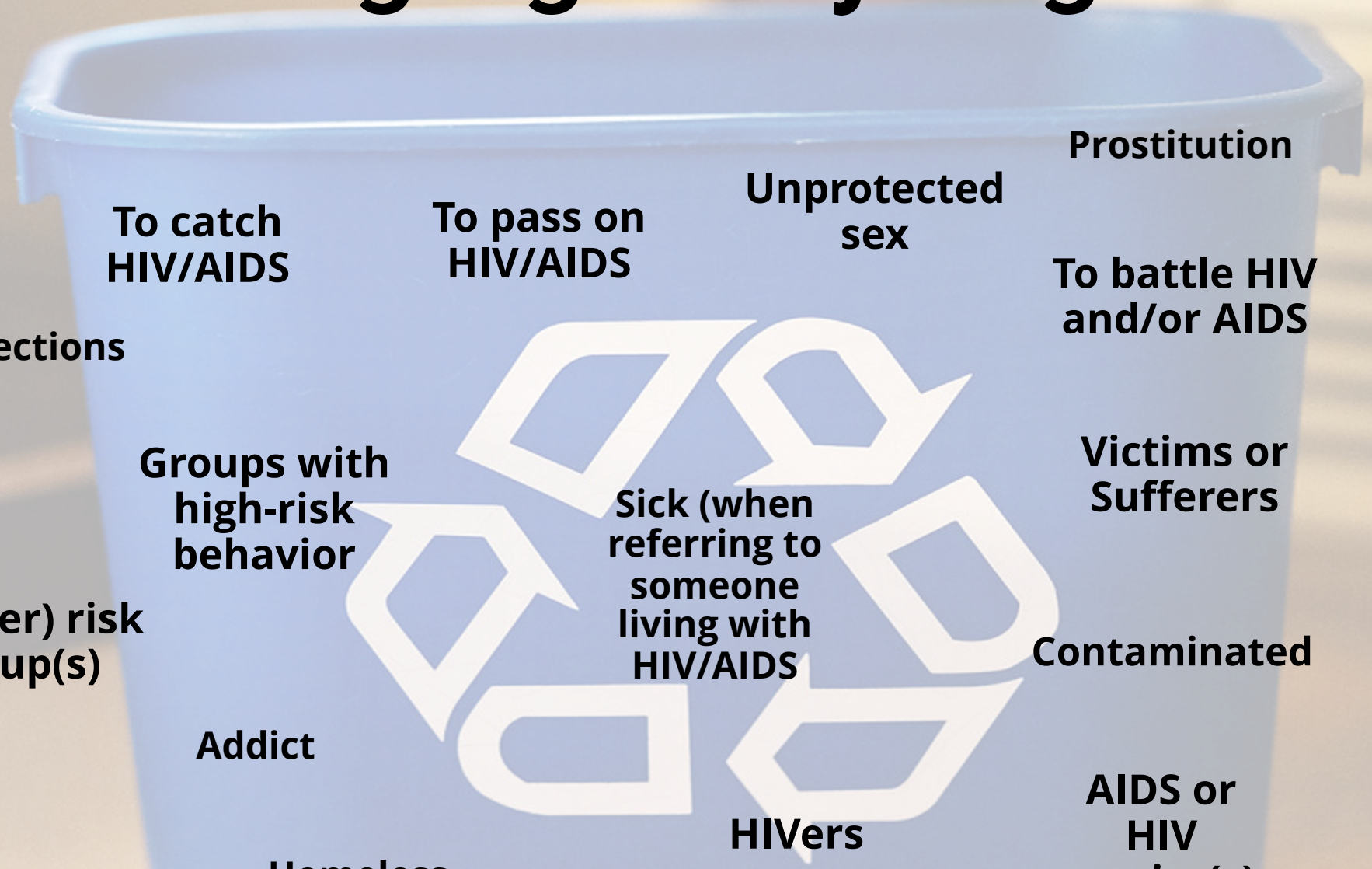
- Day One: PWH Systems-Level Leadership
- Day Two: HIV Prevention, Care & Treatment
- Day Three: Public Health Tools and Approaches & Program Track Breakouts
- Day Four: Creating Change in Systems and Communities

Community Agreements

- Be present
- Actively participate
- Ask questions
- Reflect on your own experience
- Be respectful of other's experiences
- Seek to maintain a growth mindset
- Root in respect



ELEVATE's Language Recycling Bin



AIDS (when referring to the HIV)

To catch HIV/AIDS

To pass on HIV/AIDS

Unprotected sex

Prostitution

To battle HIV and/or AIDS

Infections

War against HIV/AIDS

Groups with high-risk behavior

Sick (when referring to someone living with HIV/AIDS

Victims or Sufferers

High(er) risk group(s)

Positives

Contaminated

Addict

HIV/AIDS patient

HIVers

AIDS or HIV carrier(s)

Homeless

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ELEVATE's Language Garden

Sex work /Sex workers	Person/People with addiction	To be diagnosed with HIV	To acquire HIV	To transmit HIV
Sex without a condom or medicines to prevent or treat HIV	Person/people with unstable housing or experiencing homelessness	High-risk behavior	Highly affected communities	Key populations

People/person with HIV or AIDS

People/person living with HIV

Community Garden

ELEVATE Program – Hopes & Fears

Day One Agenda

Time PM EST	Agenda Item
9:00 - 9:45	Welcome and Introductions
9:45 - 10:15	The HIV National Strategic Plan
10:15 - 10:30	Break
10:30 - 11:30	The Ryan White HIV/AIDS Program
11:30 - 12:30	Structures of Involvement
12:30 - 01:30	Lunch
01:30 - 02:30	PWH Leadership
02:30 - 03:15	HIV 101 & PEP, PrEP, & TasP
03:15 - 03:30	Break
03:30 - 04:30	The HIV Life Cycle and Medications
04:30 - 05:00	Closing and Evaluation

Key Learning Objectives

- Introduce the Ryan White HIV/AIDS Program (RWHAP) and the Ryan White Legislation
- Define and describe a comprehensive system of HIV care
- Compare and contrast agitation, activism, and advocacy as methods of involvement
- List governance, advisory, and healthcare team roles where PWH can seek involvement
- Use self-assessment to critically think about areas for leadership development
- Name three levels at which power operates & describe four different models of leadership
- Communicate how the HIV life cycle works, how HIV enters the CD4 cell, replicates, and damages the immune system
- Understand what PrEP (pre-exposure prophylaxis), PEP (post-exposure prophylaxis) & TasP (treatment as prevention)

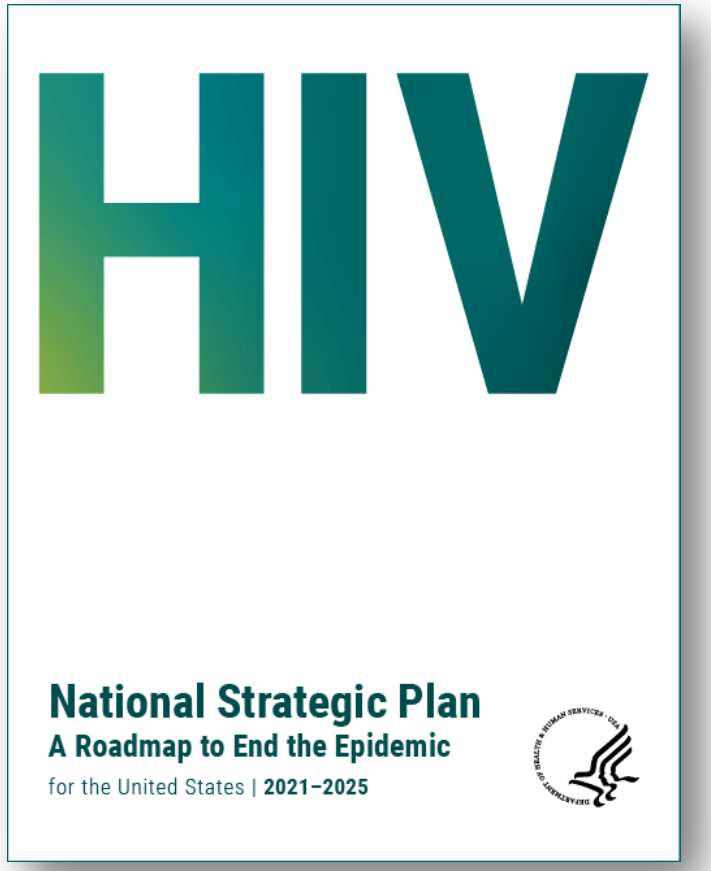
The HIV National Strategic Plan

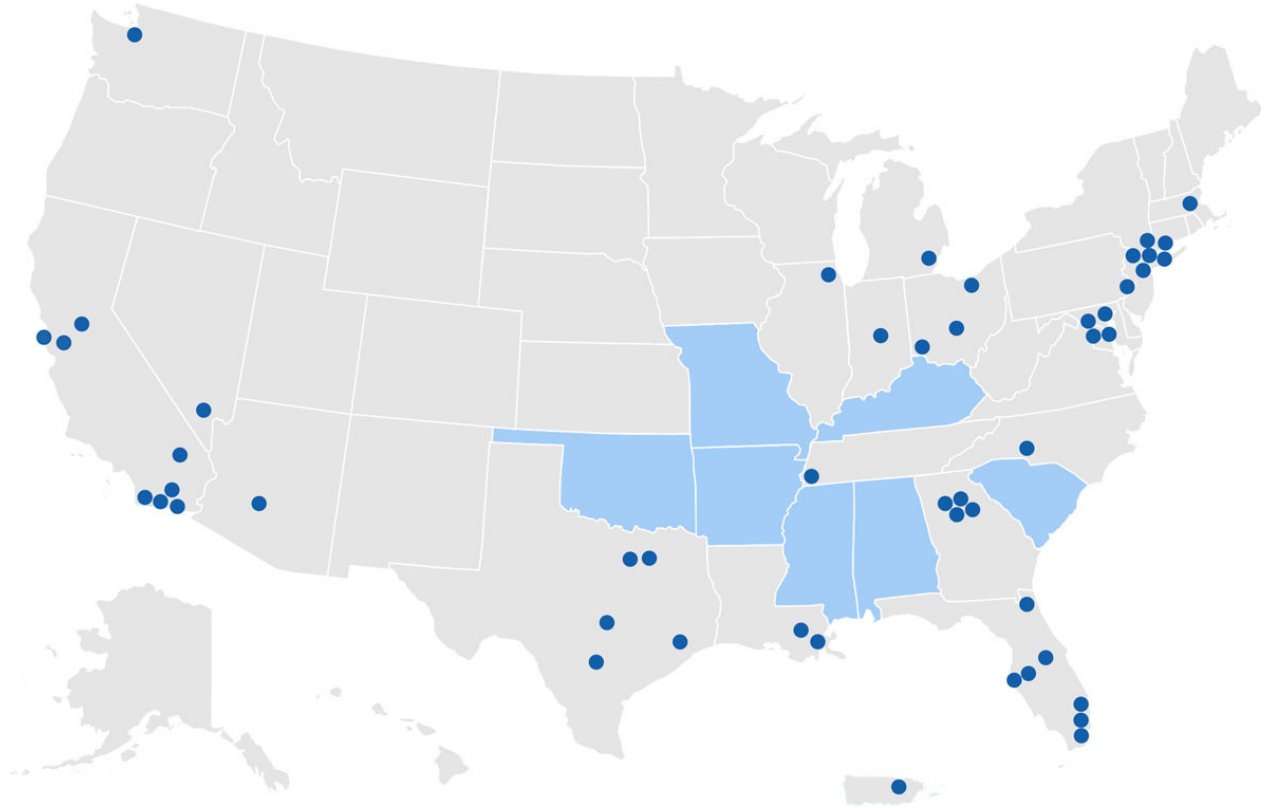
Critical to Quality – Community Engagement

Knowing medicine cannot work in isolation and ARVs alone cannot end AIDS, a comprehensive, community-driven response attentive to underserved groups is urgent.

- Vancouver Consensus Statement

National HIV Strategic Plan





NMAC leads with race

ELEVATE
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Vision Statement

The United States will be a place where new HIV infections are prevented, every person knows their status and every persons with HIV has high quality care and treatment and lives free from stigma and discrimination. The vision includes all people regardless of age, sex, gender, identity, sexual orientation, race, ethnicity, religion, disability, geographic location or socioeconomic circumstances.

The Four Goals

GOAL 1

Prevent New HIV Infections

GOAL 2

Improve HIV related Health Outcomes of People with HIV

GOAL 3

Reduce HIV related Disparities and Health Inequities

GOAL 4

Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Stakeholders

Goal One - Prevent new infections

- Increase awareness of HIV
- Increase knowledge of HIV status
- Expand and improve implementation of effective prevention interventions, including treatment as prevention, PrEP, PEP, and SSPs, and develop new options
- Increase the capacity of health care delivery systems, public health, and the health workforce to prevent and diagnose HIV

Goal Two – Improve HIV-related Health Outcomes of People with HIV

- Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment
- Identify, engage, or reengage people with HIV who are not in care or not virally suppressed
- Increase retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression
- Increase the capacity of health care delivery systems, public health, and the health workforce to serve people with HIV

Goal Three – Reduce HIV-related Disparities and Health Inequities

- Reduce HIV-related stigma and discrimination
- Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum
- Engage, employ, and provide public leadership opportunities at all levels for people with or at risk for HIV
- Address social determinants of health and co-occurring conditions that exacerbate HIV-related disparities

Goal Four – Achieve Integrated and Coordinated Efforts

- Integrate programs to address the syndemic of HIV, sexually transmitted infections (STIs), viral hepatitis, and substance use and mental health disorders
- Increase coordination of HIV programs across all levels of government (federal, state, tribal, local, and territorial) and with faith-based and community-based organizations, the private sector, academic partners, and the community

Goal Four – Achieve Integrated and Coordinated Efforts

- Enhance the quality, accessibility, sharing, and use of data, including HIV prevention and care continuum and social determinants of health data Identify, evaluate, and scale up best practices including through translational, implementation, and communication science research
- Improve mechanisms to measure, monitor, evaluate, report, and disseminate progress toward achieving organizational, local, and national goals”

Q&A

Questions & Answers

The HIV Care Continuum

The HIV Care Continuum

Steps of Traditional HIV Continuum:

- **Diagnosed** – the number of people living with HIV who are aware they have HIV disease
- **Linked** – the number of individuals living with HIV who are linked to HIV medical care
- **Retained** – the number of individuals living with HIV who are continuously attending their scheduled medical visits over time
- **Prescribed** – the number of individuals living with HIV who are prescribed antiretroviral therapy
- **Suppressed** – the number of individuals living with HIV who are virally suppressed.

HIV Care Continuum 2019

- **Diagnosis**—An estimated 87% were diagnosed.
- **Linkage to care**—According to CDC, of those who received an HIV diagnosis in 2019, 81% were linked to care within one month.
- **Receipt of Care**—Approximately 66% had received HIV medical care.
- **Retention in Care**—Approximately 50% were retained in care.
- **Viral Suppression**—An estimated 57% had achieved viral suppression.

Q&A

Questions & Answers

BREAK TIME

The Ryan White HIV/AIDS Program

A Legacy of Care

- Insert Video A Legacy of Care [https://www.youtube.com/watch?v=SOGD8dueHeI&t=25s]

Community Reflection

The Ryan White HIV/AIDS Program

The RWHAP was first created in 1990 with the passage of the **Ryan White Comprehensive AIDS Resources Emergency (CARE) Act** and is the largest federal program focused specifically on providing HIV care and treatment services to people living with HIV.

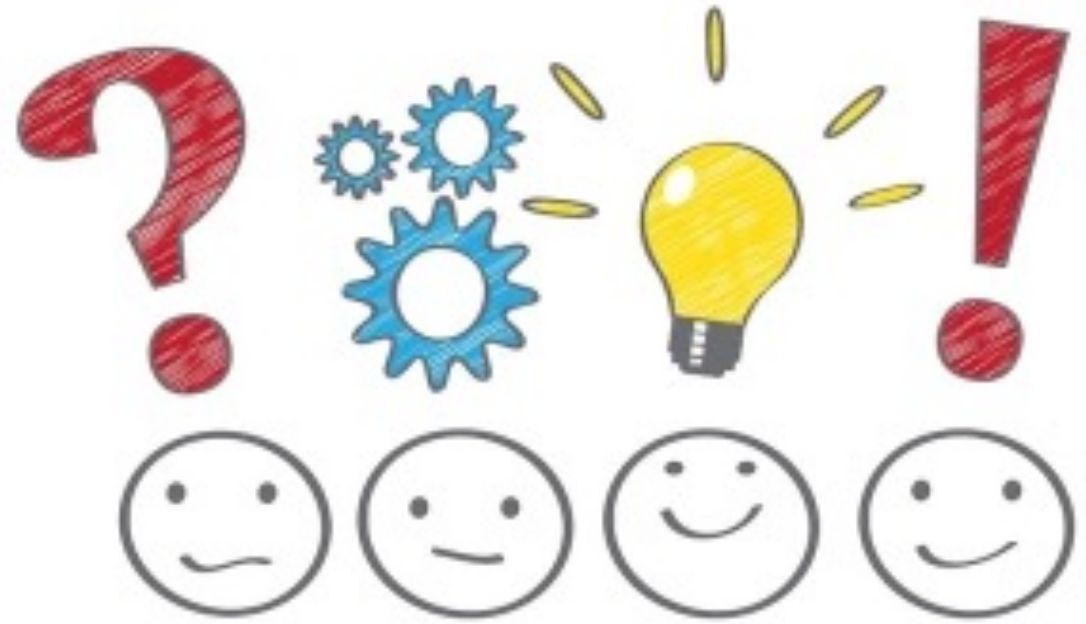
The Ryan White HIV/AIDS Program

The system of care should:

- “address the service needs of newly affected and underserved populations – including disproportionately impacted communities of color and emerging populations”
- “be consistent with HSRA’s goals of increasing access to services and decreasing HIV/AIDS health disparities…”
- “be designed to address the needs of PLWH across all life stages” from being unaware of their “HIV status, through HIV counseling and testing, early intervention and linkage to care, to retention in care and treatment adherence”

Characteristics of a Comprehensive System

- Availability
- Accessible
- Appropriate
- Effective



Ryan White HIV/AIDS Program Parts

The Ryan White HIV/AIDS Program is divided into parts – each part plays a different role in ensuring a system of care for Persons with HIV.

- Part A
- Part B
- Part C
- Part D
- Part F

Ryan White HIV/AIDS Program Part A

Part A provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are population centers that are the most severely affected by the HIV/AIDS epidemic.

Ryan White HIV/AIDS Program Part B

Part B provides grant funding to states and territories to improve the quality, availability, and organization of HIV health care and support services. Grant recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the 5 U.S. Pacific Territories. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).

Ryan White HIV/AIDS Program Part C

Part C provides grant funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services

Ryan White HIV/AIDS Program Part D

Part D provides grant funding to support family-centered, comprehensive care to women, infants, children, and youth living with HIV.

Ryan White HIV/AIDS Program Part F

Part F provides grant funding that supports several research, technical assistance, and access-to-care programs. These programs include:

- The **Special Projects of National Significance Program**, supporting the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations;
- The **AIDS Education and Training Centers Program**, supporting the education and training of health care providers treating people living with HIV through a network of eight regional centers and three national centers;
- The **Dental Programs**, providing additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program; and
- The **Minority AIDS Initiative**, providing funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations."

Q&A

Questions & Answers

RWHAP Service Categories

- The RWHAP supports a system of care with specific services to support Persons with HIV to improve outcomes.
- These services are categorized into “core medical” and “supportive services.”

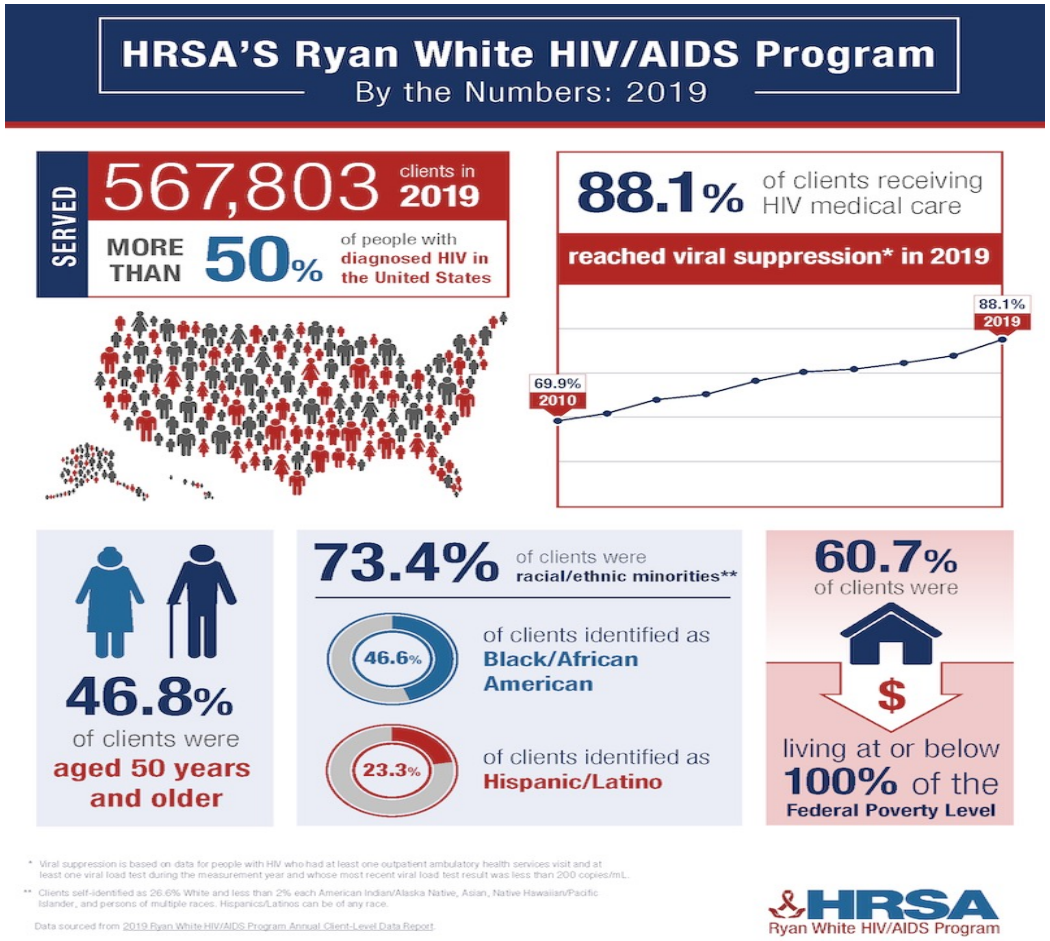
RWHAP Services

CORE MEDICAL SERVICES	SUPPORT SERVICES
Outpatient/Ambulatory Health Services	Non-Medical Case Management Services
AIDS Drug Assistance Program Treatments	Child Care Services
AIDS Pharmaceutical Assistance	Emergency Financial Assistance
Oral Health Care	Food Bank/Home Delivered Meals
Early Intervention Services (EIS)	Health Education/Risk Reduction
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	Housing
Home Health Care	Other Professional Services
Home and Community-Based Health Services	Linguistic Services
Hospice Services	Medical Transportation
Mental Health Services	Outreach Services
Medical Nutrition Therapy	Psychosocial Support Services
Medical Case Management, including Treatment Adherence Services	Referral for Health Care and Support Services
Substance Abuse Outpatient Care	Rehabilitation Services
Respite Care	
Substance Abuse Services (residential)	

Q&A

Questions & Answers

Ryan White HIV/AIDS Program



30 Years of HRSA's Ryan White HIV/AIDS Program

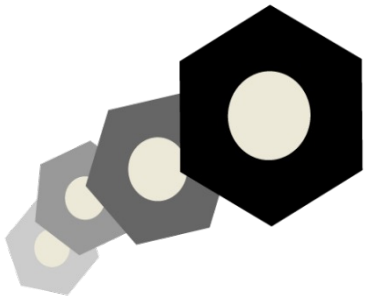
Community Reflection

Structures of Involvement

History of Involvement

- Fingerprints – The Denver Principles; Authors and Souls
- Blueprints – The Ryan White Program; Drafters and Supporters
- Nuts and Bolts – Community Planning & Advisory Board Members
- Betterment – Improvement Advocates (Planning, Improving, & Delivering Services)






Community Reflection

- Why should we be at table helping to make it better?

Community Reflection

- How have you been involved in or tried to influence community decision-making?

Methods of Involvement

1. Agitation
2. Activism
3. Advocacy

Agitation, Activism, & Advocacy

- **Agitation** is defined as, “one who stirs up public feeling on controversial issues.
  - Some words used to describe agitators are inciter, instigator, and rabble-rouser.
- A second method of involvement is **Activism** which is defined as, ‘a doctrine or practice that emphasizes direct vigorous action especially in support of opposition to one side of a controversial issue.
- An **Advocate** is defined as, ‘one that pleads the cause of another.’
  - Advocates are members of a community who engage in gathering and presenting community narratives and experiences to support bringing awareness to the needs of others.

Community Reflection

- When thinking about these methods of involvement, how do you decide whether to agitate, activate, or advocate?

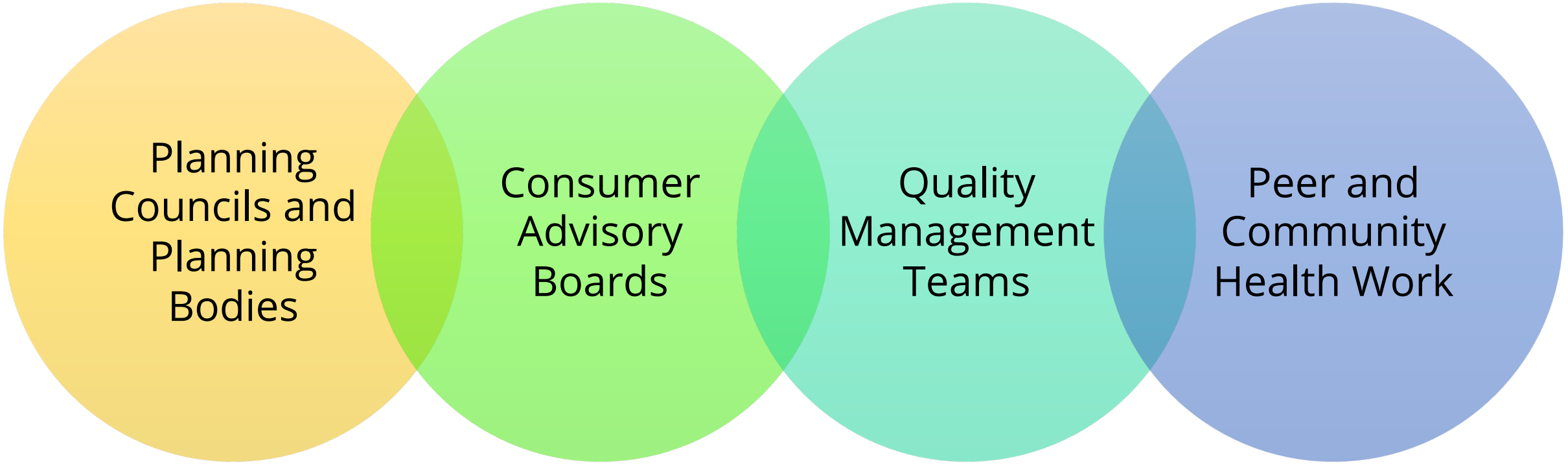
Methods of Involvement Decision-Making

1. Identify the **problem** you are trying to solve
2. Identify the **stakeholders** needed to solve the problem
3. Evaluate the dynamics of **the relationship** with each of the stakeholders
4. Determine what **response** is needed for those relationship dynamics
5. Select your **method** of involvement

Q&A

Questions & Answers

Involvement Areas



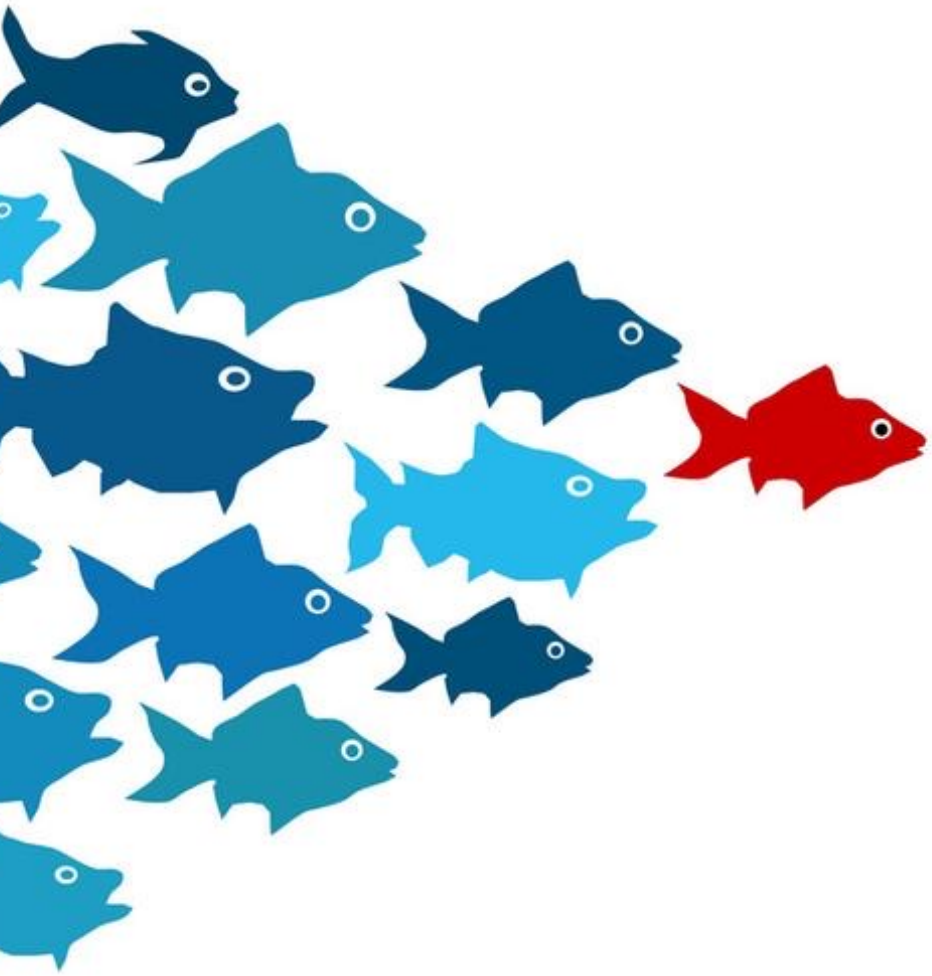
Other Areas of Involvement

- Measure Development Teams
- Research Advisory Boards
- Technical Expert Panels
- Statewide Advisory Boards
- Doctors, Nurses, and Social Workers
- Many more …

LUNCH TIME

Systems-Level Leadership

Group Brainstorm



What are some traits or characteristics you identify with someone who is a **good leader**?

Leadership **Self-Assessment**

Using the list of traits and characteristics we developed for leaders, identify **three traits** where you feel you are strong and **three traits** that you would like to further develop.

- You will have 5 minutes to reflect on your leadership traits and then will be assigned to breakout rooms in pairs.
- In the breakout rooms you will have 5 minutes to share your list of strengths and areas for growth with their breakout buddy.
- After five minutes you will return to the main room

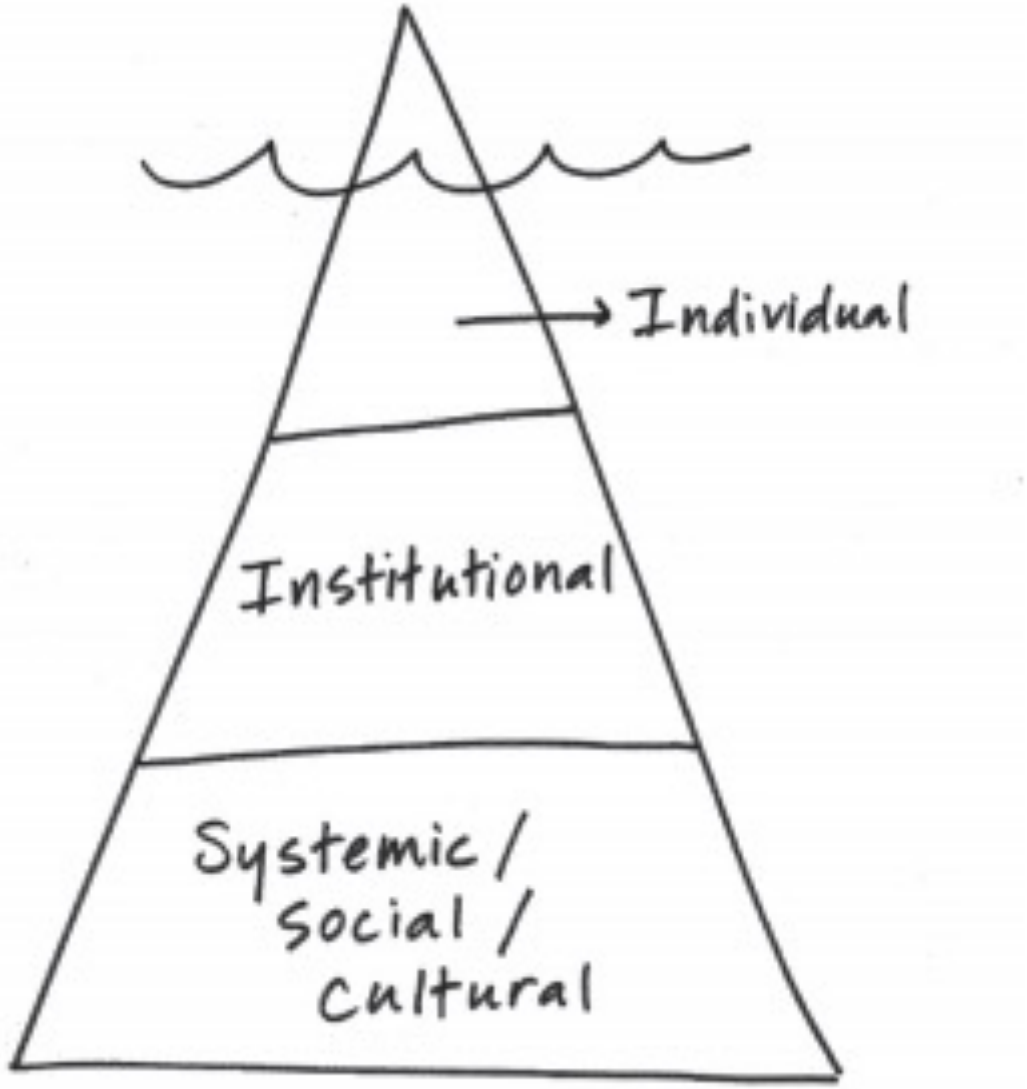
Empowering Leadership

Definition of Power

Power is defined as the **ability to act or produce an effect**

Types of Power

- Individual
- Institutional
- Systemic/Social/Cultural

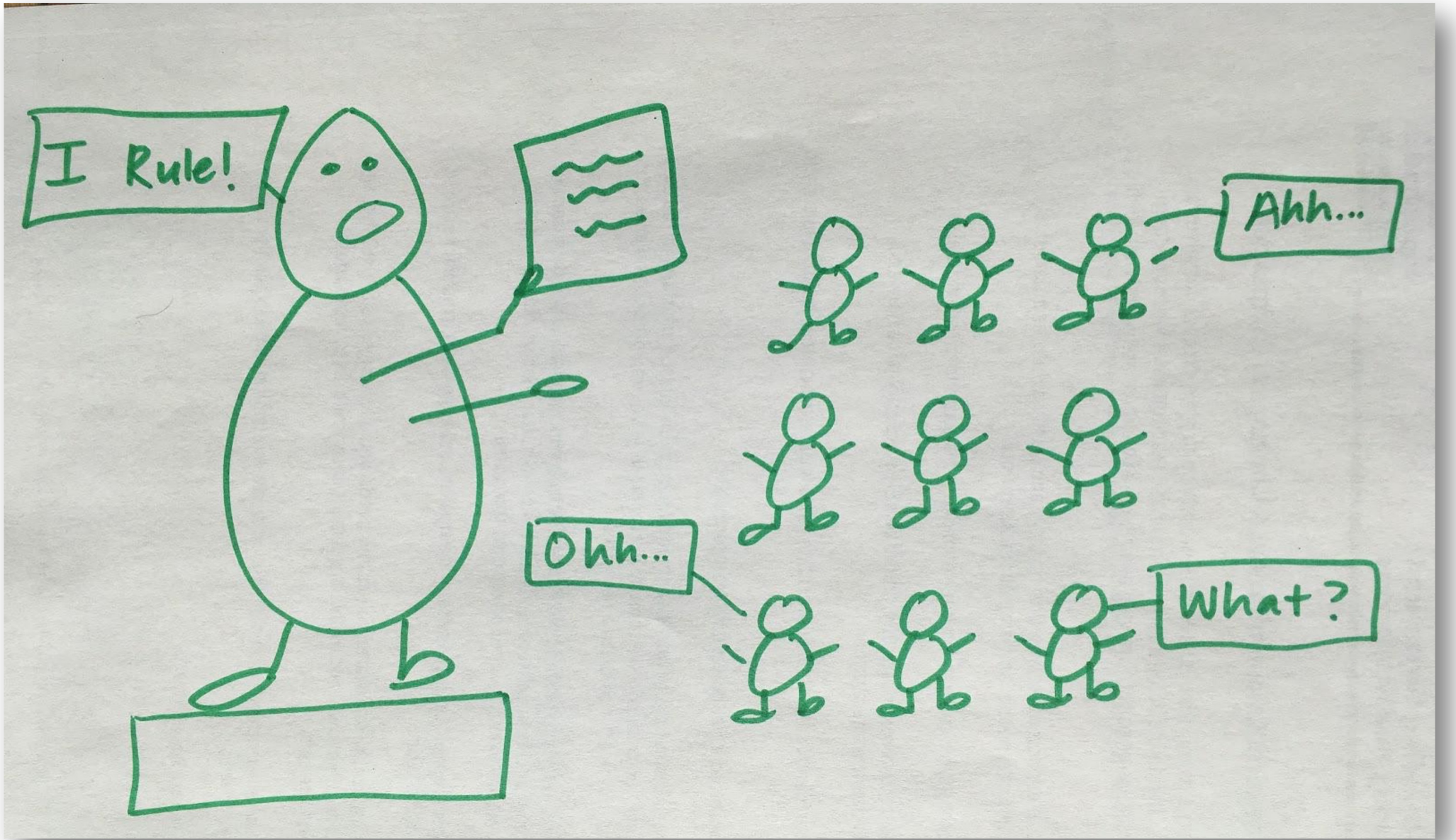


Where Power Operates

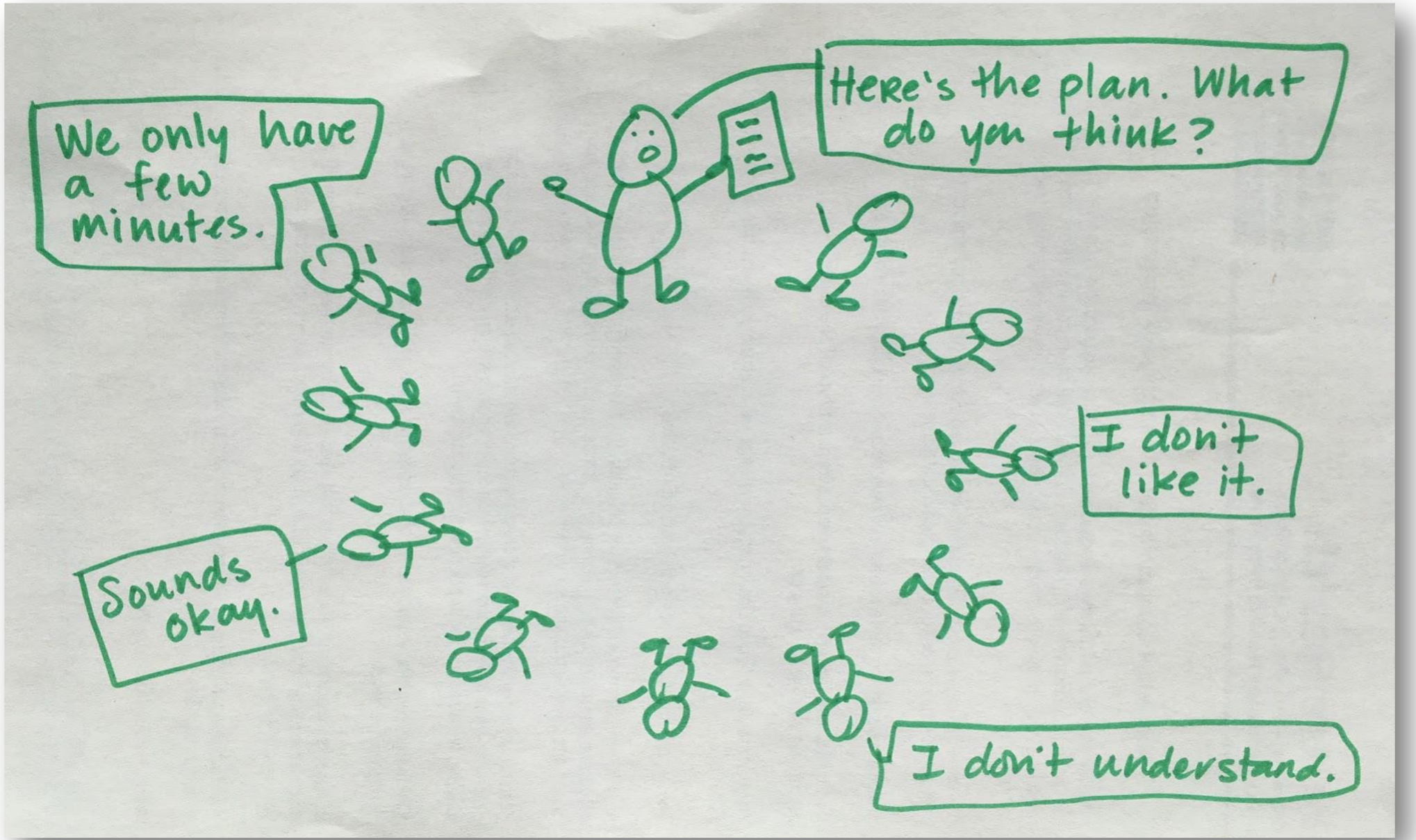
- Systemic / social / cultural
  - Values, beliefs, and norms
  - Interplay of policies, practices and programs from institutions
- Institutional
  - Laws, policies, procedures, and practices
- Individual / interpersonal
  - Attitudes and behaviors

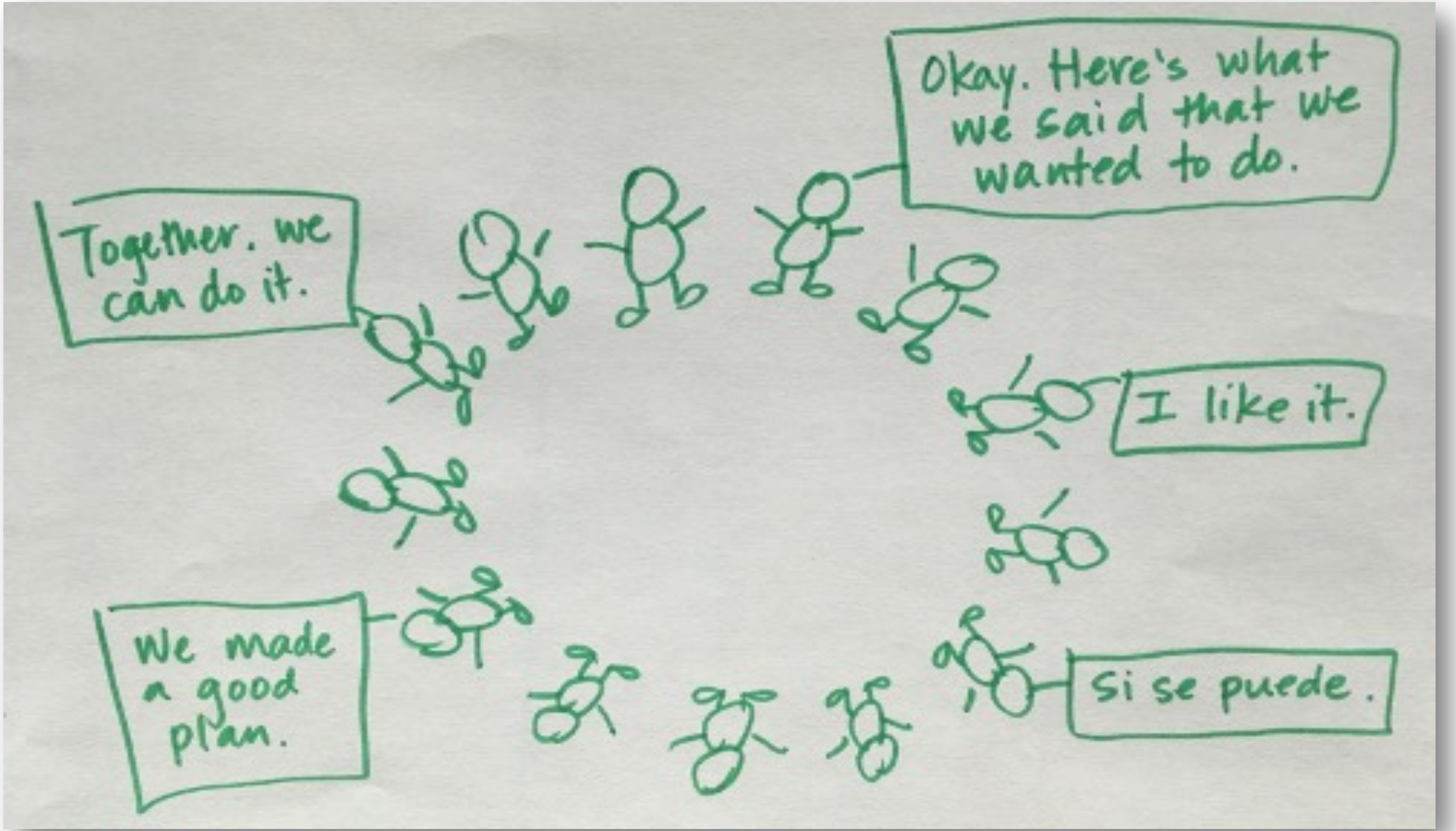
Four Models of Leadership

Group Activity


I Rule!
Ahh...
Ohh...
What?


I will take care of you.
I control you, too.
Yes
Thanks
Okay


We only have a few minutes.
Here's the plan. What do you think?
I don't like it.
Sounds okay.
I don't understand.


Together. we can do it.
Okay. Here's what we said that we wanted to do.
I like it.
We made a good plan.
Si se puede.

Power - Dr. Martin Luther King, Jr

Power without love is reckless and abusive, and love without power is sentimental and anemic.

Power at its best is love implementing the demands of justice, and justice at its best is power correcting everything that stands against love.

Calling In & Calling Out

Activity

Calling-in vs Calling-out

- Calling someone out is a construct used in the moment to address a statement or action that is contrary to the expressed values of a community or an individual.
- Calling someone out can be jarring and unwelcome and isn't always the best way to woken up … it will be said but perhaps not always heard.
- What if we instead of calling you out … we called you in; reinforcing that the person is out of integrity with our values and inviting them back into the space they left.

What's the difference?

- When we "**call someone out**" it can often be received negatively, people can feel like you are shaming them.
- If this happens publicly, it can also do damage to fragile or nascent relationships with other stakeholder groups.
- However, when other leaders or other stakeholder groups perpetuate stigma and reinforce structures of discrimination, it is important to name this behavior and facilitate a different response.
- Calling out might not achieve this response given its current usage in our culture.

What's the difference?

- Calling in allows you to state that the word or deed was inappropriate and potentially damaging while also recognizing that perhaps they were unaware.

- Calling in is a way to respectfully address the situation publicly that honors the place where people are while expecting a movement towards inclusion.

Call-in Formula

1. Stop what is occurring
2. Explain why the situation is impactful
3. Suggest a preferred response
4. Model the solution

Make a Call-out into a Call-in

Scenarios:

- Scenario One: An agency handout says “HIV-infected people”
- Scenario Two: Someone at a meeting asks, “How did you get it?”
- Scenario Three: At a community event, the director says, “Hey, you have HIV, tell us about your experience.”
- Scenario Four: You are in a meeting and the facilitator keeps passing you over

Call-in/Call-out Debrief

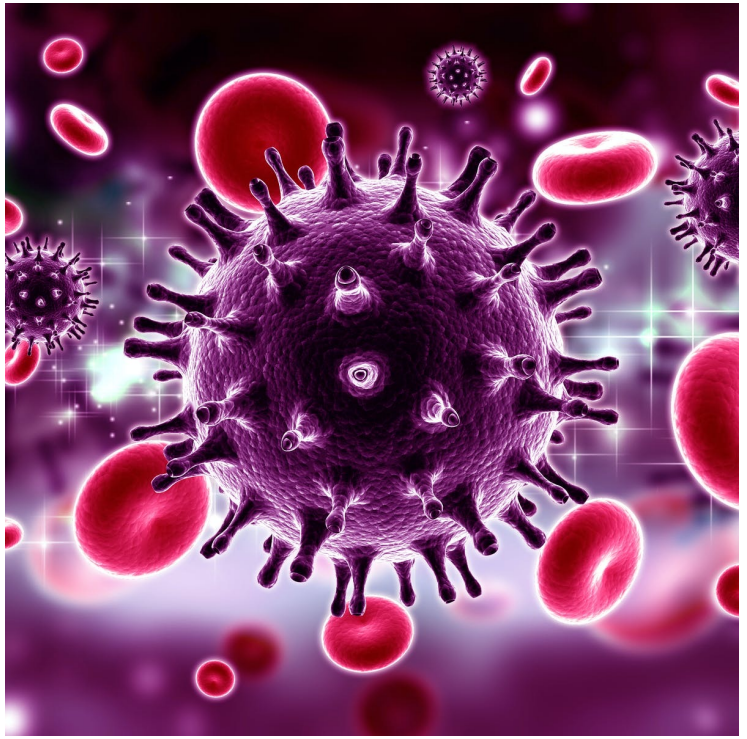
1. Was it easy or difficult to form your “call in” statements.
2. Do you think “calling in” to be a strategy that might be useful for your work as a leader?
3. Are there other strategies like “calling in” that you have seen work well in building relationships with other stakeholder groups?

HIV 101

PrEP, PEP, & TasP

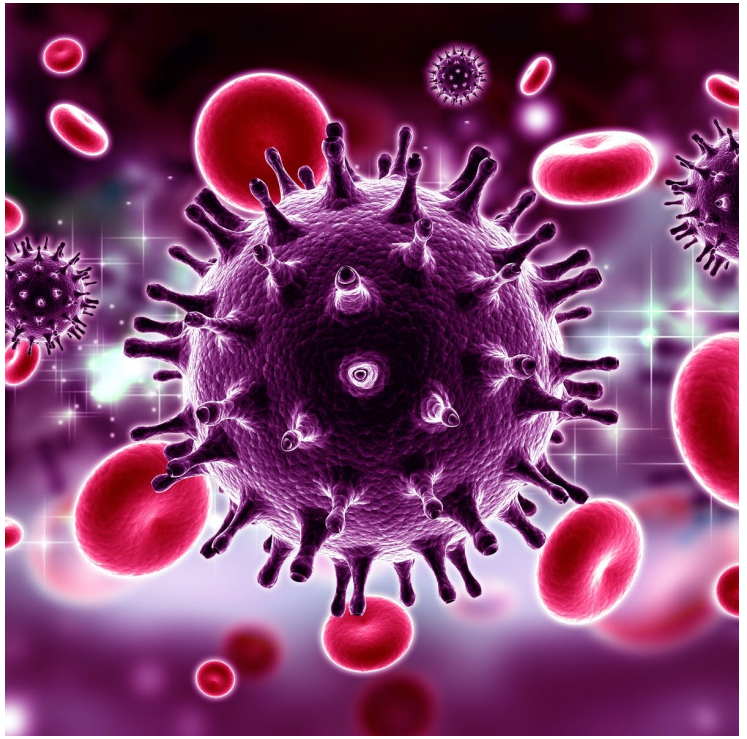
HIV and AIDS

- What is HIV?
- HIV is the virus that causes AIDS.
  - H – Human
  - I – Immunodeficiency
  - V – Virus



HIV and AIDS: What is AIDS

- What is AIDS?
- AIDS is a result of HIV infection.
  - A – Acquired
  - I – Immune
  - D – Deficiency
  - S – Syndrome



HIV: How is HIV acquired?

- How do people acquire HIV?
  - By having vaginal, anal, or oral sex with someone who has HIV
  - By sharing needles or syringes with someone who has HIV
  - During pregnancy, birth, or breast feeding from a mother with HIV to her baby
- Body fluids of a person living with HIV may include:
  - Semen
  - Blood
  - Vaginal fluid
  - Breast milk
  - Any other body fluids containing blood

How to prevent acquiring HIV

- How can people prevent acquiring HIV?
- People can choose not to have sex or use drugs.
- People can choose ways to be affectionate that do not transmit HIV or STDs/STIs.
- If people have sex, using a latex condom (barrier) the right way every time greatly reduces the risk of contracting HIV and STDs/STIs.

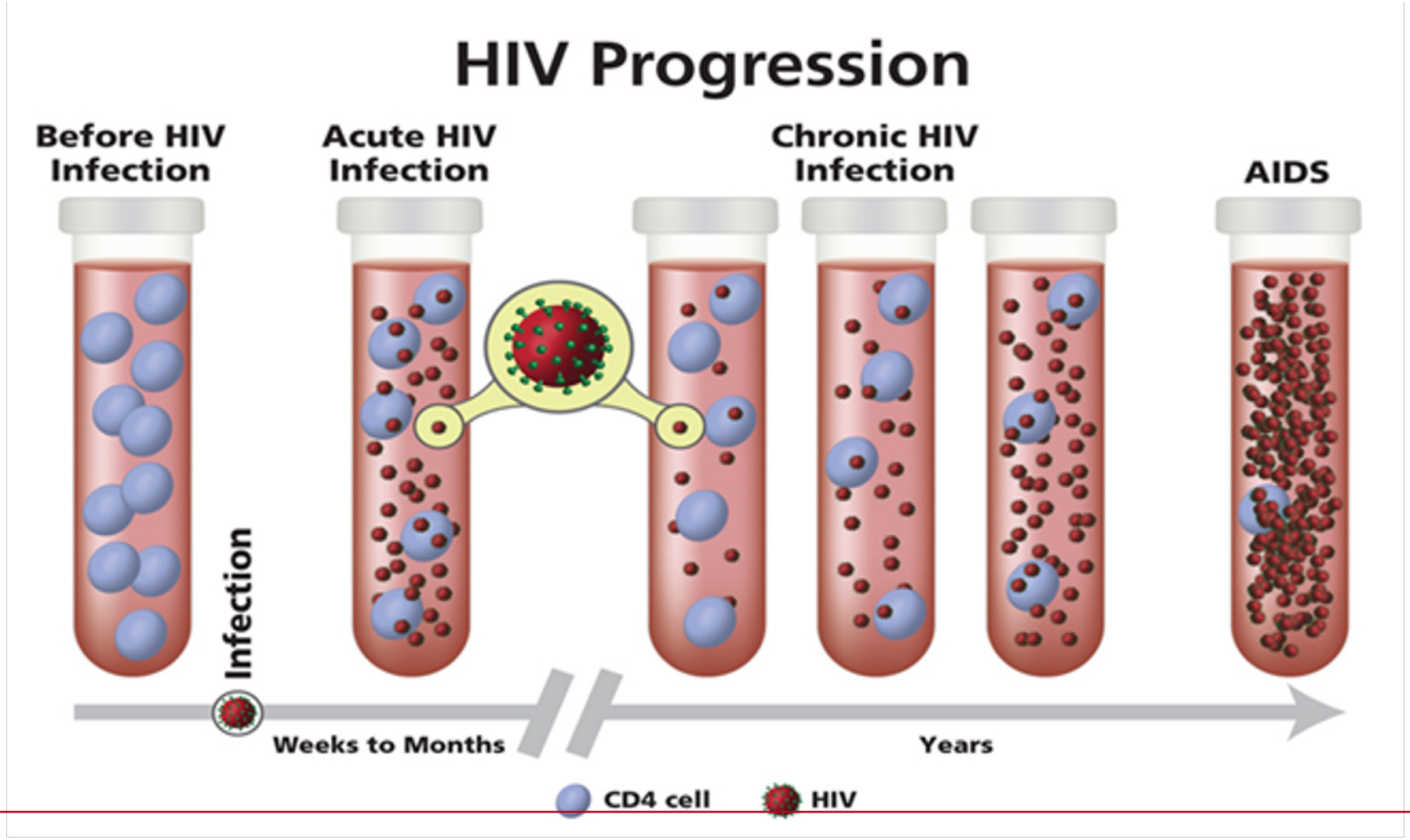
People Cannot Acquire HIV Through:

- Everyday social activity or through casual contact
- Handshakes
- Coughs or sneezes
- Sweat or tears
- Food
- Drinking fountains
- Straws, spoons, or cups
- Mosquito bites & other bug bites (ticks, lice, etc.)
- Sharing:
  - Toilets
  - Telephones
  - Office equipment
  - Clothing
  - Cooking or eating utensils
- Hugging, touching
- Attending church, school, or going to any public place with a person with HIV
- Working with someone who is HIV positive

Stages of HIV/AIDS

- Acute Infection – occurs 2 to 4 weeks after initial transmission.
  - Person may have flu-like symptoms: Fever, Headache, Tiredness, Enlarged lymph glands
- Chronic HIV Infection – also called asymptomatic HIV infection or clinical latency.
  - Chronic signs and symptoms are not present; may look healthy and feel well.
  - People with chronic HIV infection may not have any HIV-related symptoms, but they can still transmit HIV to others (i.e., unless the person living with HIV has been undetectable for at least 6 months).
- AIDS - The virus weakens and eventually destroys the immune system.
  - When a person with HIV develops AIDS, his or her body has lost most of its ability to fight off certain bacteria, viruses, fungi, parasites, and other germs.

Stages of HIV/AIDS



POLLING: True or False?

1. You can become “undetectable” while living with AIDS even if your CD4 count is not above 200.
2. You can have HIV without acquiring AIDS.
3. Symptoms for HIV and AIDS are different for each person.
4. If I am undetectable, then I am suppressed.
5. People in the Acute stage may not feel sick, but the level of HIV in the blood is very high; this increases risk of HIV transmission.
6. The Chronic stage sometimes called asymptomatic HIV infection can last decades; most don’t advance to AIDS even if the person is not taking HIV medication.
7. AIDS is the most severe phase of HIV infection. Without treatment, the CDC estimates the average survival rate to be three years once AIDS is diagnosed.
8. A person cannot have AIDS related symptoms or opportunistic infections if their CD4 count is above 200.

What is PEP?

- PEP: Post-exposure prophylaxis
- PEP consists of an HIV regimen (raltegravir) (Isentress) and Truvada)
- PEP is taken within 24 to 72 hours of being possibly exposed to HIV
- Once prescribed, must be taken for 28 days

When Should PEP Be Taken?

- If the condom broke and you're unaware of your partner's status
- If you shared needles and works to prepare drugs (cotton balls, cookers, or water)
- If you've been sexually assaulted
- Health care workers – needle stick from drawing blood from someone with HIV
- PEP should only be used in an emergency situation

What is PrEP?

- Pre-exposure Prophylaxis
- A once-a-day pill called Truvada (tenofovir and emtricitabine) or Descovy
- Can reduce a person's risk of acquiring HIV
- Can also stop from HIV from spreading throughout a person's body

What is PrEP? (continued)

- A 96% chance of not acquiring HIV from sexual contact
- Among individuals who inject drugs there's a 70% of reducing acquisition of HIV
- Should be taken along with using condoms
- PrEP reaches maximum protection from HIV for anal sex at about 7 days of daily use. For vaginal sex and injection drug use, PrEP reaches maximum protection at up to about 21 days of daily use.

Who is recommended to take PrEP?

- PrEP is geared towards individuals who are HIV negative
  - If you're a heterosexual or gay/bisexual person in a relationship with someone who is HIV positive
  - Have multiple partners (gay/bisexual or straight) whose HIV status aren't known
  - Engaging in unprotected anal sex
  - Newly diagnosed with an STD
  - If a person inject drugs, share needles
  - Recently entered a drug program
- People who are pregnant or thinking about becoming pregnant should consult with their health care provider.

Treatment as Prevention (TasP)

- Treatment as Prevention is another form of prevention for people who are HIV positive.

- According to a study called HPTN 052, when they're adherent to their meds with an undetectable viral load and high T-cell count, people who are HIV positive have a 96% chance of not transmitting the virus to their partner and/or partners, which in turn keeps the community viral load undetectable. When clients understand how HIV treatment works in their bodies it positions them to be accountable to themselves, their partners and the community as a whole.

What is U = U?

- U = U Means undetectable viral load equals untransmittable HIV.
- This allows people living with HIV to reduce their worry of transmitting the virus.
- It helps to reduce HIV stigma, fear, and shame.
- This is also a prevention strategy that is referred to as Treatment as Prevention (TasP).
- It opens the possibilities of having children without going through alternative means of conceiving.
- It encourages people to start and stay on treatment.


U=U

Q&A

Questions & Answers

BREAK TIME

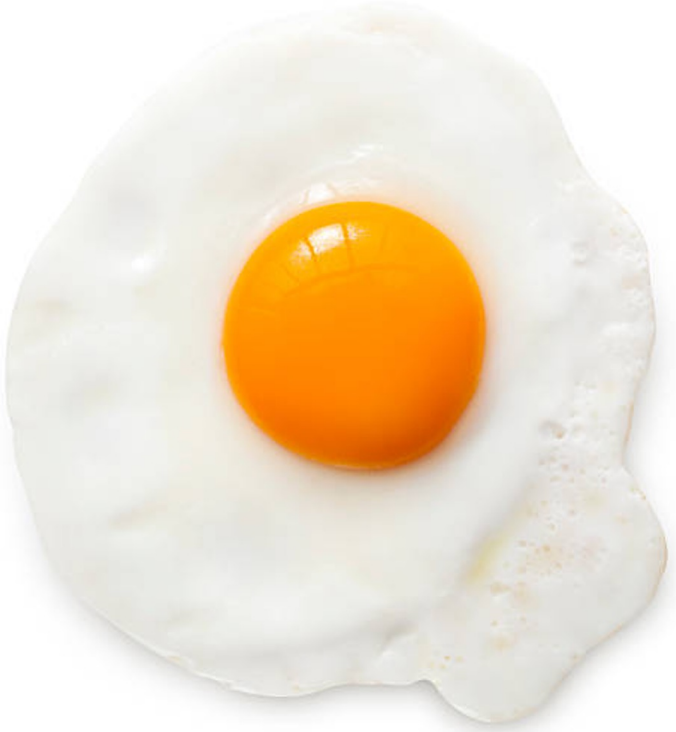
The HIV Life Cycle & HIV Medications

Knowledge Check

What do you know about how HIV replicates inside the body?

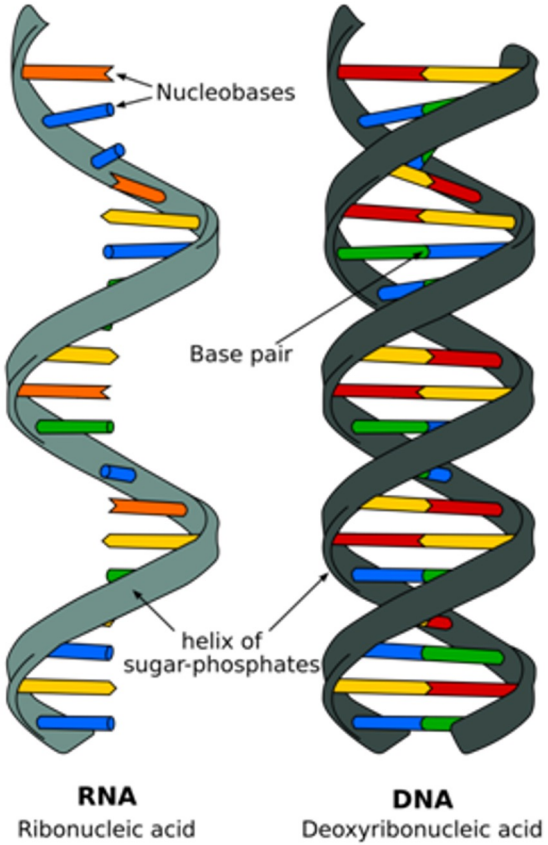
Think of a Fried Egg

- **HOST CELL** = CD4 or T-cell
  - The CD4 cell is the host cell for HIV.
- **NUCLEUS** = The center of core of the CD4 cell. It contains DNA.

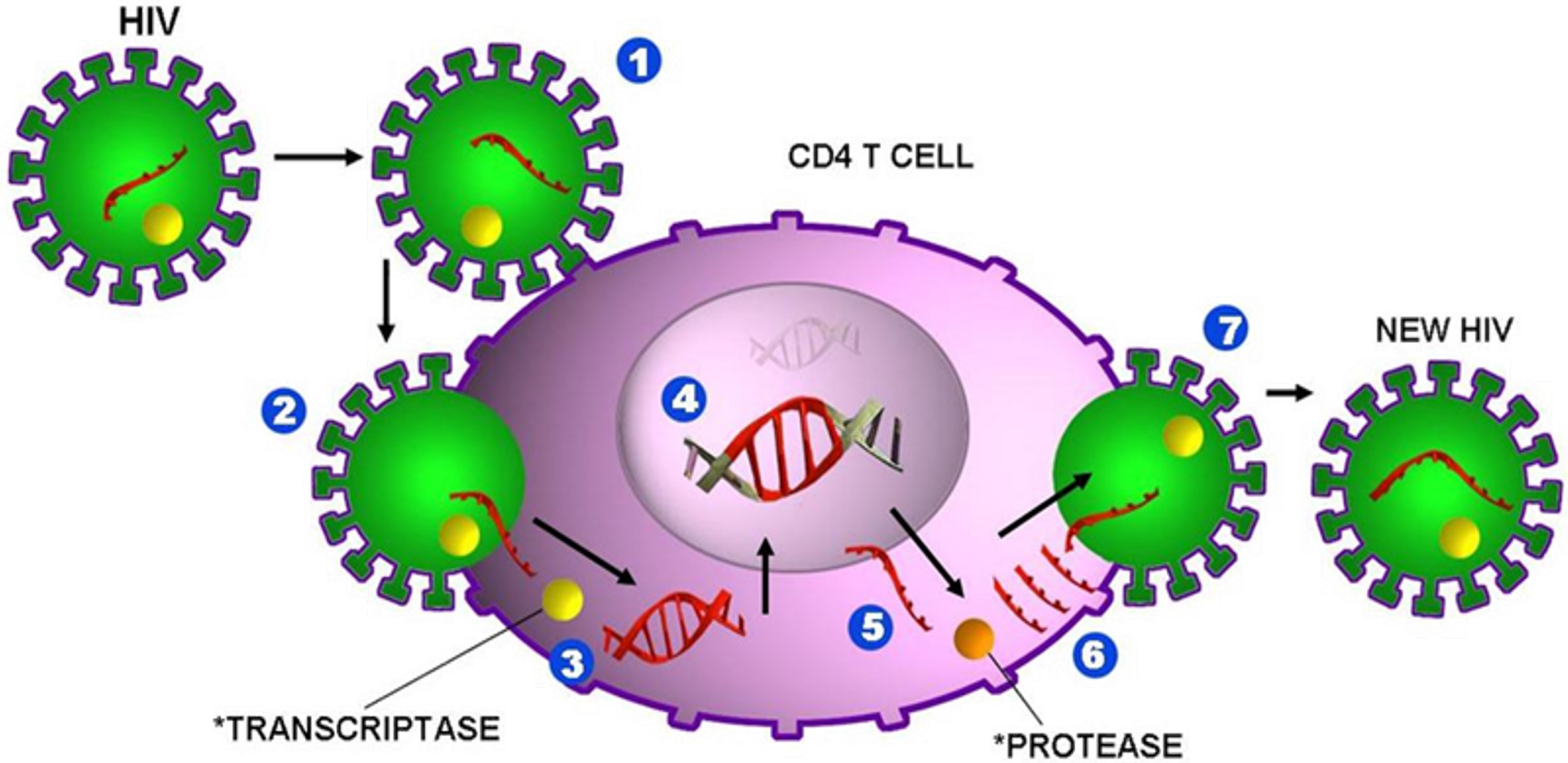


RNA vs. DNA

- RNA
  - HIV carries RNA
  - Contains 1 strand of genetic information
- DNA
  - Humans carry DNA
  - Contains 2 strands of genetic information



HIV Life Cycle - The Big Picture

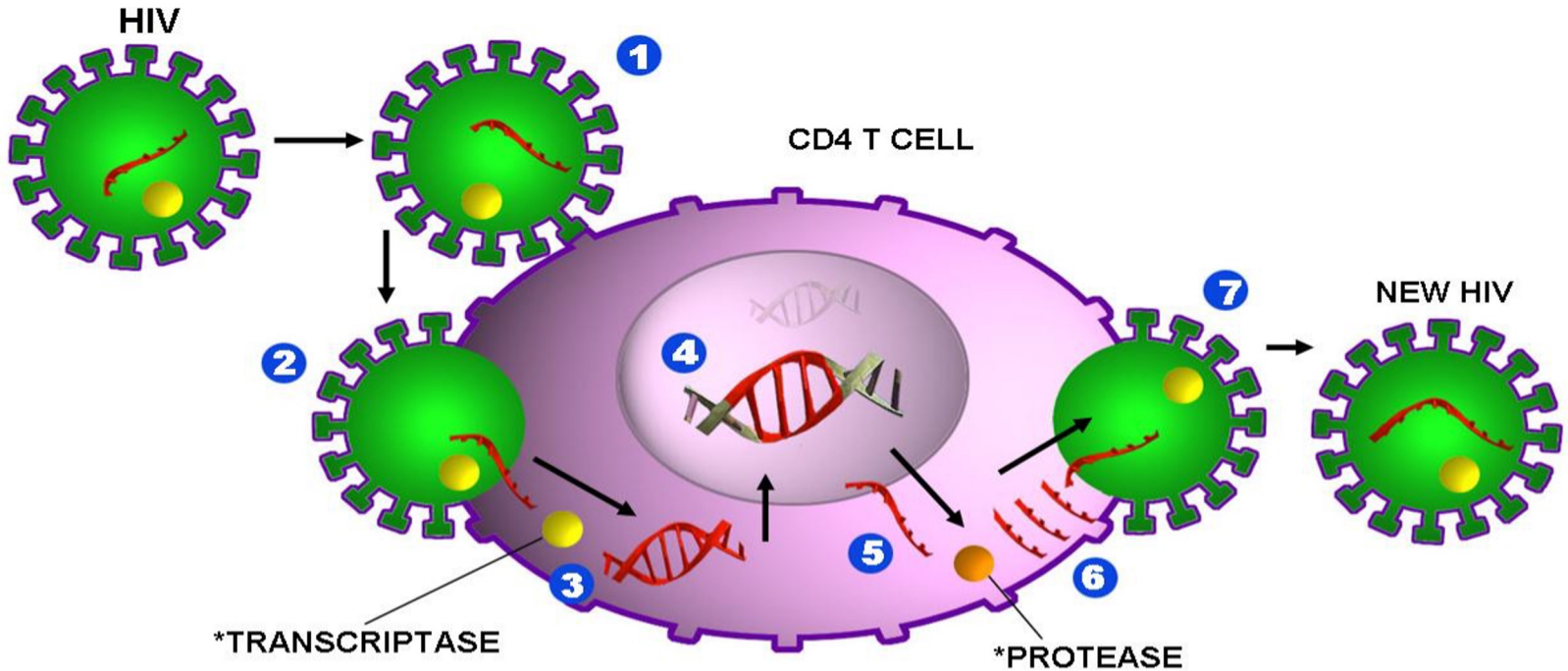


The Steps of HIV Replication

AFRITAB

The Steps of HIV Replication

A	Attachment
F	Fusion
R	Reverse transcription
I	Integration
T	Transcription
A	Assembly
B	Budding



Attachment

1. HIV binds to receptors on the CD4 T-cell.

- A message is sent to the CD4 T-cell to let the virus in.

Fusion

2. Once bound, the virus is allowed to dump its contents into the CD4 T-cell.

- Included in its contents are HIV RNA and reverse transcriptase.

Reverse Transcription

3. The HIV RNA is turned into double-stranded DNA within the CD4 T-cell.

- The enzyme **reverse transcriptase* aids in this process.

Integration

4. Once the DNA is formed, it hides itself in the human DNA housed in the CD4T-cell nucleus.

Transcription

5. Copies of HIV DNA are made and released from the nucleus in small packages'.

- Each of the small packages' contains information for creating a new HIV.

Assembly

6. The **protease* enzyme in the cell combines the DNA 'packages' to create active virus.

Budding

7. Once the new HIV is formed, it pushes itself out of the CD4 T-cell

- The virus steals part of the CD4 T-cell protective coating.

Q&A

Questions & Answers

HIV Medications

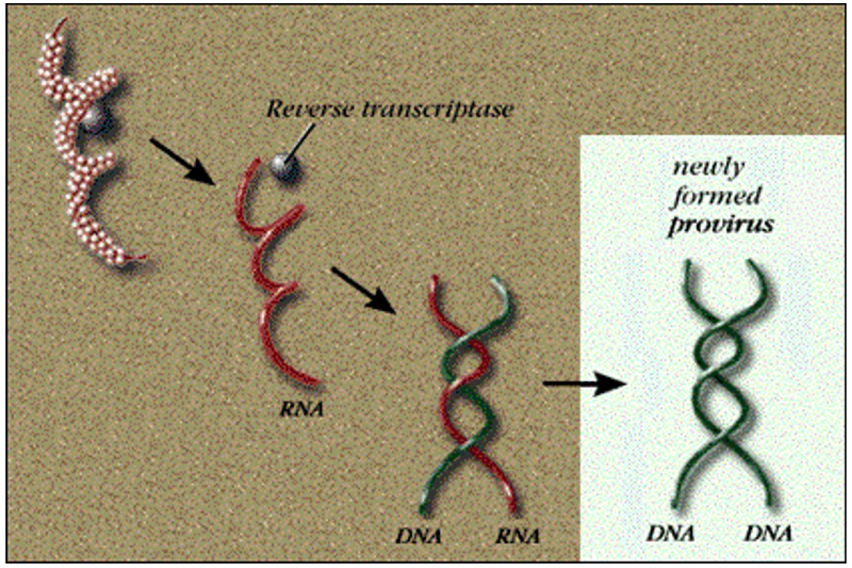
HIV Medication Classes

- There are 6 Classes of HIV medications:

1. NRTIs = Nucleoside Reverse Transcriptase Inhibitors
2. NNRTIs = Non-Nucleoside Reverse Transcriptase Inhibitors
3. PIs = Protease Inhibitors
4. IIs = Integrase Inhibitors
5. Entry Inhibitors
6. Boosters = Pharmacokinetic Enhancers

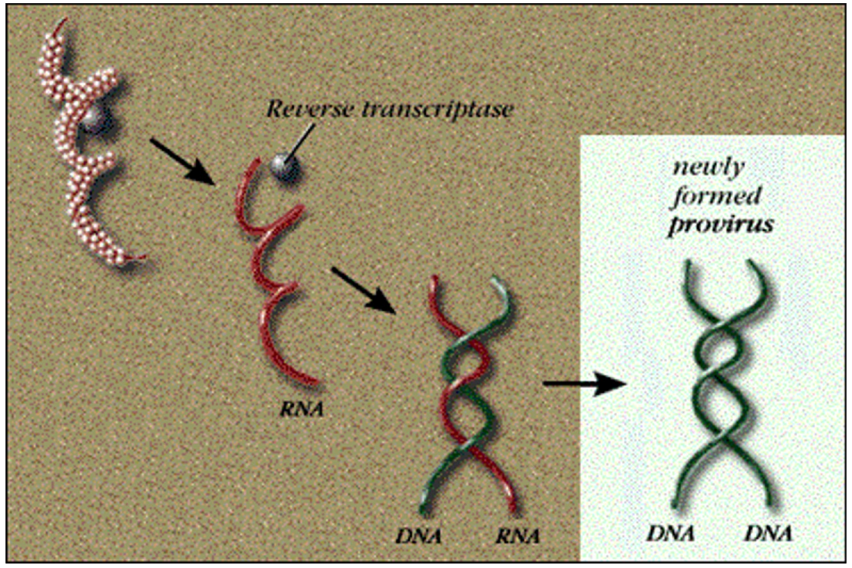
Nucleoside Reverse Transcriptase Inhibitors (NRTIS)

- NRTIs inhibit reverse transcription
  - Descovy®
  - Emtriva®
  - Epivir®
  - Epzicom®
  - Truvada®
  - Viread®
  - Ziagen®



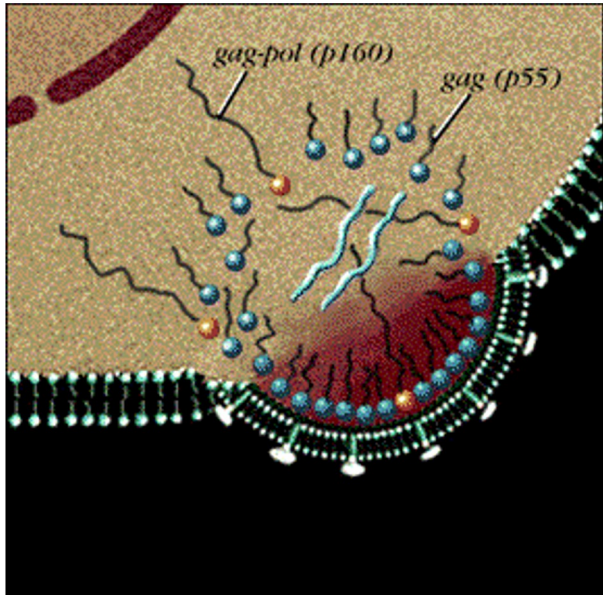
Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

- NNRTIs inhibit reverse transcription
  - Edurant®
  - Intelence®
  - Sustiva®



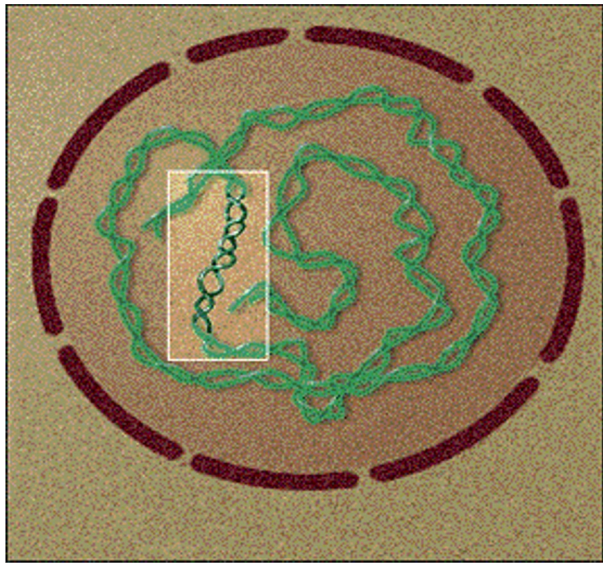
Protease Inhibitors (PIs)

- Protease Inhibitors help prevent the piecing together of HIV DNA into small “packages.”
  - Evotaz®
  - Prezcobix®
  - Prezista®
  - Reyataz®



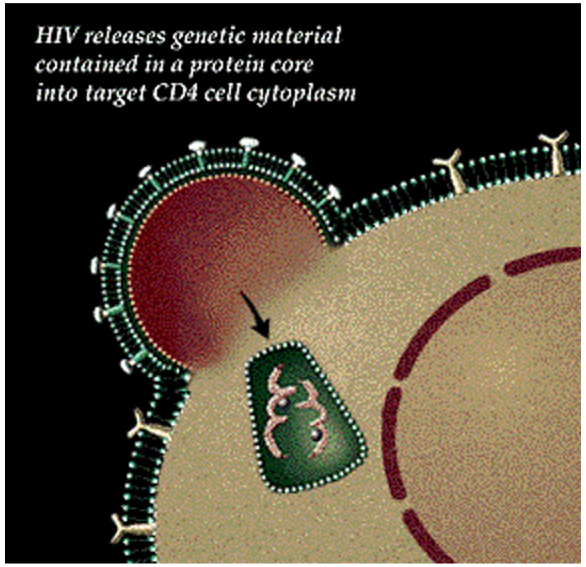
Integrase Inhibitors (IIs)

- Integrase Inhibitors help to block HIV DNA from binding to the host cell DNA.
  - Isentress®
  - Tivicay®



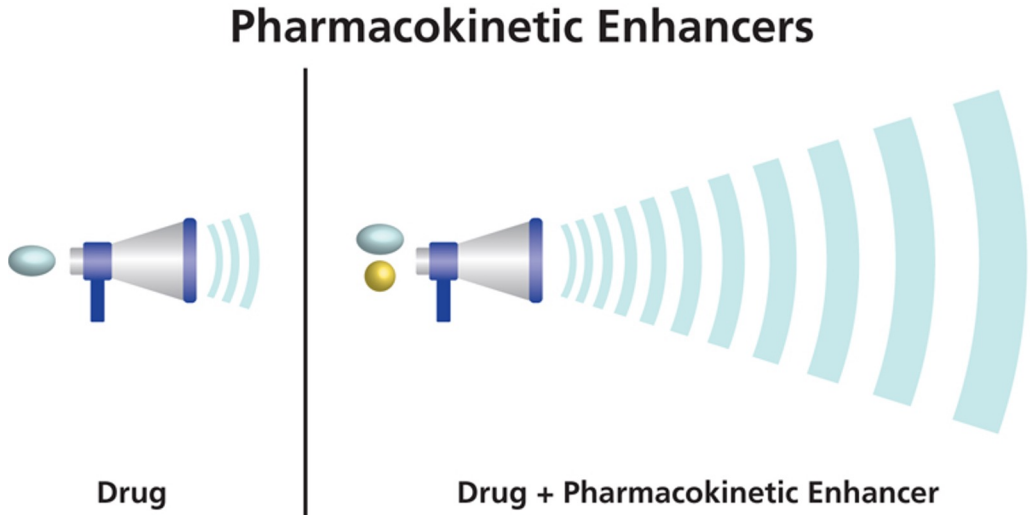
Entry Inhibitors (Fusion Inhibitors)

- Fusion Inhibitors help to block HIV's entry into the CD4 cell.
  - Selzentry®



Pharmacokinetic Enhancers (Boosters)

- Boosters are used to boost the effectiveness of another drug.
  - Norvir®
  - Tybost®



Once-daily HIV Medications

- Atripla® (efavirenz, emtricitabine, tenofovir disoproxil fumarate)
- Biktarvy® (bictegravir, tenofovir alafenamide, emtricitabine)
- Complera® (rilpivirine, tenofovir, emtricitabine)
- Delstrigo® (doravirine, tenofovir disoproxil fumarate, lamivudine)
- Genvoya® (elvitegravir, cobicistat, emtricitabine, tenofovir alafenamide)
- Juluca® (dolutegravir, rilpivirine)
- Odefsey® (rilpivirine, tenofovir alafenamide, emtricitabine)
- Stribild® (elvitegravir, cobicistat, tenofovir, emtricitabine)
- Triumeq® (abacavir, dolutegravir, lamivudine)
- Symfi® and Symfi Lo® (efavirenz, lamivudine, tenofovir disoproxil fumarate)
- Symtuza® (darunavir, cobicistat, emtricitabine, tenofovir alafenamide)

Q&A

Questions & Answers

Closing

Key Learning Objectives

- Introduce the Ryan White HIV/AIDS Program (RWHAP) and the Ryan White Legislation
- Define and describe a comprehensive system of HIV care
- Compare and contrast agitation, activism, and advocacy as methods of involvement
- List governance, advisory, and healthcare team roles where PWH can seek involvement
- Use self-assessment to critically think about areas for leadership development
- Name three levels at which power operates & describe four different models of leadership
- Communicate how the HIV life cycle works, how HIV enters the CD4 cell, replicates, and damages the immune system
- Understand what PrEP (pre-exposure prophylaxis), PEP (post-exposure prophylaxis) & TasP (treatment as prevention)

Elevator Pitch – 27/9/3

- Using the knowledge gained today, write an “elevator pitch” for involvement in the Ryan White HIV/AIDS Program.
  - Someone asks you, “How can I get involved?”
- You will write your elevator pitch using the 27/9/3 format
  - No more than **27 words**
  - Lasting no more than **9 Seconds**
  - Covering no more than **3 Topics**
- For your assignment, please use the 27-9-3 Day One Handout
- Tomorrow everyone will have a chance to share their RWHAP Involvement Elevator Pitch

Q&A

Questions & Answers

Logistics for Day Two

- TIME
- DATE
- LOCATION

ELEVATE Source Curricula

JSI – Planning CHATT Curricula and Resources
Boston University - Community Health Worker Curricula
CQII – Training of Consumers on Quality
NMAC – Building Leaders of Color

PLANNING CHATT

IMPROVING ACCESS TO CARE: Using Community Health Workers to Improve Linkage and Retention in Care

HRSA Ryan White HIV/AIDS Program
CENTER FOR QUALITY IMPROVEMENT & INNOVATION

BLOC BUILDING LEADERS OF COLOR

Original curricula and resources available from the TargetHIV website: www.targethiv.org

Thank You!

NMAC
leads with race

ELEVATE
Engage Leadership through Employment, Validation & Advancing Transformation & Equity

Get in Touch

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ELEVATE Program Training

Dates
Location

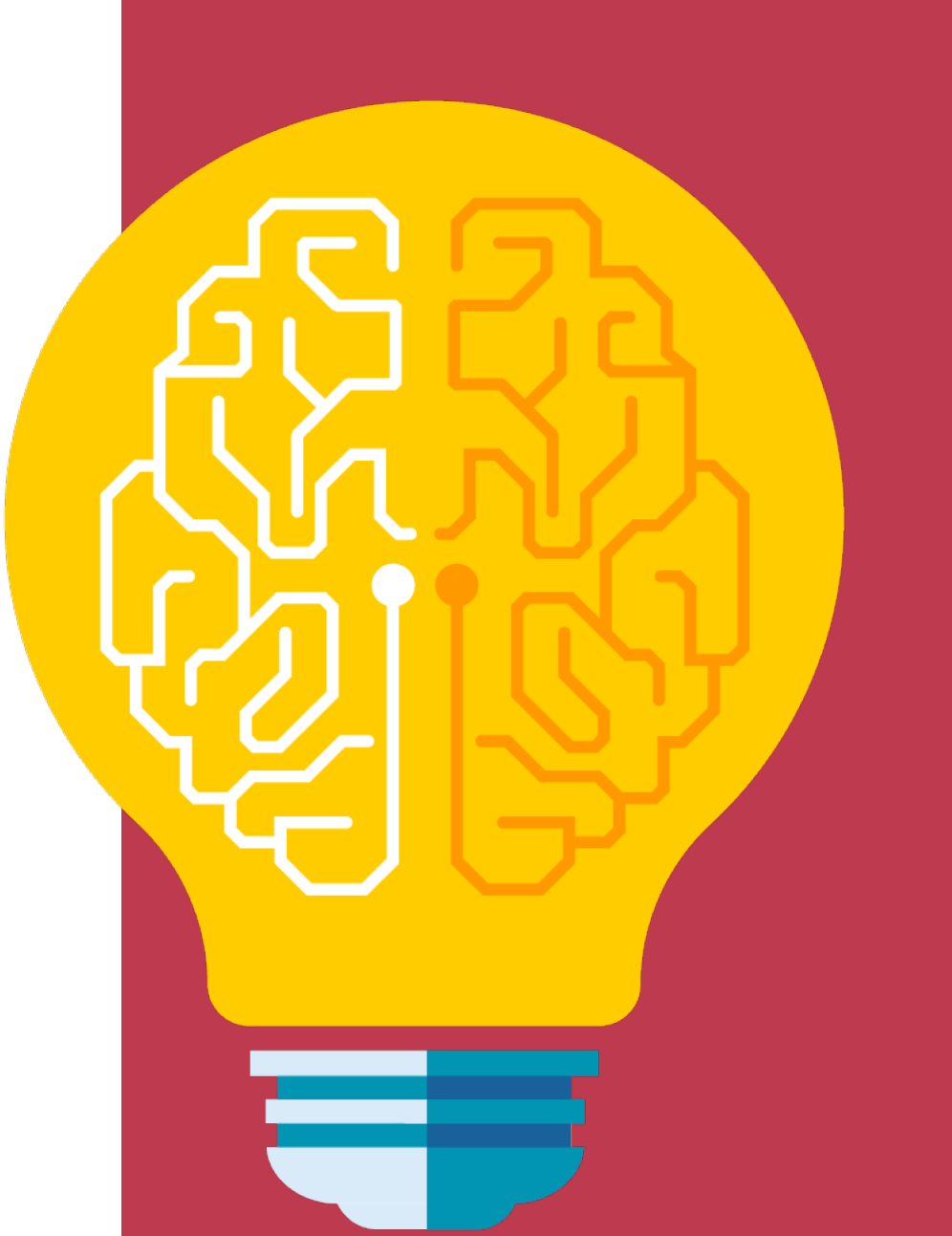
NMAC
leads with race

ELEVATE
Engage Leadership through Employment, Validation & Advancing Transformation & Equity

ELEVATE Day Two

Learning Environment

- Explore the role of race, gender and sexual orientation in HIV-related service delivery
- Develop and reinforce positive self-identities for all participants
- Create a welcoming and safe environment



Day Two Agenda

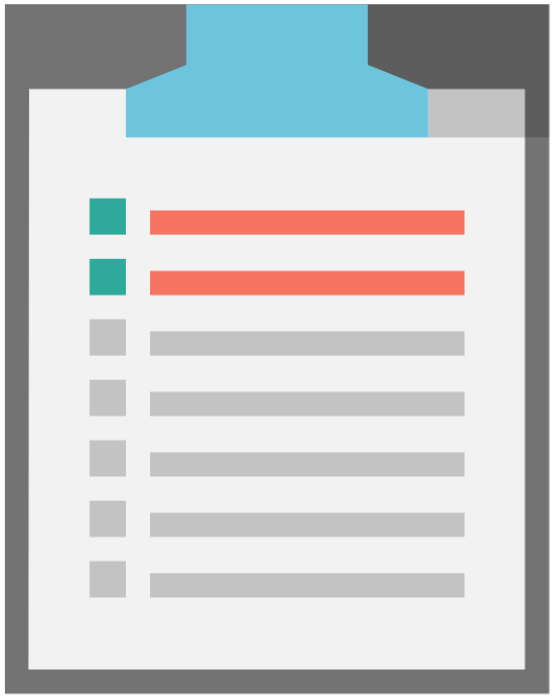
Time PM EST	Agenda Item
09:00 - 09:30	ELEVATE Day Two Welcome
09:30 - 10:15	Adherence and Overcoming Barriers
10:15 - 10:30	Break
10:30 – 11:30	HIV and Comorbidities
11:30 – 12:30	Social Determinants of Health
12:30 - 01:30	Lunch
01:30 - 02:30	Health Literacy
02:30 - 03:30	Introduction to Data Part 1
03:30 - 03:45	Break
03:45 - 04:30	Data Terminology
04:30 - 5:00	Closing and Evaluation

Key Learning Objectives

- Communicate how the HIV life cycle works, how HIV enters the CD4 cell, replicates, and damages the immune system
- Understand what PrEP (pre-exposure prophylaxis), PEP (post-exposure prophylaxis) & TasP (treatment as prevention)
- Identify strategies that individuals engaged in (1) planning services, (2) improving services, or (3) delivering services can do to support Persons with HIV in adherence
- Name and understand basic management of common comorbidities most often associated with HIV
- Define social determinants of health and identify how social determinants contribute to risk factors for HIV
- Define health literacy
- Describe health literate approaches to improve communication
- Explain the importance of organizational health literacy
- Compare and contrast quantitative and qualitative data

Community Agreements

- Be present
- Actively participate
- Ask questions
- Reflect on your own experience
- Be respectful of other's experiences
- Seek to maintain a growth mindset
- Root in respect



Community Garden

27-9-3 Elevator Pitch

How do I get involved?

Q&A

Questions & Answers

Adherence & Overcoming Barriers

What is Medication Adherence?

- How closely you follow a prescribed treatment regimen
- Partnership between patient and provider
- It is a skill to be learned
- Clients must be able to do the following to be adherent to their therapy:
  - Understand the regimen
    - The Who, What, When, Where, Why? of treatment
  - Believe they can adhere
  - Remember to take medications
  - Integrate medications into current lifestyle
  - Problem-solve changes in schedule and routines

- Medication adherence is the ability to stick to treatment recommendations.
- This includes:
  - Taking medications exactly as prescribed
  - Keeping medical appointments
  - Avoiding drug interactions

Group **Brainstorm**

When thinking about barriers to adherence at either the client or systems levels, what are some examples of barriers to adherence from your experience or your expertise?

Small Group Breakout Instructions

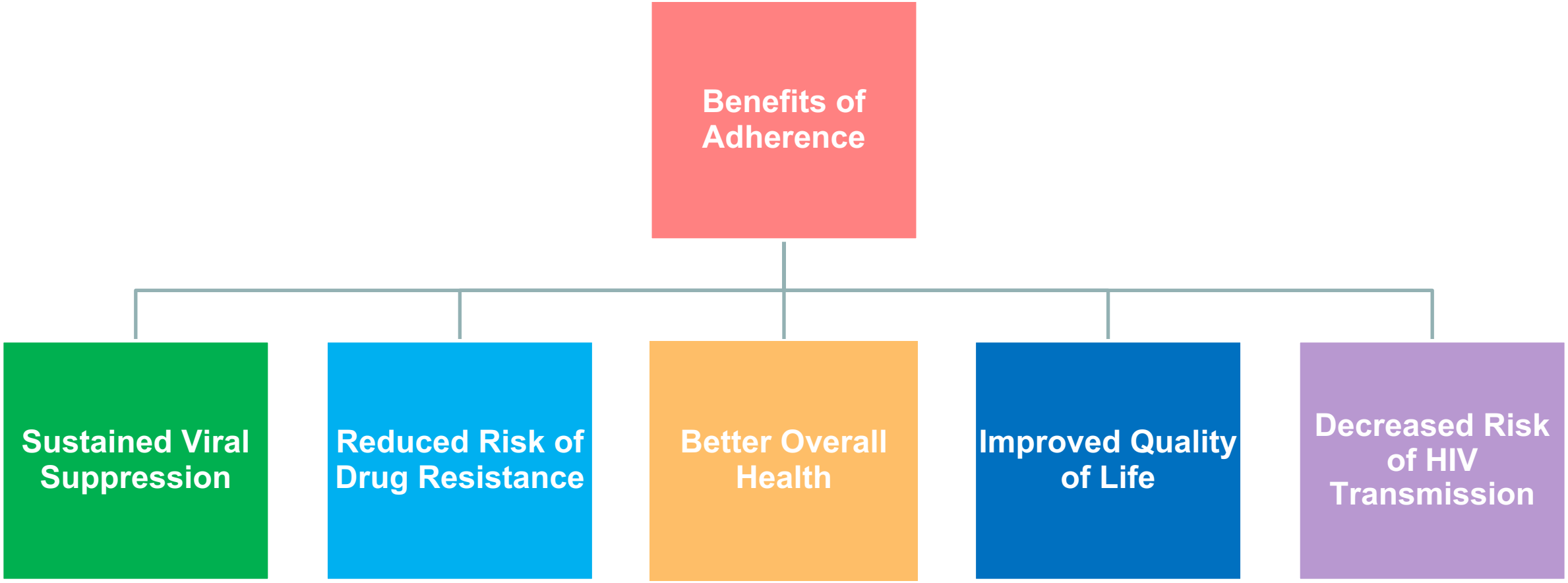
- Participants will be assigned to breakout rooms/groups for 20 mins by program track (delivering, improving, and planning)
- Each breakout group will identify 5 of the barriers listed in the large group brainstorm
- As a group, brainstorm at least **3 strategies** that you would recommend to better support Persons with HIV in overcoming each barrier.
- Each group should document their brainstorm and be prepared to share back with the larger group."

Small Group Report Back

Goals of Treatment

- Decreasing (viral load) viral replication
- Restoring and preserving immune function (increasing CD4 count)
- Reducing HIV complications
- Delaying onset of (AIDS) Acquired Immunodeficiency Syndrome
- Preventing development of opportunistic infections (OIs)
- Preventing transmission of HIV

Why is Medication Adherence Important?



Q&A

Questions & Answers

BREAK TIME

HIV & Co-morbidities

HIV and Co-morbidities

- What is Comorbidity?
  - When two disorders or illnesses occur in the same person, simultaneously or sequentially, they are described as comorbid.
- Comorbidity also implies interactions between the illnesses that affect the course and prognosis of both.

HIV and Co-morbidities

- Most commonly treated:
  - Diabetes
  - Kidney disease
  - High blood pressure (hypertension)
  - Hepatitis C
  - Depression
  - Drug use

HIV & Co-morbidities

Research Activity

HIV and Co-morbidities

- Participants will be assigned to six breakout rooms for 15 minutes.
- Each breakout room will be assigned one of the common comorbidities for PWH and provided a fact sheet about the comorbidity
- You will have five minutes to identify **3 new facts** and **2 reasons why someone with HIV should care** about this comorbidity
- Each breakout group should document their outcomes using [Google Slides] and be prepared to share back with the larger group.

HIV and Diabetes

- Key Points
  - Lifestyle can reduce the risk of diabetes.
  - Diabetes requires frequent monitoring and can have serious consequences if left untreated.
  - Rates of diabetes are higher in people with HIV than in the general population.

HIV and Kidney Disease

- Key Points
  - HIV can cause kidney failure due to HIV infection of the kidney cells.
  - Kidney problems can lead to end-stage renal disease or kidney failure. This can require dialysis or a kidney transplant.
  - About 30% of people with HIV may have kidney disease and if it advances it can cause heart disease and bone disease.
  - Several HIV medications are hard on the kidneys, including antiretroviral medications and some medications used to treat HIV-related health problems.

HIV and High Blood Pressure

- Key Points
  - Blood pressure should be monitored regularly as part of HIV care.
  - HIV drugs can interact with other medicines to affect blood pressure.
  - Blood pressure can be affected by diet, smoking, and lack of exercise.

HIV and Hepatitis C

- Key Points
  - A blood test for antibodies will show exposure to hepatitis C.
  - HIV treatment has particular benefits for people with HIV and hepatitis C co-infection.
  - Hepatitis C treatment can cure most people of hepatitis C.

HIV and Depression

- Key Points
  - Depression can be a life-threatening disorder.
  - Depression among people with HIV is common and is associated with increased high-risk behavior, nonadherence to ART, and progression of immunodeficiency.
  - Depression can be diagnosed, and treatment can be initiated in the primary care setting.

HIV and Drug Use

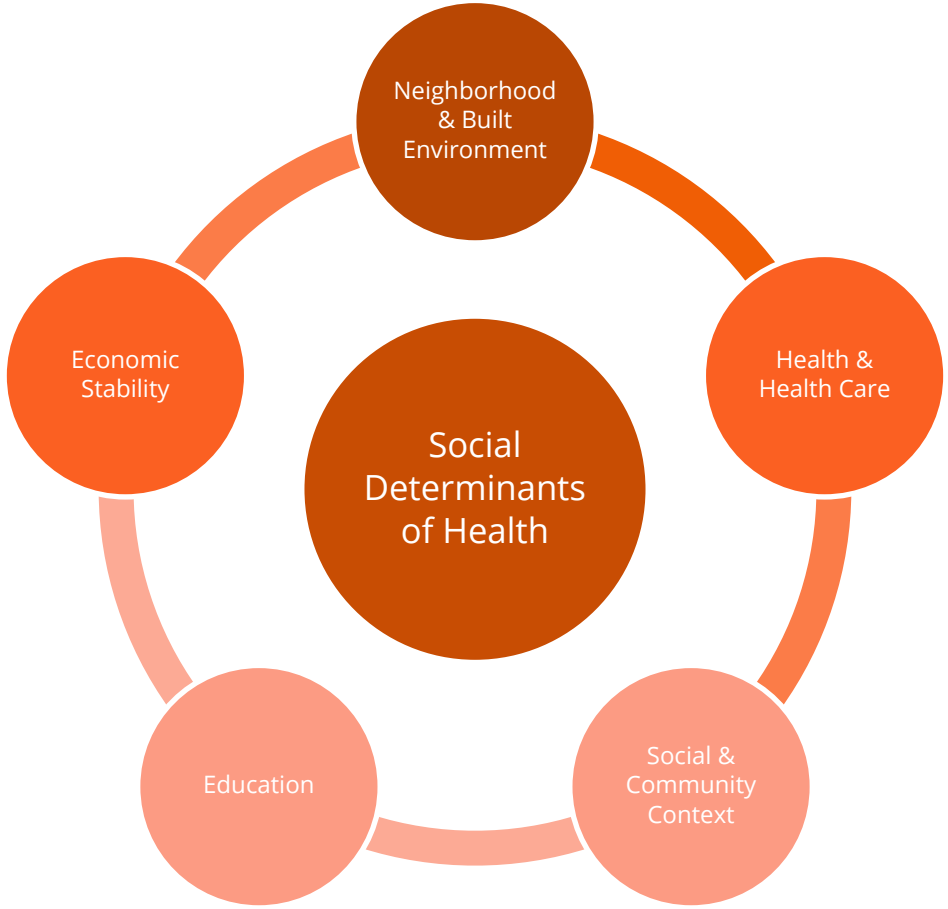
- Key Points
  - Substance use disorders (SUDs) are common among people with HIV: 40% of people with HIV in the United States are associated with injection drug use (IDU), either directly or by having an IDU sex partner.
  - Among people who inject drugs in the United States, 40-45% have HIV.
  - Substance use is a significant cause of morbidity and mortality in itself, and it is associated with HIV transmission and acquisition.
  - Ask all patients about any current or recent use of illicit drugs or alcohol, or misuse of prescription drugs. Ask specifically about injection drugs, opioids, methamphetamines, cocaine, and "club drugs."

Q&A

Questions & Answers

Social Determinants of Health

Social determinants of Health



- Neighborhood & Built Environment
- Health and Health Care
- Social and Community Context
- Education
- Economic Stability

Group Discussion

- How might these social determinants of health affect risk for HIV?
  - Neighborhood and Built Environment
  - Health and Health Care
  - Social and Community Context
  - Education
  - Economic Stability

LUNCH TIME

Health Literacy

Health Literacy Defined

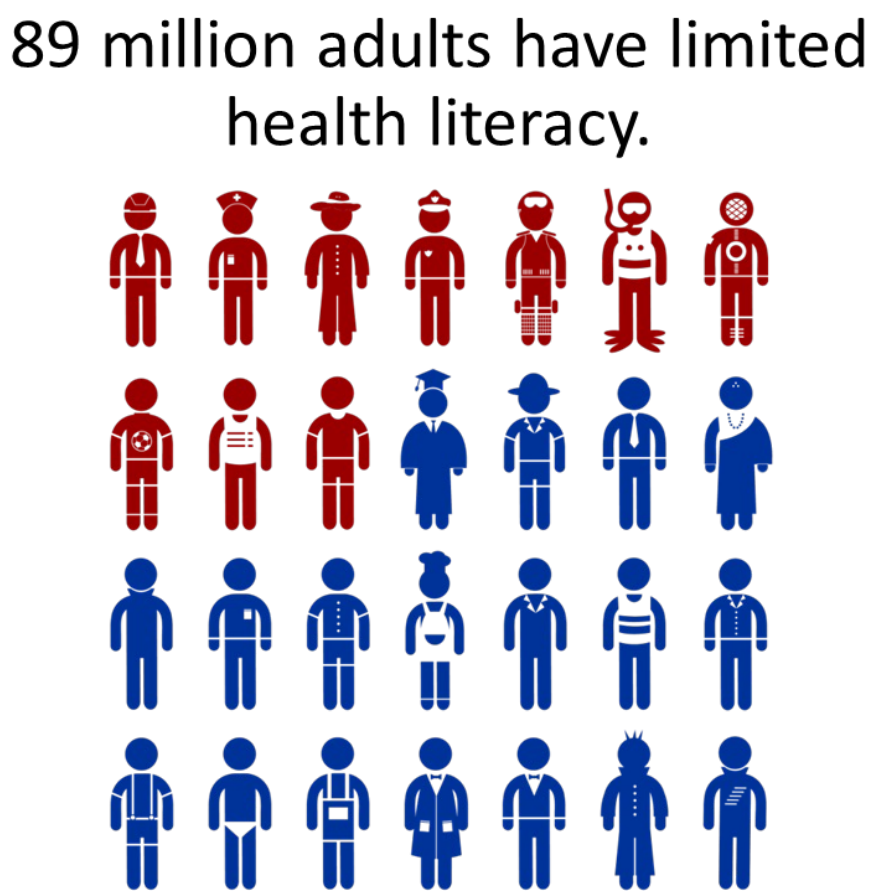
- Health literacy is defined as the degree to which people have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
- A person's health literacy is the result of both their skills and abilities and the demands placed on them by the health care system, and most people will struggle with health literacy at some point.

Defining Health Literacy?

- An individual needs to not only understand the language of the provider but also needs the skills to process and apply that information.
- Health Literacy is as much about building skills as it is building a vocabulary.
- **Health Literacy is about being able to feel educated enough to ask the right questions.**

Who is at risk?

- Everyone can be affected by limited health literacy
- People most affected by limited health literacy include:
  - Older adults
  - People of low socioeconomic status (SES)
  - People who did not finish high school
  - Communities of color
  - Recent immigrants or other people who speak a language other than English and who have limited English proficiency



How does limited health literacy affect people?

- Limited knowledge of the body
- Limited knowledge of the nature and cause of a disease
- Less awareness of how to prevent illness and stay healthy
- Less knowledge of their own medical conditions and self-care instructions
- Difficulty understanding numeric medical information
- Difficulty understanding when or how to take medication
- Difficulty identifying risks and side effects printed on drug labels

How does limited health literacy affect health outcomes?

People with limited health literacy are:

- More likely to describe their health as “poor”
- Less likely to use preventive services
- Less knowledgeable about medical conditions and treatment
- More likely to use emergency services
- Often ashamed about their health literacy skill level

Q&A

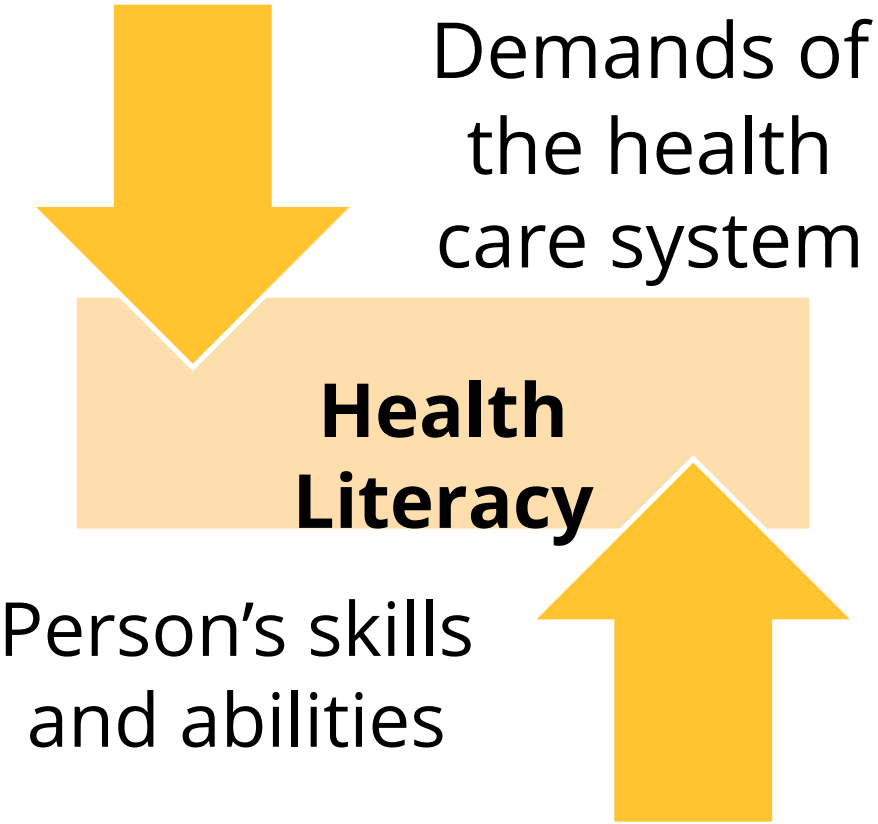
Questions & Answers

Health Literacy Environment

- The health literacy environment of a healthcare organization is the extent to which communication structures, processes, and physical environments facilitate access to the information patients need to manage and make decisions about their healthcare

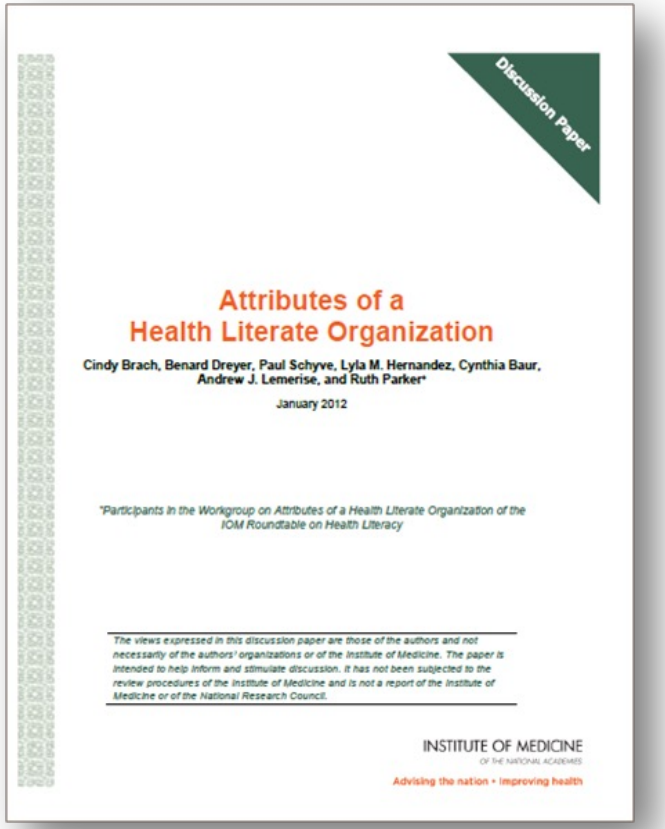
Definition of a health literate organization

- Organizations that:
  - Reduce demands placed on the client by the health care system
  - Help people find, process, understand, and use health information and services
  - Recognize that health literacy, language, and culture are interrelated



Health Literate Organizations

- White Paper, “Attributes of a Health Literate Organization”



10 Attributes of Health Literate Organizations

- **Attribute 1**: Have leadership that makes health literacy integral to its mission, structure, and operations

- **Attribute 2**: Make health literacy a part of planning, evaluation measures, patient safety, and quality improvement

- **Attribute 3**: Prepare the workforce to be health literate and monitor progress

10 Attributes of Health Literate Organizations

- **Attribute 4**: Include populations served in the design, implementation, and evaluation of health information and services

- **Attribute 5**: Meet needs of populations with different levels of health literacy skills to avoid stigma

- **Attribute 6**: Use health literacy strategies in communications and confirms understanding at all points of contact

10 Attributes of Health Literate Organizations

- **Attribute 7**: Provide easy access to health information, services. and navigation assistance
- **Attribute 8**: Design and distribute print, audiovisual, and social media content that is easy-to-understand and actionable
- **Attribute 9**: Address health literacy in high-risk situations, including care transitions and communications about medicines
- **Attribute 10**: Communicate clearly what health insurance plans cover and how much individuals will have to pay for services

Q&A

Questions & Answers

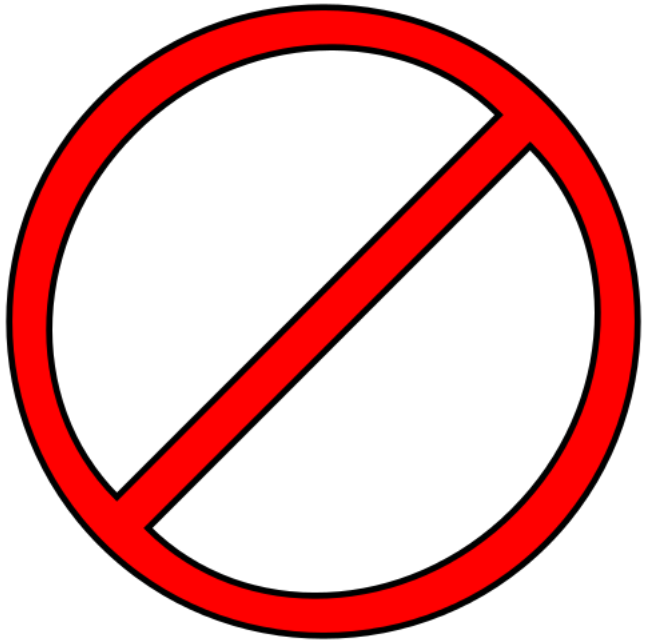
Written Communication

- Communication encompasses more than just face to face communication. We also communicate in written form through health education materials, appointment cards, and medication instructions.
- It's important to note that organizations that receive federal funds have an obligation to make information available in other languages for people with limited English proficiency."

Formatting

- Immediately appealing
- Has a clear and obvious path for the eye to follow
- Uses bolding to emphasize important points
- Uses easy-to-read font in 12 point or larger
    - May be necessary to provide alternative formats for people with visual impairments
- Left-justify text

Avoid



- ALL CAPITAL LETTERS
- Italicized text
- Underlined text
- Acronyms and contractions
- Technical words or jargon
- Passive voice
  - Passive voice: The results of your lab work will be sent to you
  - Active voice: We will send you your lab results

Word choice

- Simple words with 1 or 2 syllables
- Short sentences with 10 to 15 words
- Strong, vivid words, including verbs
- Words or phrases familiar to the audience
- At a 6th grade reading level
- Use culturally appropriate words

Content

- Focus on the patient's experience of the condition
- Clearly state:
  - What the client needs to do
  - Why the client needs to do it
  - When the client can expect results
  - What warning signs the client needs to watch for
  - What to do if a problem occurs
  - Who to contact with questions

Q&A

Questions & Answers

Introduction to Data Part 1

Health Numeracy

Health Numeracy is defined as the individual-level skills to obtain, interpret, and process quantitative information for health behavior and decisions.

I can't do math.

The Opinion Pages

Opinionator

A GATHERING OF OPINION FROM AROUND THE WEB

FIXES

A Better Way to Teach Math

BY DAVID BORNSTEIN APRIL 18, 2011 8:30 PM 298

Fixes looks at solutions to social problems and why they work.

Is it possible to eliminate the bell curve in math class?

Imagine if someone at a dinner party casually announced, "I'm illiterate." It would never happen, of course; the shame would be too great. But it's not unusual to hear a successful adult say, "I can't do math." That's because we think of math ability as something we're born with, as if there's a "math gene" that you either inherit or you don't.

Question

What are data?

What are data?

- Data (n) (plural)
  - Facts and statistics collected together for reference or analysis.
  - Data are the voice of the system.
  - If you want to know how to ask questions or how to understand its answers, you need to understand data.

Question

- If I said, “there are five jellybeans on this slide,” would this be data?

Quantitative Data

Counting Things:

5 Jellybeans
or
1 Red Jellybean
1 Green Jellybean
1 Orange Jellybean
1 Pink Jellybean
1 Purple Jellybean

Question

- If I said, “all these jellybeans taste delicious,” would this be data?

Qualitative Data

Describing Things:

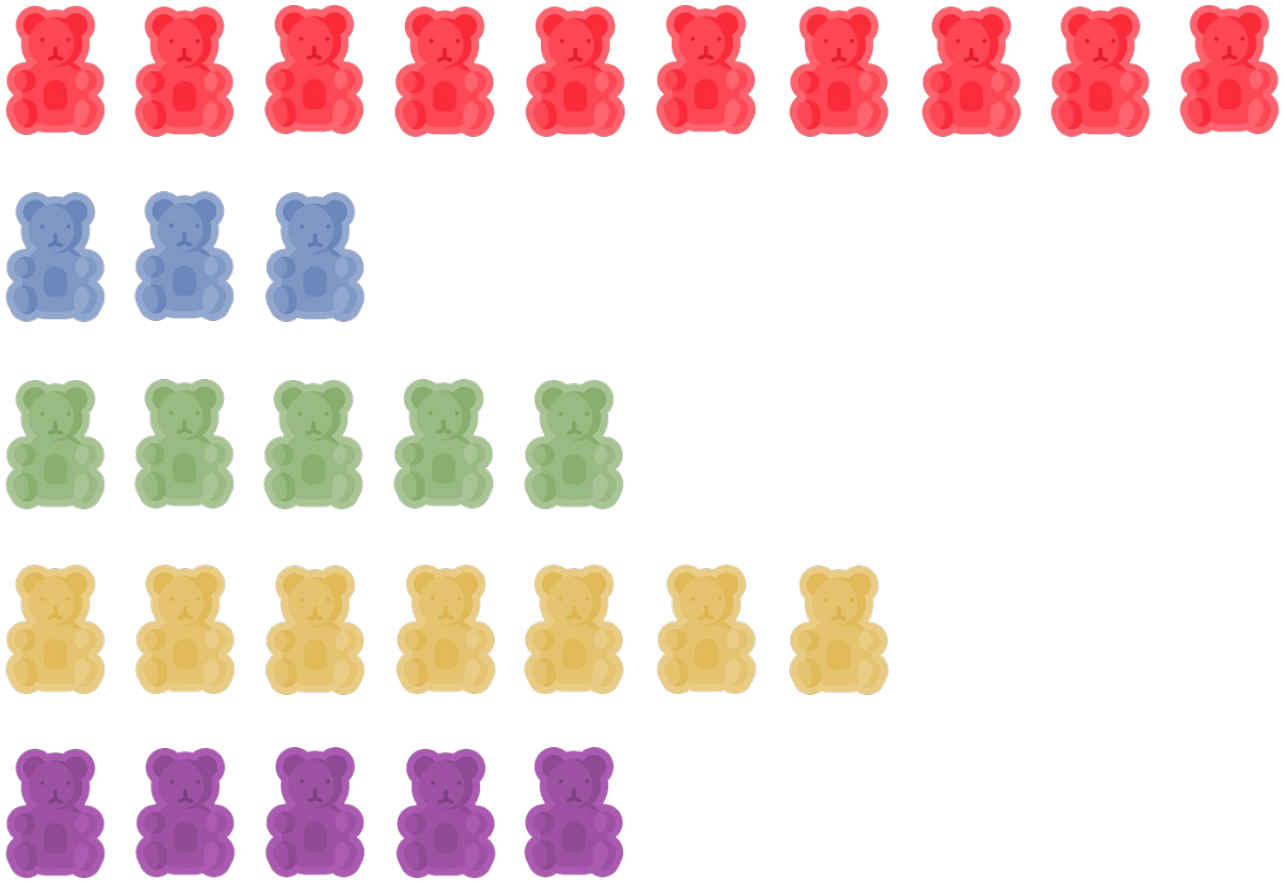
- There are red, green, orange, pink and purple jellybeans
- Each of the jellybeans is oval shaped and about the same size
- They all taste delicious

Bag of Data

Bag of Data Activity Instructions

- Each person should have received a sealed “Bag of Data” in your [Schwag Box]
- You will be divided into break out rooms for 15 minutes.
- When you enter your breakout room you can open your “Bag of Data” and you will have fifteen minutes for the activity.
- Once you have opened your “Bag of Data” and reviewed the contents, as a group determine **five (5) things** you can say quantitatively about the contents of your bag and **five (5) things** you can say qualitatively about the bag.
- Each group will have a Faculty member who will support the group
- Each group should select a Reporter who will report back your group’s outcomes to the larger group

Bag of Data



Debrief

- Which list was easier to create, why?
- Did each of the groups have equal bags? How did you know?
- If you could only use one type of data to make a decision, which data would you use, and why?
- When would you use qualitative data instead of quantitative data?
- How can we apply this new knowledge as leaders?”

Q&A

Questions & Answers

BREAK TIME

Data Terminology

Data Terms - Incidence

- HIV incidence refers to the total number of new cases
- Often people talk about incidence per year – so if 240 people were newly diagnosed with HIV in 2020, the HIV incidence would be 240.
- Incidence is a good way to talk about how the disease is spreading – total new cases per year for example – and to direct funding to growing epidemics

Data Terms - Prevalence

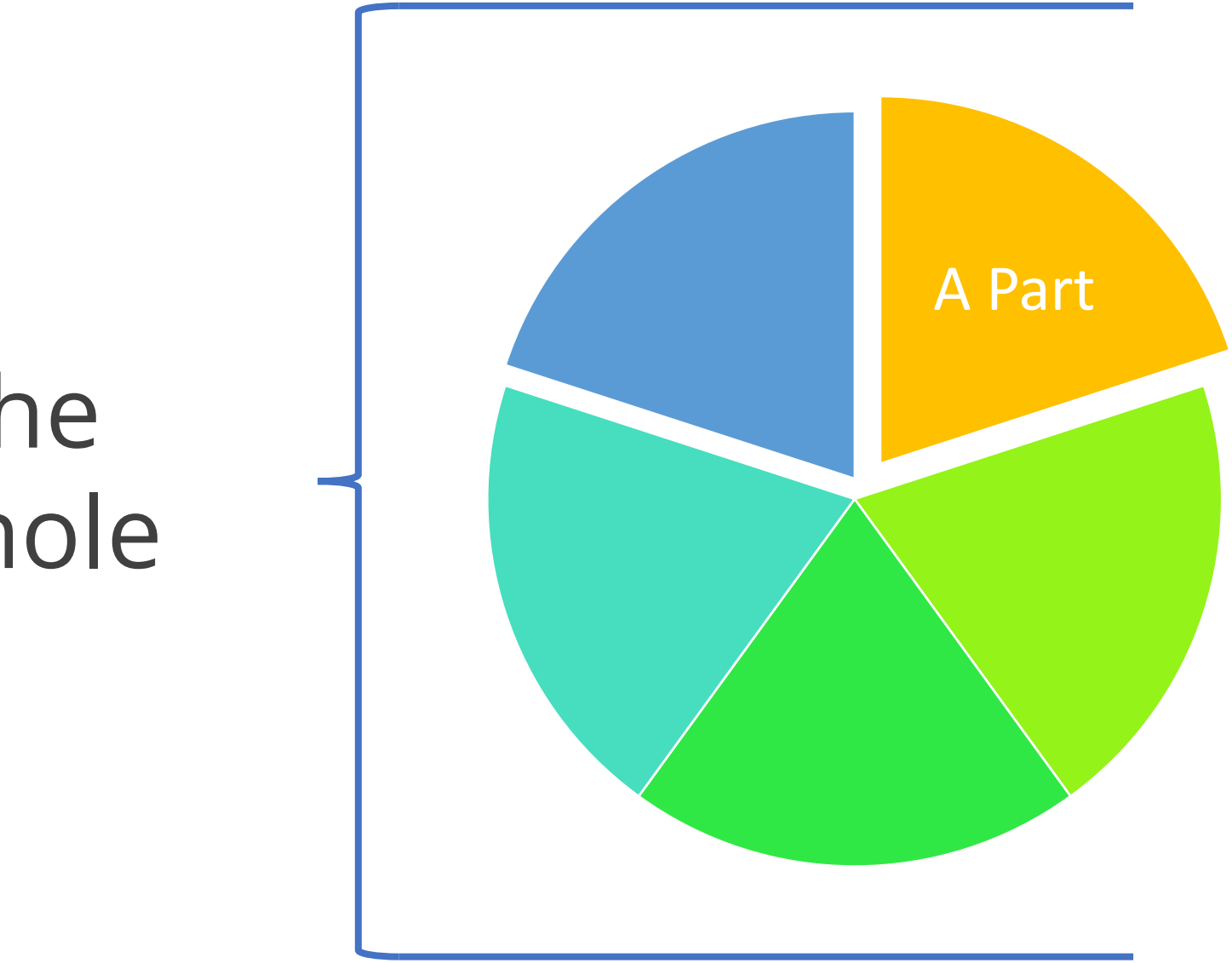
- HIV prevalence refers to the total number of Persons Living with HIV (including the newly diagnosed)
- So, if we have 100,000 persons living with HIV in 2019, then the 2019 HIV Prevalence would be 100,000.
  - If in 2020 we had **additional incidence** (new cases) of 100 cases, then our prevalence for 2020 would rise to 100,100 assuming no one has died in which case you would subtract that from the total prevalence
- Prevalence is a good way to look at an epidemic overtime and in terms of funding

Data Terms - Percent

- Percent: One part in a hundred—an amount that is equal to one one-hundredth of something (1/100)

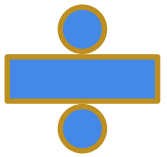
Percent

The Whole



Percentage

Step 1

Numerator  **Denominator**  **Number**

Step 2

Number  **100**  **X**

Answer

X  **Percentage**

Percentage

Step 1

10 ÷ 100 = 0.1

Step 2

0.1 × 100 = 10

Answer

10 = 10%

We Have a Problem . . .

I got . . .

- A lot of people living with HIV
- A medium size urban center
- A higher percentage of the population living with HIV
- A huge impact on my city
- A need to accurately compare my problem to yours

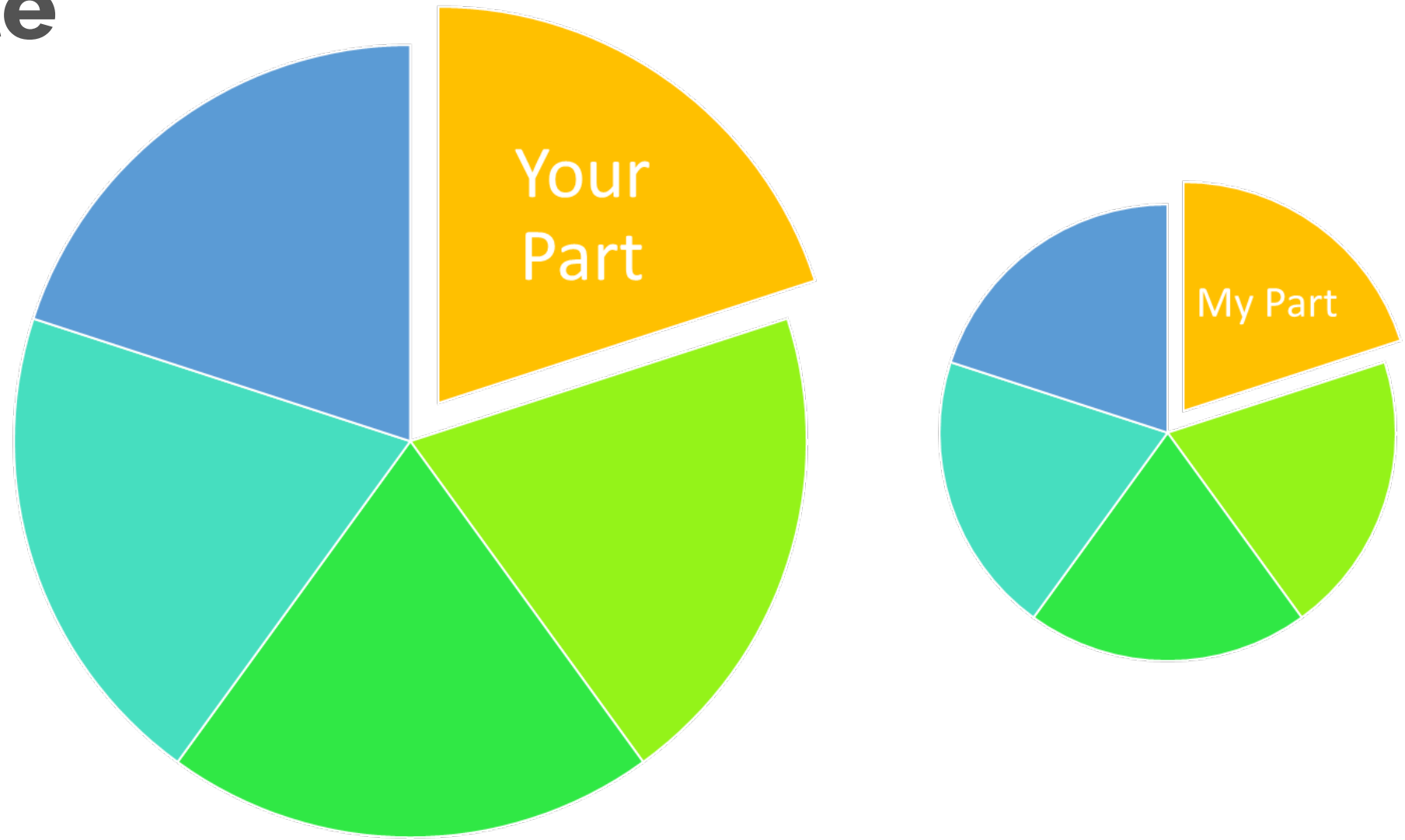
You got . . .

- A lot of people living with HIV
- A Metropolis
- More actual persons living with HIV
- A huge impact on my city
- A need to accurately compare my problem to yours

Data Terms - Rate

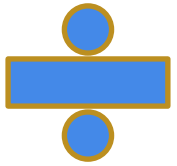
- Rate
  - A quantity measured with respect to another measured quantity
  - A measure of a part with respect to a whole; a proportion

Rate



Rate

Step 1

Numerator  **Denominator**  **Number**

Step 2

Number  **100,000**  **X**

Answer

X  **Rate per 100,000**

Q&A

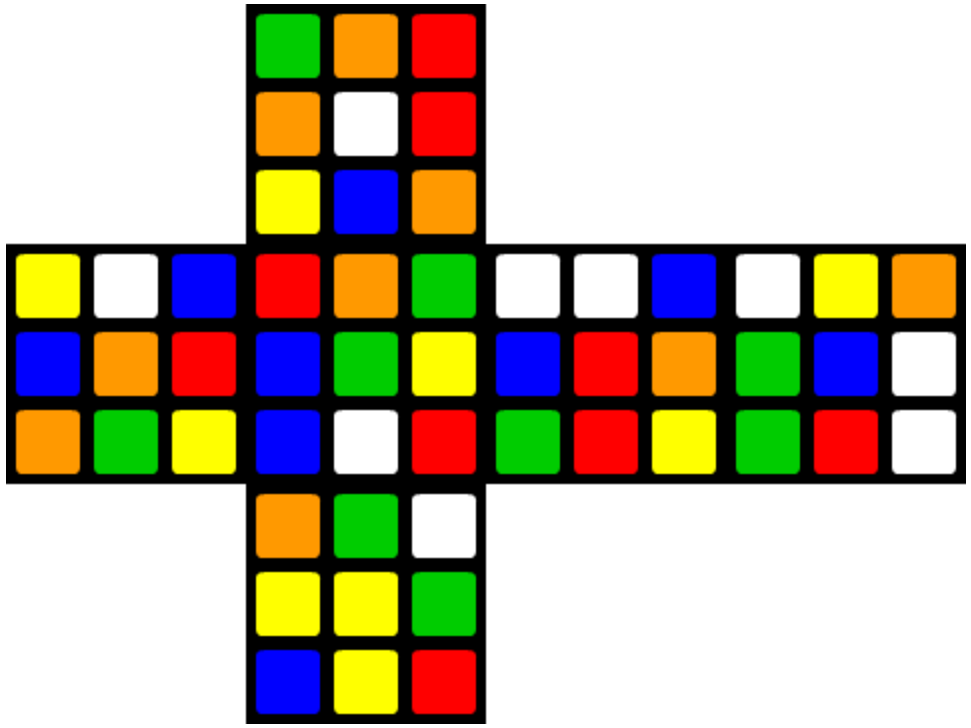
Questions & Answers

Aggregation

Aggregation allows us to look at populations as a whole by bringing different data sets into a single large data set such as a **national profile**

Aggregation

Think of it like a Rubik's cube where each individual population is represented by the smaller blocks



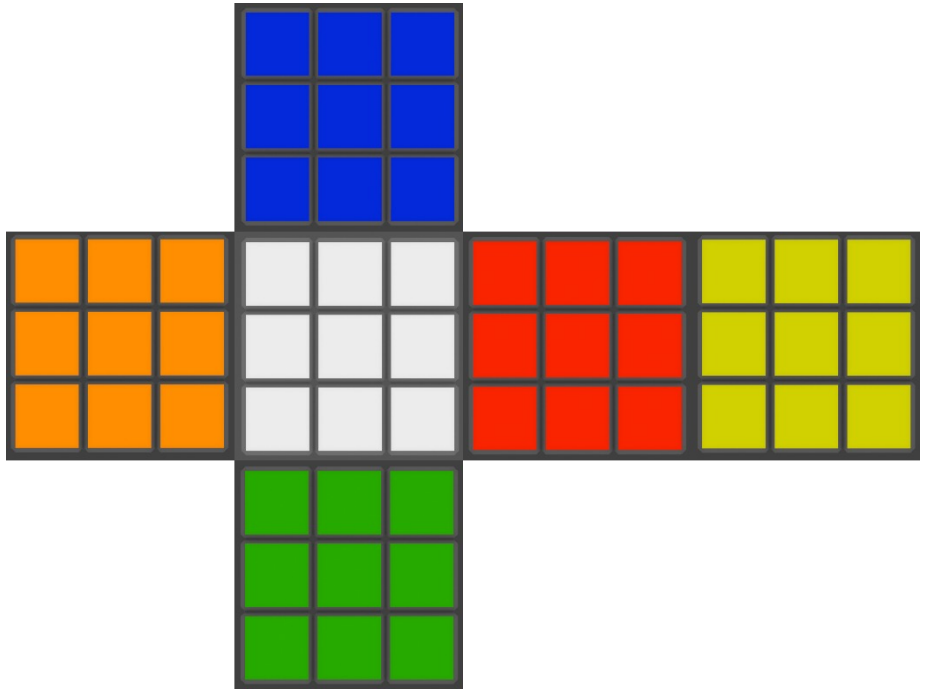
Disaggregate

Disaggregation allows us to break apart the large group (aggregate) to compare smaller groups against the larger group

This helps us identify things like health disparities or create a population profile

Disaggregate

Think about breaking the Rubik's Cube apart and looking at the similar blocks together (the populations or communities)



Data Limitations

- Things to consider . . .
  - If you want it, you have to go get it
  - By the time you got it, its old
  - There is a lot of it
  - It has to be interpreted and analyzed
    - Appears to be, May indicate, Could mean
  - It can be manipulated (massaging data)
  - It’s always changing

- Don’t let the perfect be the enemy of the good!

Discussion Question

- When might you ask for a percentage or rate?
- How can concepts like disaggregation support leaders in improving outcomes?

Closing

Key Learning Objectives

- Communicate how the HIV life cycle works, how HIV enters the CD4 cell, replicates, and damages the immune system
- Understand what PrEP (pre-exposure prophylaxis), PEP (post-exposure prophylaxis) & TasP (treatment as prevention)
- Identify strategies that individuals engaged in (1) planning services, (2) improving services, or (3) delivering services can do to support Persons with HIV in adherence
- Name and understand basic management of common comorbidities most often associated with HIV
- Define social determinants of health and identify how social determinants contribute to risk factors for HIV
- Define health literacy
- Describe health literate approaches to improve communication
- Explain the importance of organizational health literacy
- Compare and contrast quantitative and qualitative data

Elevator Pitch – 27/9/3

- Using the knowledge gained today, write an “elevator pitch” to explain social determinants of health.
  - Someone asks you, “What are social determinants of health?”
- You will write your elevator pitch using the 27/9/3 format
  - No more than **27 words**
  - Lasting no more than **9 Seconds**
  - Covering no more than **3 Topics**
- For your assignment, please use the 27-9-3 Day Two Handout
- Tomorrow everyone will have a chance to share their Social Determinants Elevator Pitch

Q&A

Questions & Answers

Logistics for Day Three

- TIME
- DATE
- LOCATION

ELEVATE Source Curricula

JSI – Planning CHATT Curricula and Resources
Boston University - Community Health Worker Curricula
CQII – Training of Consumers on Quality
NMAC – Building Leaders of Color

PLANNING CHATT

IMPROVING ACCESS TO CARE: Using Community Health Workers to Improve Linkage and Retention in Care

HRSA Ryan White HIV/AIDS Program
CENTER FOR QUALITY IMPROVEMENT & INNOVATION

BLOC BUILDING LEADERS OF COLOR

Original curricula and resources available from the TargetHIV website: www.targethiv.org

Thank You!

NMAC
leads with race

ELEVATE
Engage Leadership through Employment, Validation & Advancing Transformation & Equity

Get in Touch

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NMAC leads with race

ELEVATE
Engage Leadership through Employment, Validation & Advancing Transformation & Equity

ELEVATE Program Training

Date
Location

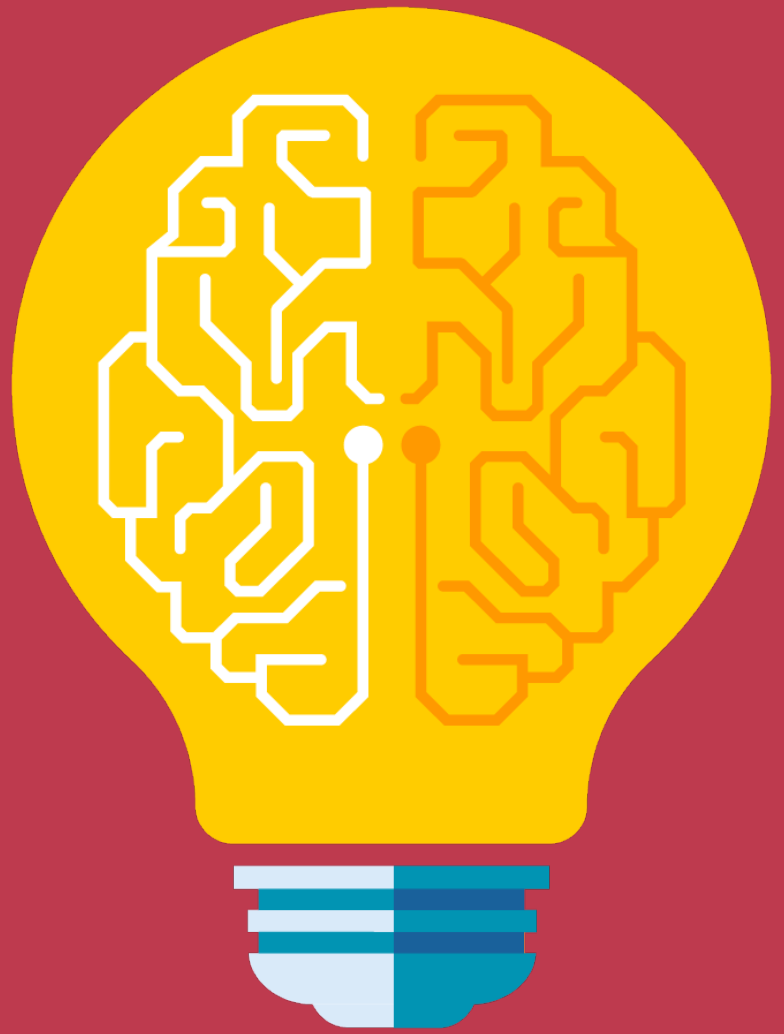
NMAC
leads with race

ELEVATE
Engage Leadership through Employment, Validation & Advancing Transformation & Equity

ELEVATE Day Three

Learning Environment

- Explore the role of race and gender in HIV-related service delivery
- Develop and reinforce positive self-identities for all participants
- Create a welcoming and safe environment



Day Three Agenda

Time PM EST	Agenda Item
09:00 - 09:30	ELEVATE Day Three Welcome
09:30 - 10:15	Performance Measurement
10:15 - 10:30	Break
10:30 - 11:30	Charts & Graphs
11:30 - 01:30	Program Track Breakout
01:30 - 02:30	Lunch
02:30 - 04:00	Program Track Breakout
04:00 - 04:15	Break
04:15 - 04:30	Program Track Report-Out
04:30 – 05:00	Closing and Evaluation

Key Learning Objectives

- Introduce performance measurement as a monitoring and improvement tool

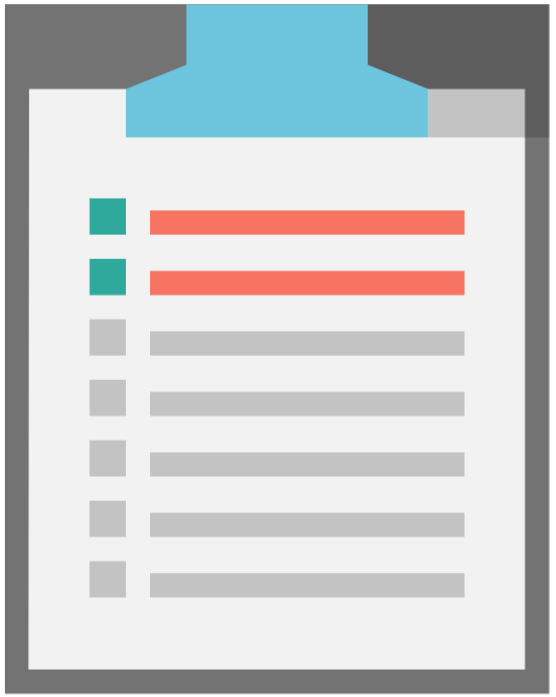
- Explore how indicators are developed and used to monitor service delivery and quality

- Program Track Breakout

1. Planning RW Service Track
2. Improving RW Service Track
3. Delivering RW Service Track

Community Agreements

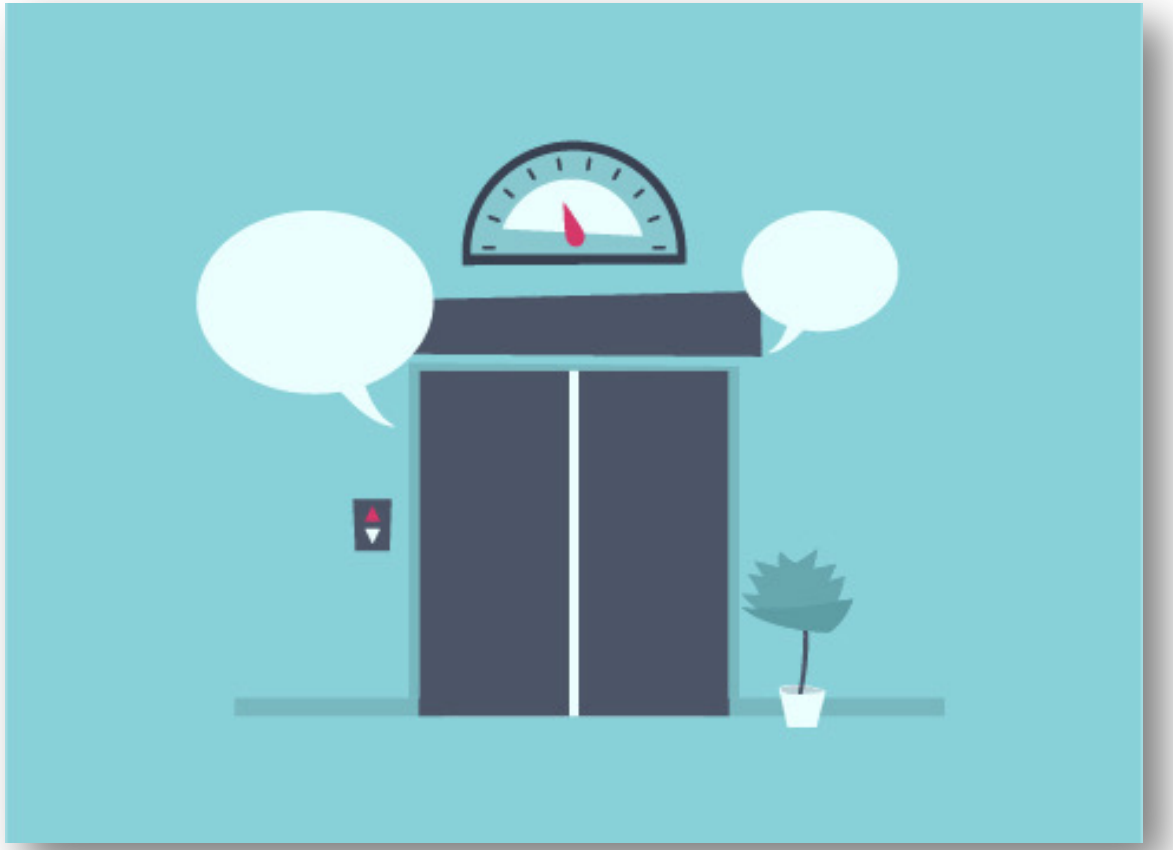
- Be present
- Actively participate
- Ask questions
- Reflect on your own experience
- Be respectful of other's experiences
- Seek to maintain a growth mindset
- Root in respect



Community Garden

27-9-3 Elevator Pitch

What are social determinants of health?



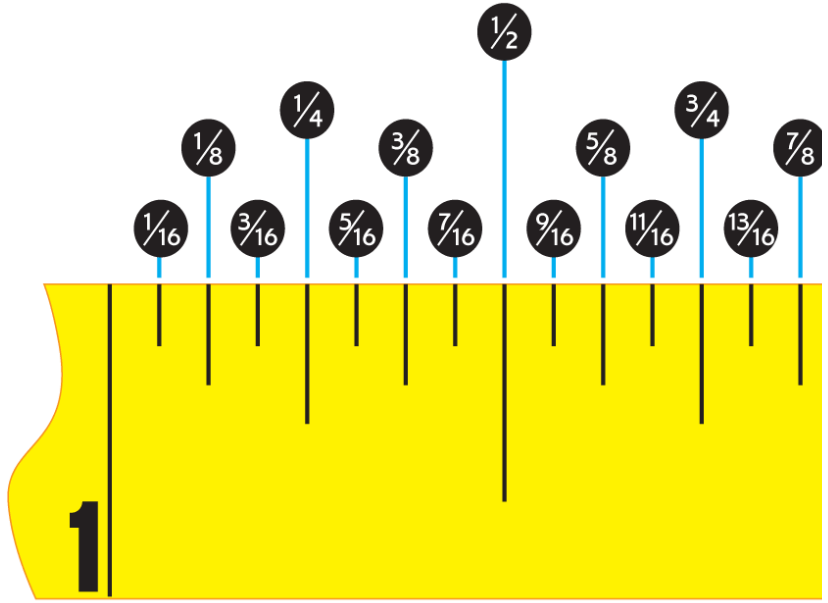
Q&A

Questions & Answers

Performance Measurement

Question:

- When you set a goal for yourself, how do you know whether you achieved your goal?
- How would you measure your performance towards that goal?”



Measuring Performance

- Track number of steps walked per day, every other day
- Increase in heart rate (or aerobic power), e.g., number of heart beats and increase in oxygen uptake
- Increase in muscle tone (or body mass), e.g., Body Mass Index measure

Measuring Performance

- Number of clients successfully reached by phone, text, or social media
- Number of clients who came in for their doctor's appointment
- Number of clients prescribed ARTs
- Number of clients who are virally suppressed

Performance Measurement

Performance Measurement is the regular **collection of data** to assess whether the correct processes are being performed and desired results are being achieved.

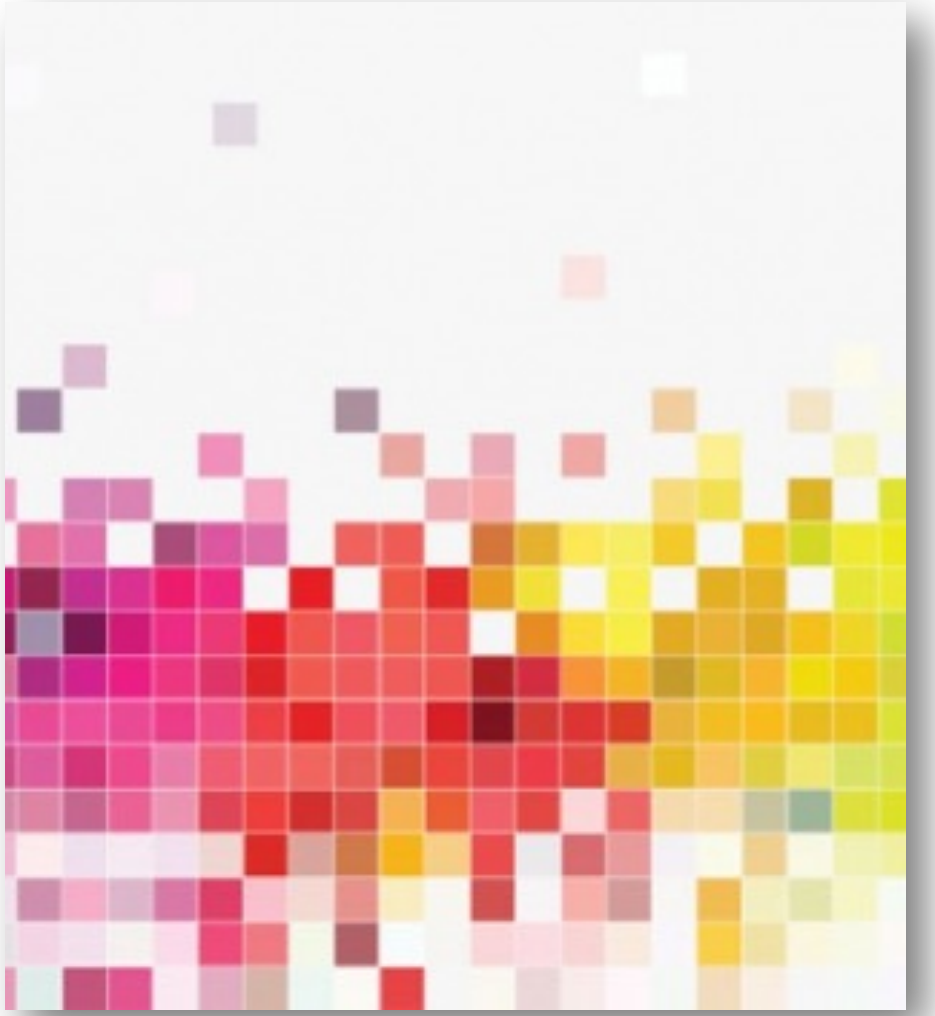
A performance measure is data and provides an indication (i.e., indicator) of an organization's performance in relation to a specific process or outcome.

Questions to Measure Service Delivery

- How many services did we deliver?
- How many people did we deliver a service to?
- Did all the people who need the service get it?
- What was the quality of the service we provided?
- Did our service support viral suppression?

Measurement Criteria

- Relevance
- Measurability
- Accuracy
- Improvability



What Makes a Good Measure?

- **Relevance**
  - Does the measure affect a lot of people or programs?
  - Does the measure have a great impact on the programs or patients/clients in your EMA, state, network or clinic?
- **Measurability**
  - Can the measure realistically and efficiently be measured given finite resources?

What Makes a Good Measure?

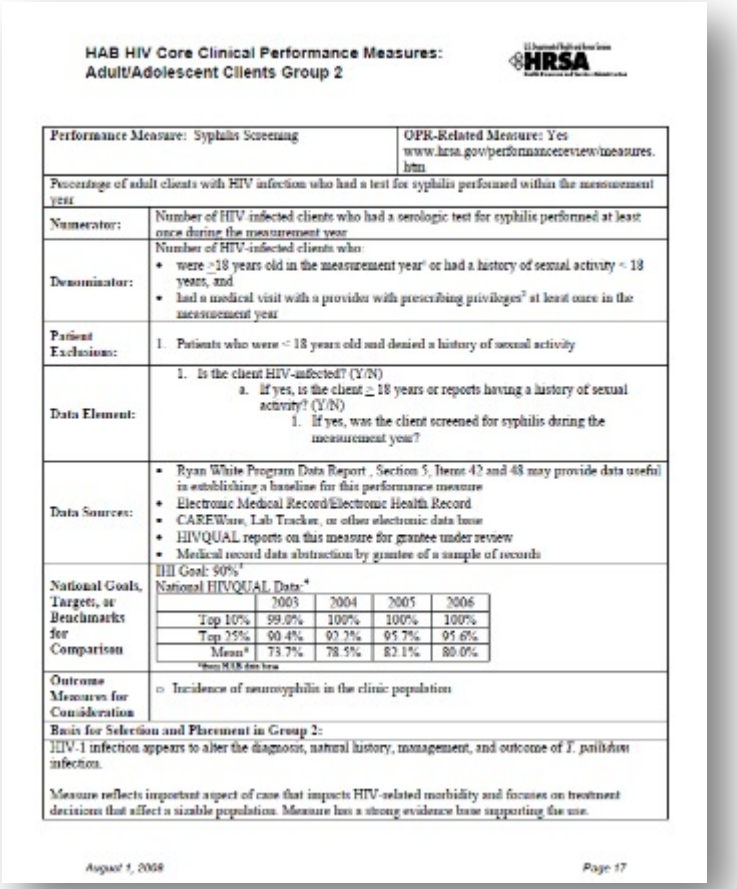
- **Accuracy**
  - Is the measure based on accepted guidelines or developed through formal group-decision making methods?
- **Improvability**
  - Can the performance rate associated with the measure realistically be improved given the limitations of your services and population?

Reasons to Measure HIV Care

- Communicates priorities
- Drives improvement based on actual data
- Separates what you think is happening from what really is happening
- Establishes a baseline: it's ok to start out with low scores!
- Ongoing/periodic monitoring identifies problems as they emerge
- Measurement allows for comparison across sites, programs, EMAs, and states

HRSA HIV/AIDS Bureau Measures

- HAB Measures:
  - Core (5)
  - All Ages (4)
  - Adult/Adolescent (13)
  - Children living with HIV (1)
  - HIV-exposed Children (3)
  - Medical Case Management (3)
  - Oral Health (5)
  - ADAP (4)
  - Systems Level (6)
- www.hab.hrsa.gov



HAB HIV Core Clinical Performance Measures:
Adult/Adolescent Clients Group 2

HRSA

Performance Measure: Syphilis Screening	OPR-Related Measure: Yes www.hrsa.gov/performancereview/measures.htm

Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year

Numerator:	Number of HIV infected clients who had a serologic test for syphilis performed at least once during the measurement year
Denominator:	Number of HIV-infected clients who: • were ≥18 years old in the measurement year[6] or had a history of sexual activity < 18 years, and • had a medical visit with a provider with prescribing privileges[7] at least once in the measurement year
Patient Exclusions:	1. Patients who were < 18 years old and denied a history of sexual activity
Data Element:	1. Is the client HIV-infected? (Y/N) a. If yes, is the client ≥ 18 years or reports having a history of sexual activity? (Y/N) 1. If yes, was the client screened for syphilis during the measurement year?
Data Sources:	• Ryan White Program Data Report , Section 5, Items 42 and 48 may provide data useful in establishing a baseline for this performance measure • Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker, or other electronic data base • HIVQUAL reports on this measure for grantee under review • Medical record data abstraction by grantee of a sample of records
National Goals, Target, or Benchmarks for Comparison	HH Goal: 90%[5] National HIVQUAL Data:[4]

	2003	2004	2005	2006
Top 10%	99.0%	100%	100%	100%
Top 25%	90.4%	92.2%	95.7%	95.6%
Mean*	73.7%	78.5%	82.1%	80.0%

*Mean HIQUAL data base

Outcome Measures for Consideration	○ Incidence of neurosyphilis in the clinic population

Basis for Selection and Placement in Group 2:

HIV-1 infection appears to alter the diagnosis, natural history, management, and outcome of *T. pallidum* infection.

Measure reflects important aspect of care that impacts HIV-related morbidity and focuses on treatment decisions that affect a sizable population. Measure has a strong evidence base supporting the use.

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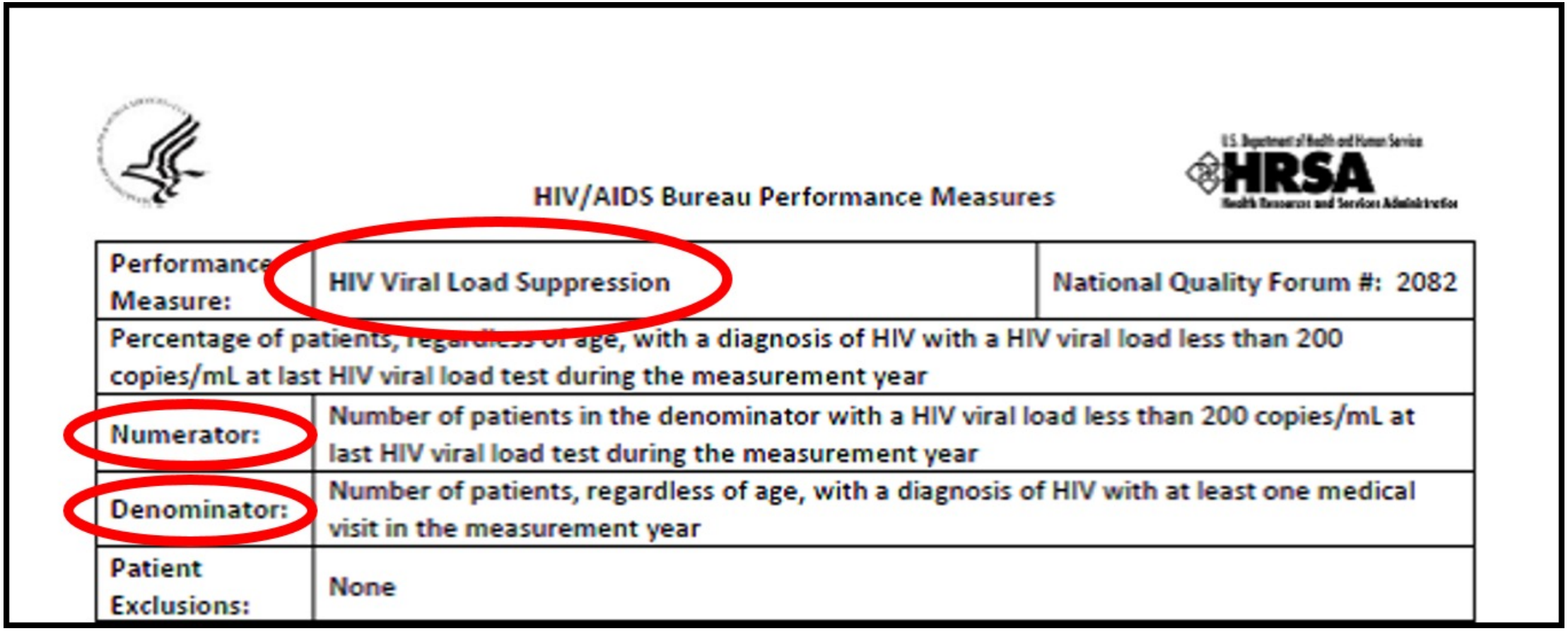
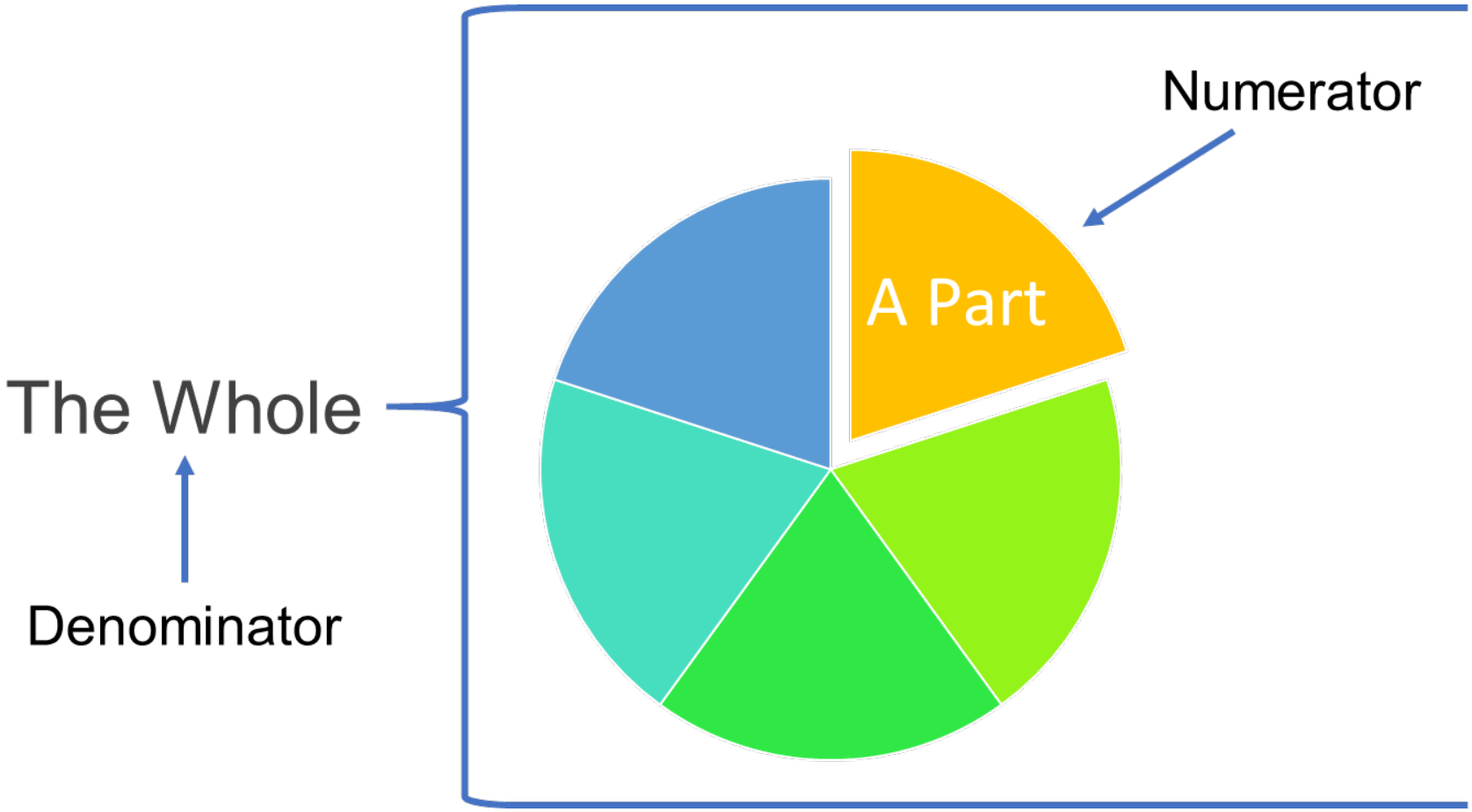
Find the Measure – Look at the top!



HIV/AIDS Bureau Performance Measures

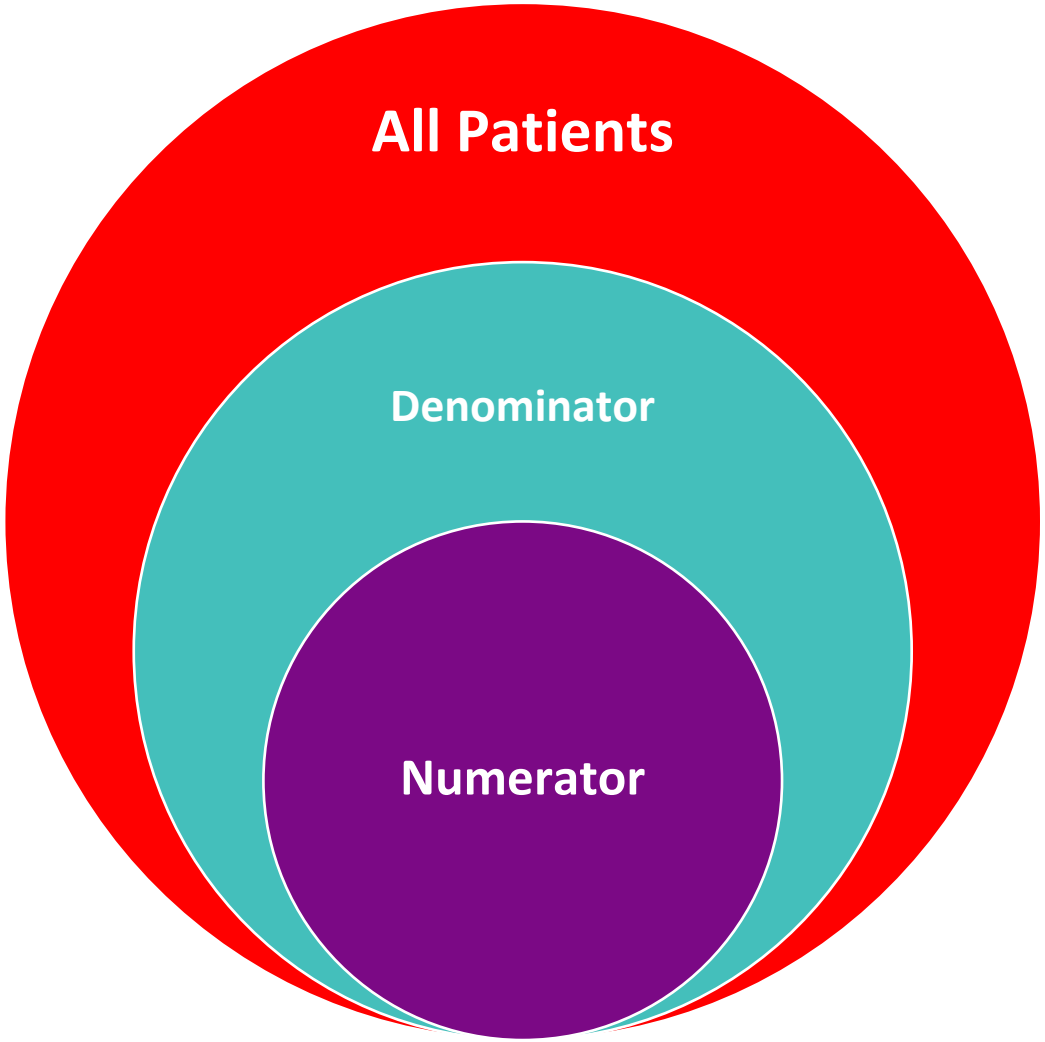
Performance Measure:	HIV Viral Load Suppression	National Quality Forum #: 2082
Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year		
Numerator:	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	
Patient Exclusions:	None	

Numerator and Denominator



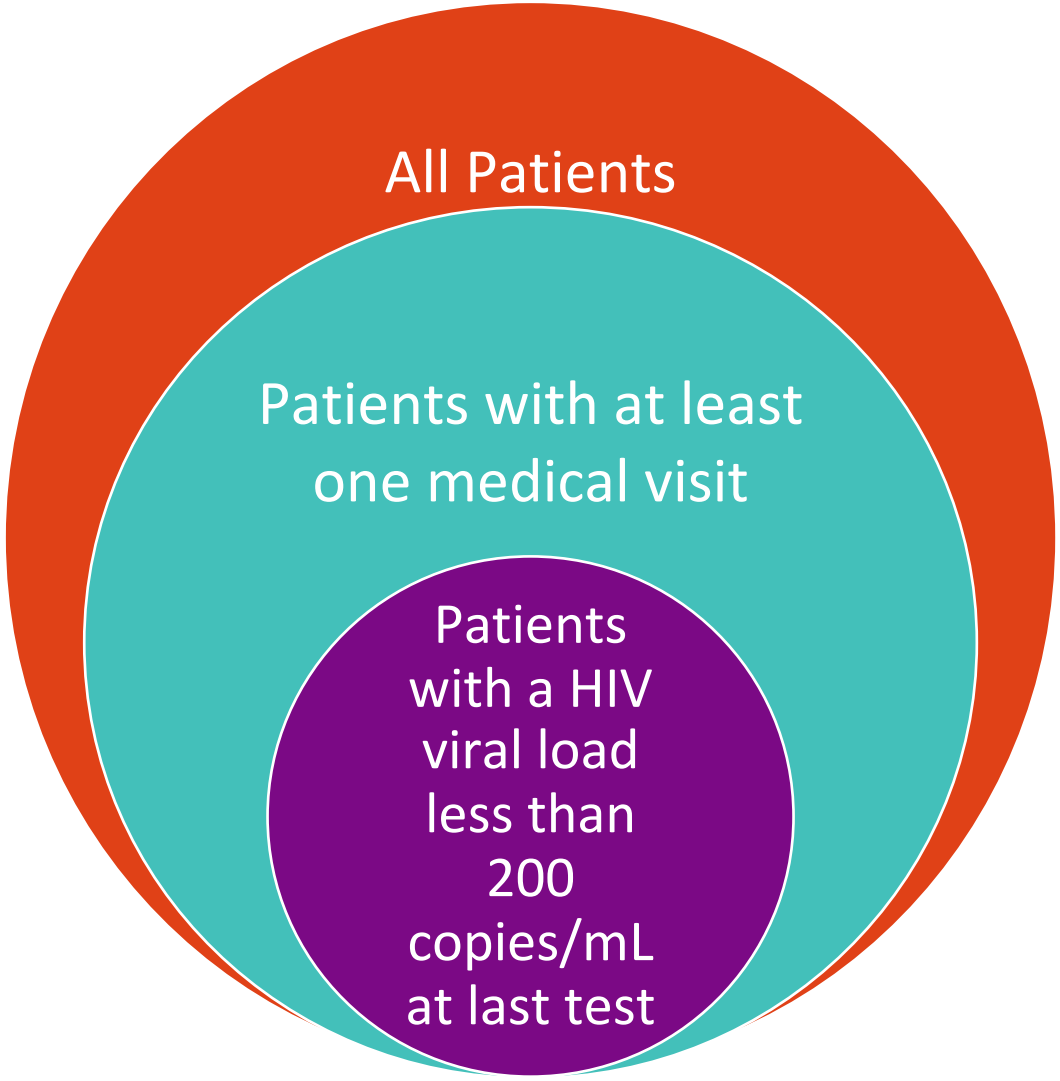
Performance Measure

- **Denominator**: Which clients *should* be getting the care?
- **Numerator**: Which clients *got* the care?



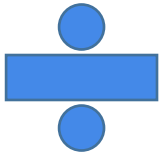
HIV Viral Suppression

- Denominator:
  - Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
- Numerator:
  - Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year
- Exclusions:
  - None



Virally Suppressed

Step 1

887  1000  Answer

Step 2

0.887  100  88.7

Answer

88.7%  Percentage who are Virally Suppressed

Q&A

Questions & Answers

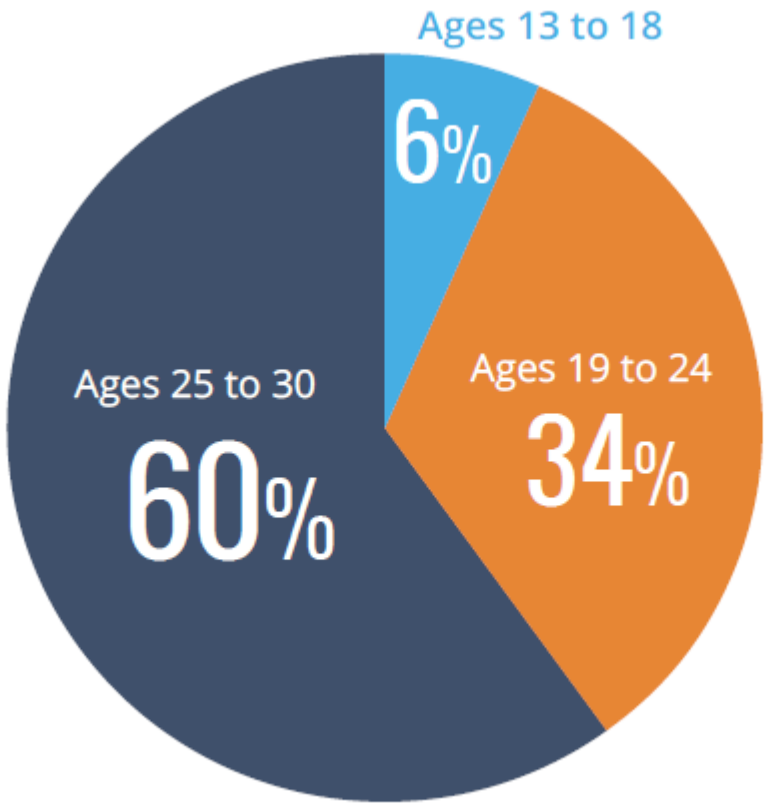
BREAK TIME

Charts and Graphs

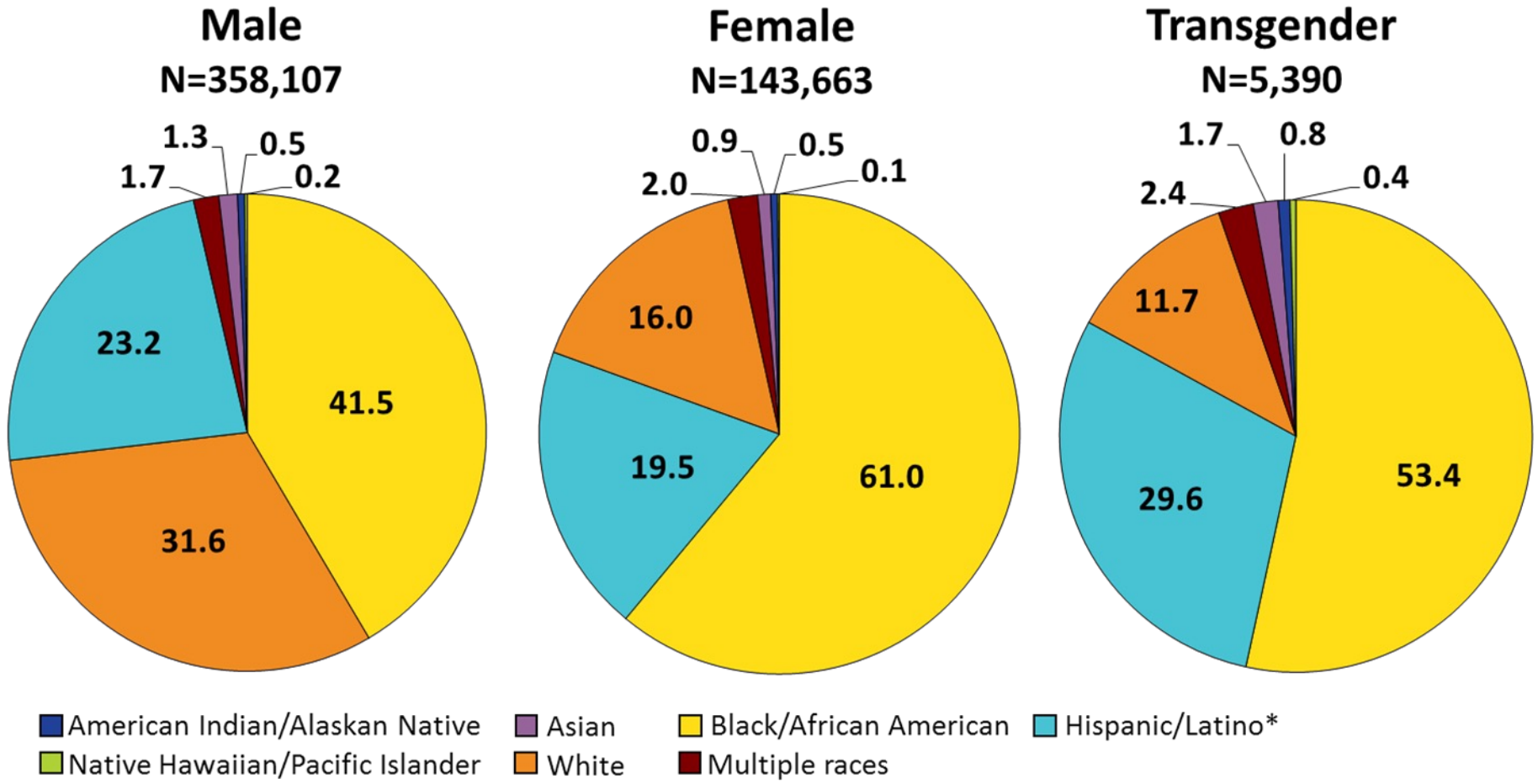
Data Visualizations: Charts and Graphs

- **Line or Run Graphs** can be used to compare changes over the same period of time for more than one group.
- **Pie Charts** are best to use when you are trying to compare parts of a whole. They do not show changes over time.
- **Bar Graphs** are used to compare things between different groups or to track changes over time.

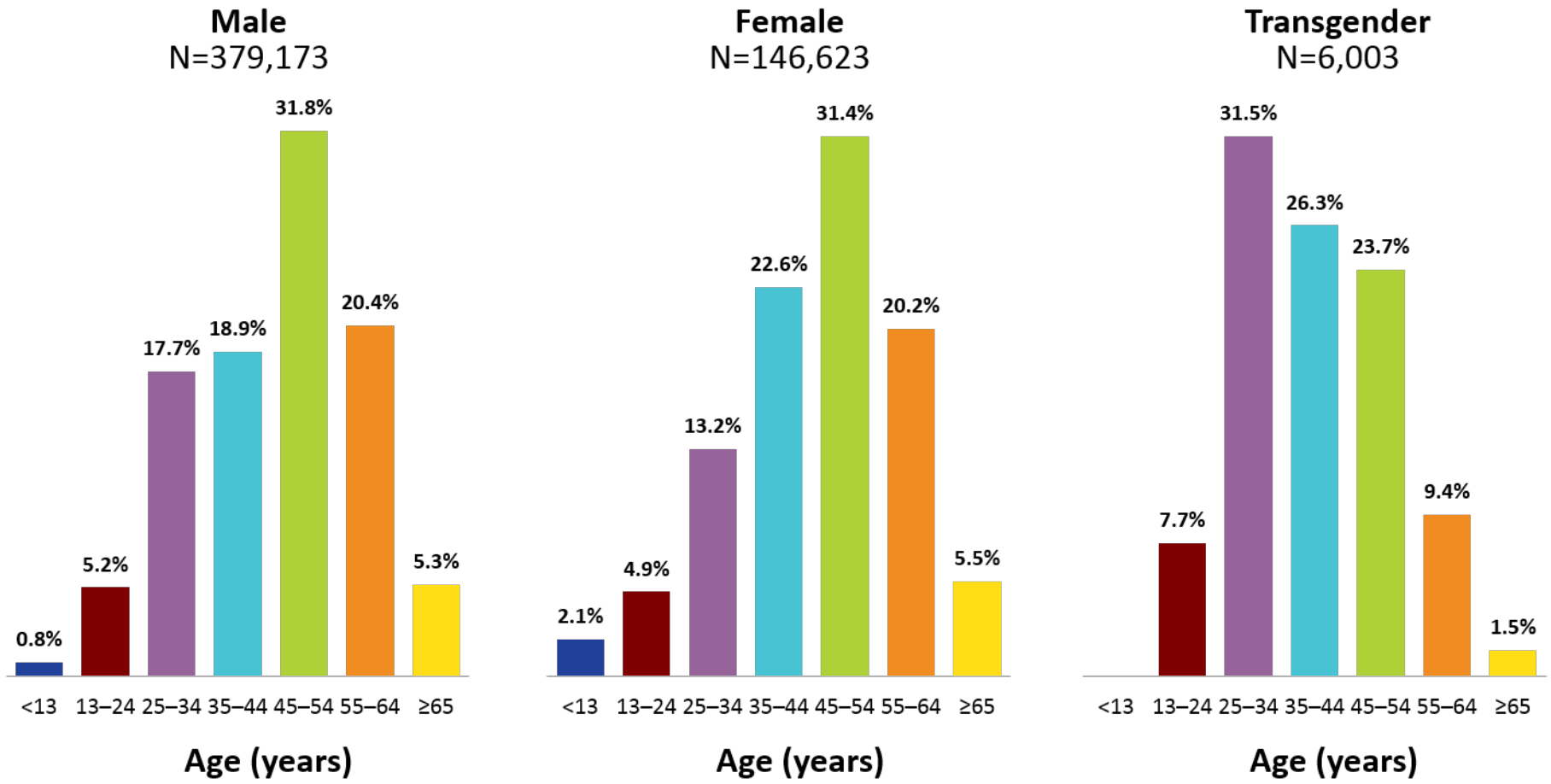
Data Visualizations: Charts and Graphs



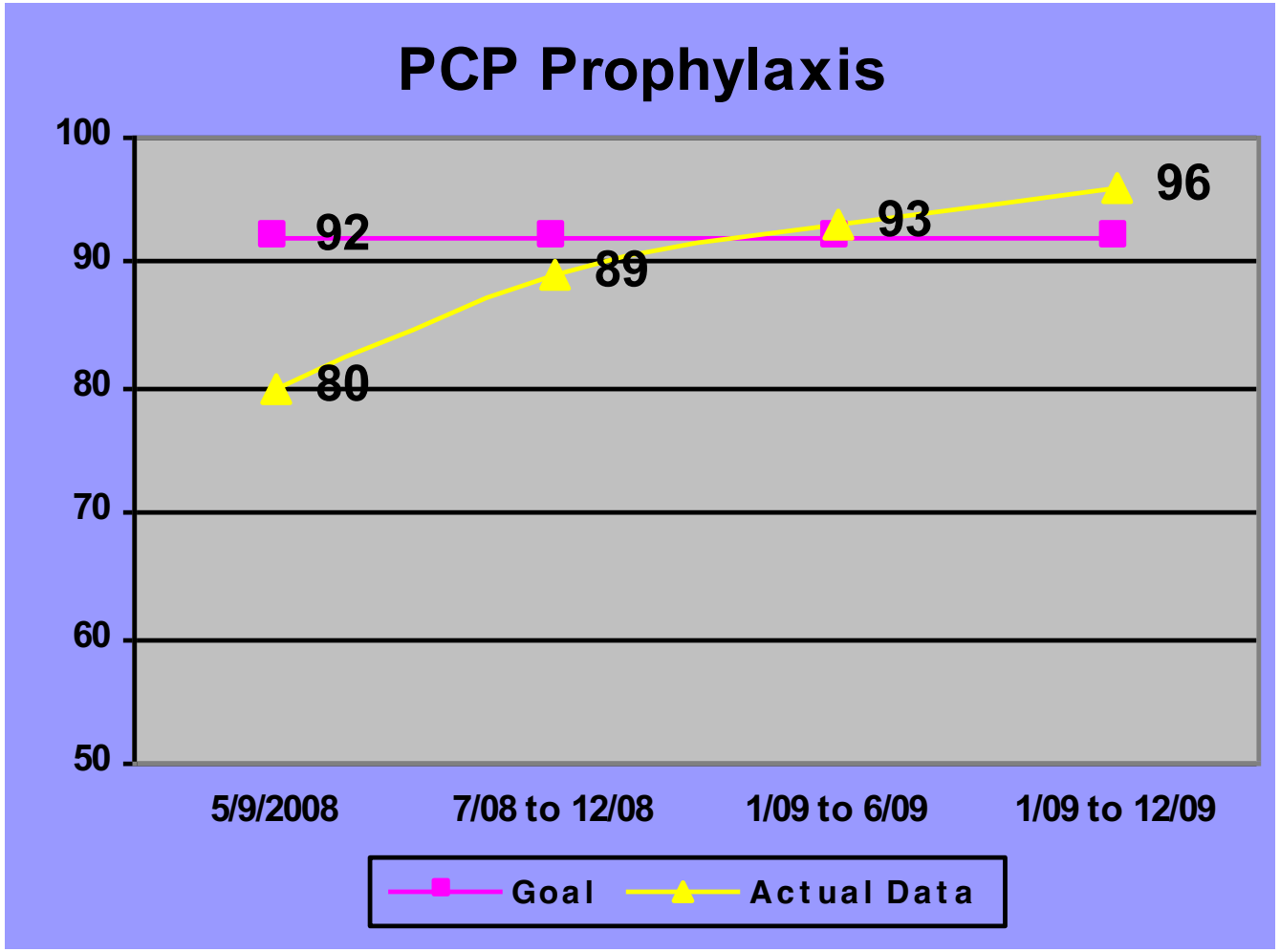
Data Visualizations: Charts and Graphs



Data Visualizations: Charts and Graphs



Data Visualizations: Charts and Graphs



Program Track Breakouts

Planning RW Services Track		Improving RW Services Track		Delivering RW Services Track	
Time	Module	Time	Module	Time	Module
00:00 00:15	Welcome & Overview	00:00 00:15	Welcome & Overview	00:00 00:15	Welcome & Overview
00:15 00:00	Systems of Care	00:15 01:00	Quality Improvement Principles	00:15 01:15	Documentation Skills
00:00 00:00	Needs Assessment Components	01:00 01:45	The Model for Improvement	01:15 02:00	Care Planning & Case Conferences
00:00 00:00	Using Data for Decision-Making	01:45 02:00	Quality Improvement Teams	02:00 02:20	BREAK
02:00 02:30	BREAK	02:00 02:30	BREAK	02:30 04:00	Case Study Activity (RWHAP Client)
02:30 04:00	Case Study Activity (Jurisdiction)	02:30 04:00	Case Study Activity (Agency)	04:00 04:15	Program Track Report-Out
04:00 04:15	Program Track Report-Out	04:00 04:15	Program Track Report-Out		
04:15	**Return to Main Room**				

Program Track Breakouts

LUNCH TIME

Program Track Breakouts

BREAK TIME

Program Track Report-Out

Program Track **Report-Out**

Each program track will have up to **2-3 minutes to report back** on the breakout activities

Each group should share what they think the other program tracks should know about their activities.

Q&A

Questions & Answers

Closing and Evaluation

Key Learning Objectives

- Introduce performance measurement as a monitoring and improvement tool

- Explore how indicators are developed and used to monitor service delivery and quality

- Program Track Breakout

1. Planning RW Service Track
2. Improving RW Service Track
3. Delivering RW Service Track

Elevator Pitch – 27/9/3

- Using the knowledge gained today, write an “elevator pitch” to explain types of data.
  - Someone asks you, “What is quantitative data?” or “What is qualitative data?” (Select One)
- You will write your elevator pitch using the 27/9/3 format
  - No more than **27 words**
  - Lasting no more than **9 Seconds**
  - Covering no more than **3 Topics**
- For your assignment, please use the 27-9-3 Day Three Handout
- Tomorrow everyone will have a chance to share their Types of Data Elevator Pitch

Q&A

Questions & Answers

Logistics for Day Four

- TIME
- DATE
- LOCATION

ELEVATE Source Curricula

JSI – Planning CHATT Curricula and Resources
Boston University - Community Health Worker Curricula
CQII – Training of Consumers on Quality
NMAC – Building Leaders of Color

PLANNING CHATT

IMPROVING ACCESS TO CARE: Using Community Health Workers to Improve Linkage and Retention in Care

HRSA Ryan White HIV/AIDS Program
CENTER FOR QUALITY IMPROVEMENT & INNOVATION

BLOC BUILDING LEADERS OF COLOR

Original curricula and resources available from the TargetHIV website: www.targethiv.org

Thank You!

NMAC
leads with race

ELEVATE
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ELEVATE Program Training

Dates
Location

NMAC
leads with race

ELEVATE
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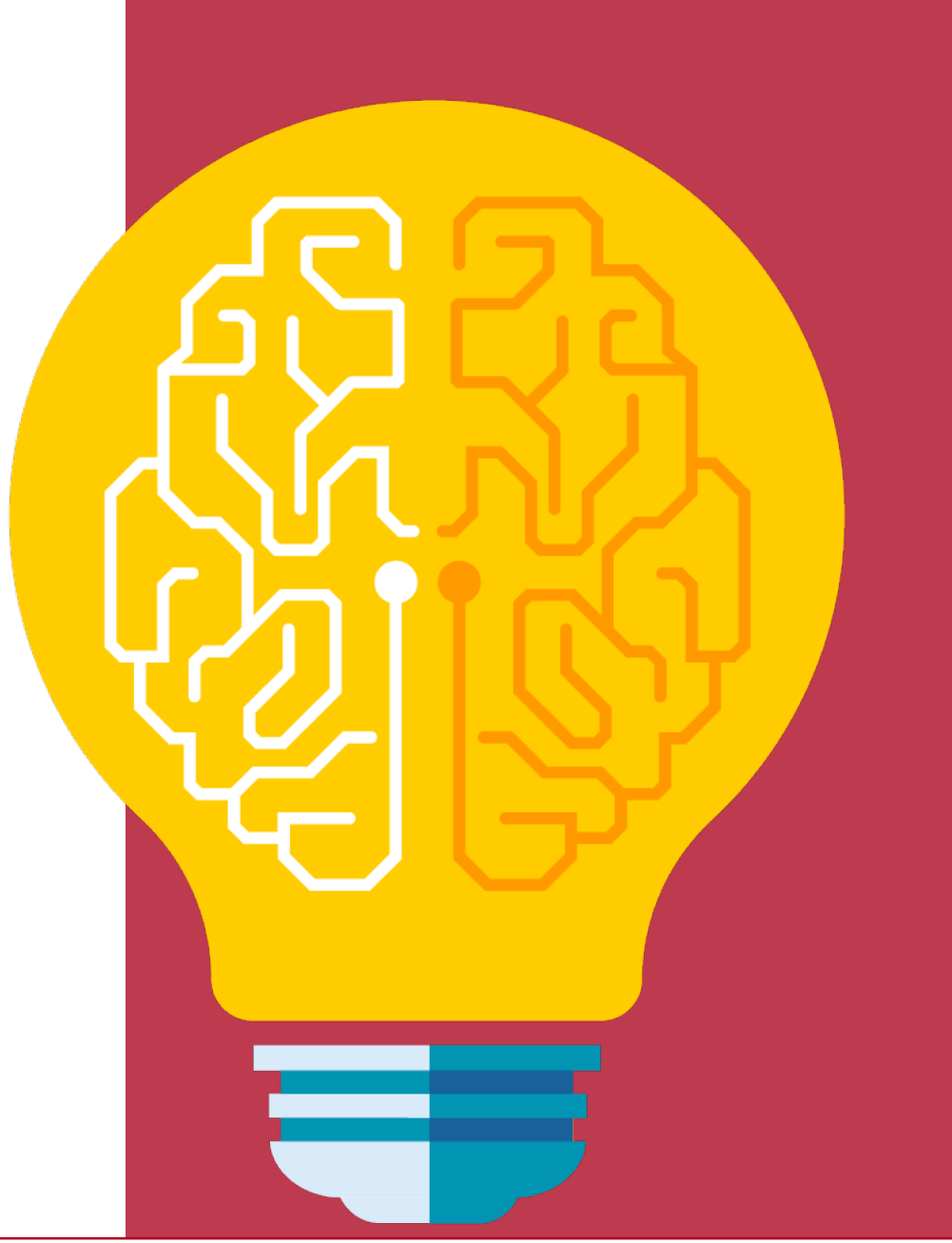
ELEVATE Day Four

Learning Environment

- Explore the role of race and gender in HIV-related service delivery
- Develop and reinforce positive self-identities for all participants
- Create a welcoming and safe environment



Day Four Agenda

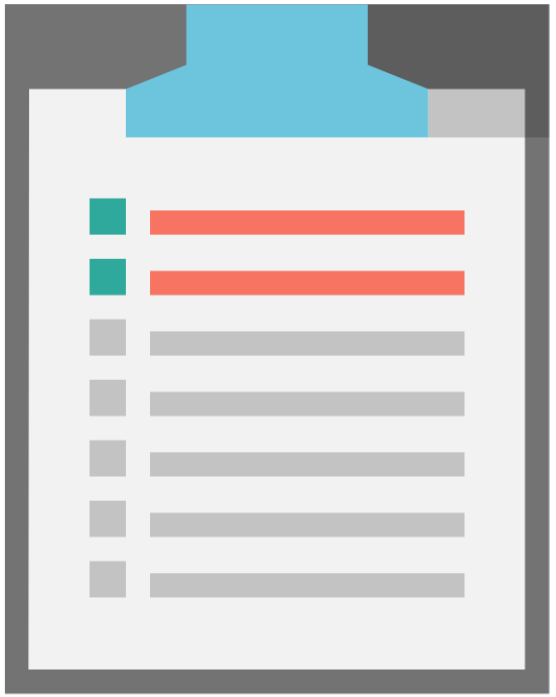
Time PM EST	Agenda Item
09:00 - 09:30	ELEVATE Day Four Welcome
09:30 - 10:15	Communicating as Part of a Team
10:15 - 10:30	Break
10:30 - 11:30	Facilitation Skills
11:30 - 12:30	Managing Stigma and Trauma as Leaders
12:30 - 01:30	Lunch
01:30 - 02:00	Action Planning in Program Track
02:00 - 02:30	Report Out in Program Track
02:30 - 03:00	Closing and Graduation

Key Learning Objectives

- Utilize a method for evaluating & addressing obstacles to team communications
- Understand basic facilitation skills: push, pull, and balance
- Define stigma, HIV-related stigma, and trauma
- List types of stigmas and describe the impact of stigma on Persons with HIV
- Describe physical, emotional, and cognitive symptoms of trauma
- Describe the attributes of trauma-informed organizations
- Peer sharing of methods to self-regulate when stigmatized or re-traumatized
- Self-reflection on individual professional and/or personal development goals

Community Agreements

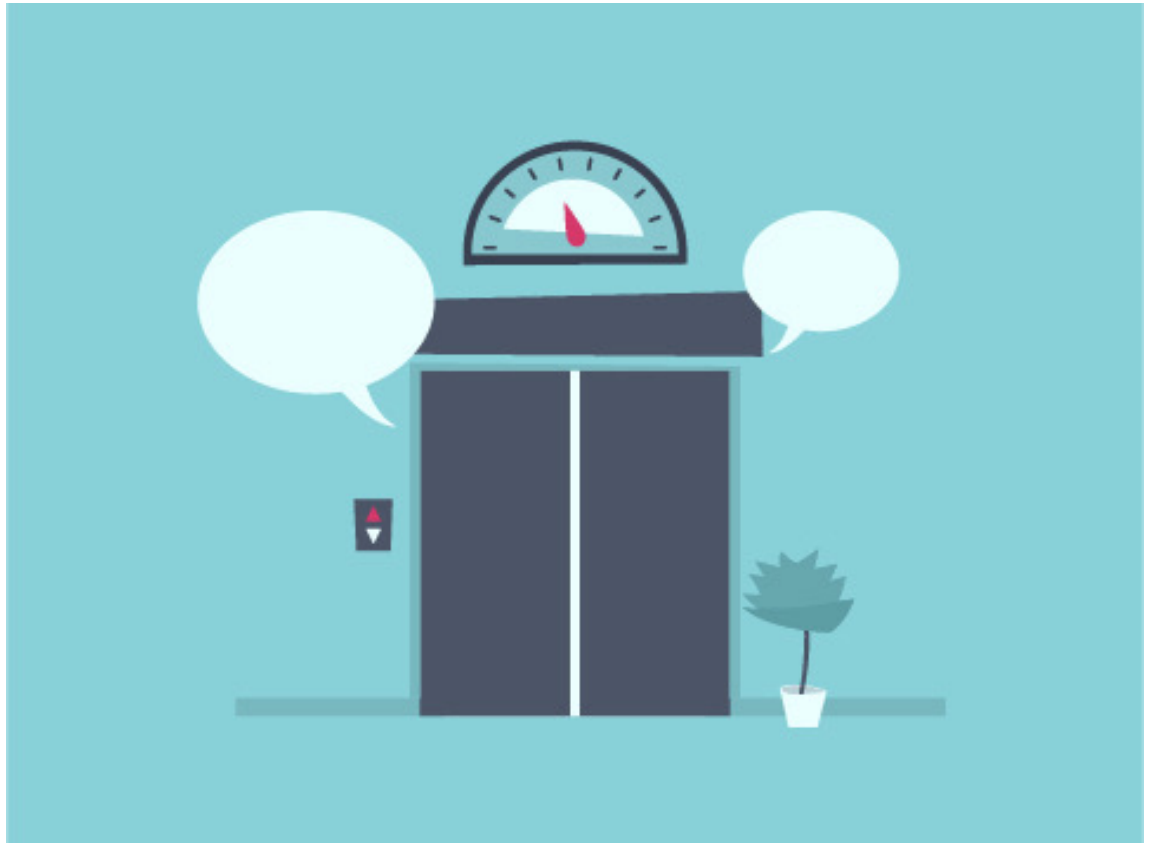
- Be present
- Actively participate
- Ask questions
- Reflect on your own experience
- Be respectful of other’s experiences
- Seek to maintain a growth mindset
- Root in respect



Community Garden

27-9-3 Elevator Pitch

What are quantitative or qualitative data?



Q&A

Questions & Answers

Communicating as a Team

The Elephant in the Room

Control

What elephants can we control?

Influence

What elephants can we influence?

Accept

What elephants do we just accept?

Elephants in the Room

Can anyone name some “**elephants in the room**” from your experience?

Elephants in the Room

Activity

Ten Tips for Communication

- Speak to others directly in one-on-one interactions
- Give clear and concise directions
- Encourage two-way feedback
- Always show appreciation
- Hold weekly team meetings
- Promote collaboration
- Make team members feel they are part of the team
- Keep personal bias in check
- Keep an open-door policy
- Use time wisely

Q&A

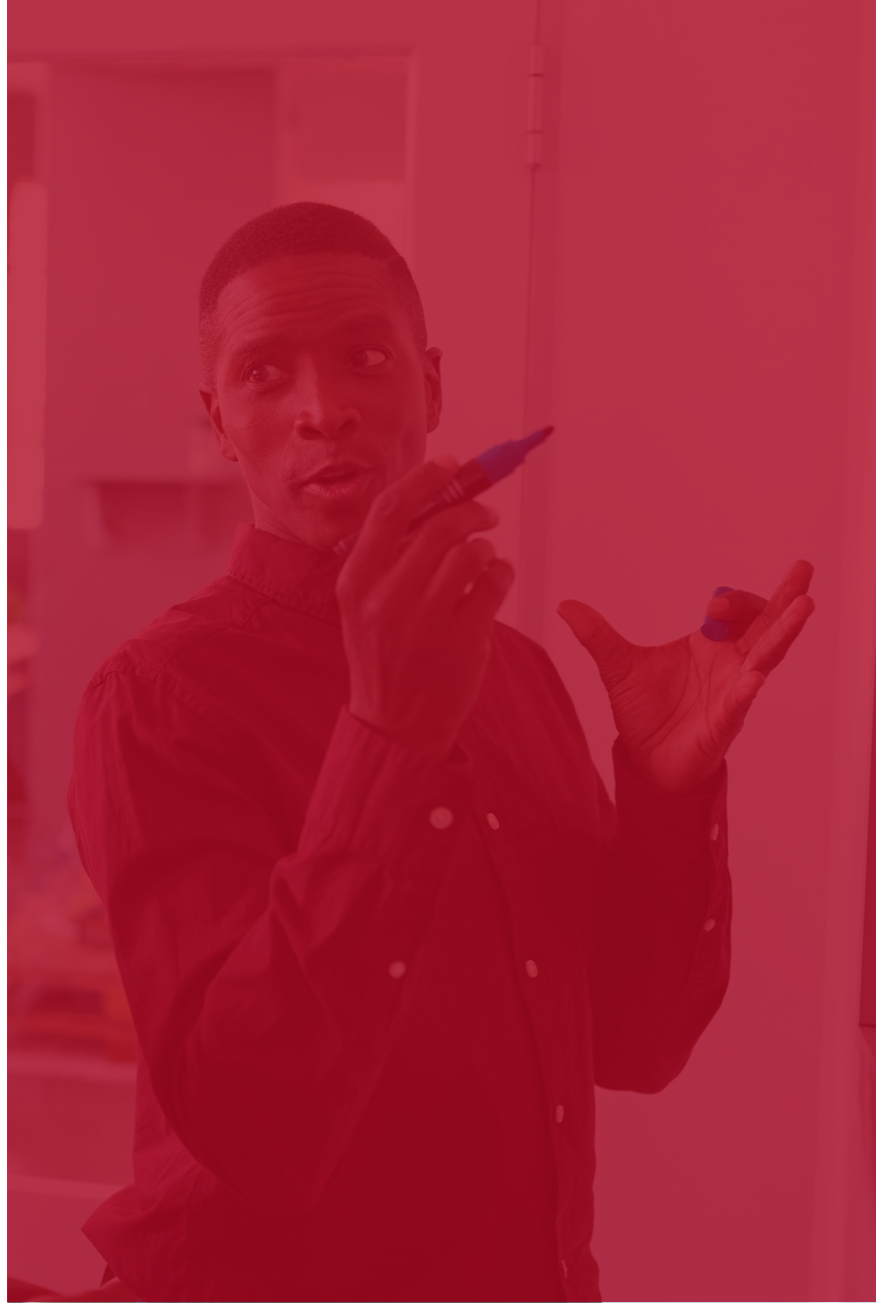
Questions & Answers

BREAK TIME

Facilitation Skills

Facilitation Skills

- Push
- Pull
- Balance



Push Skills

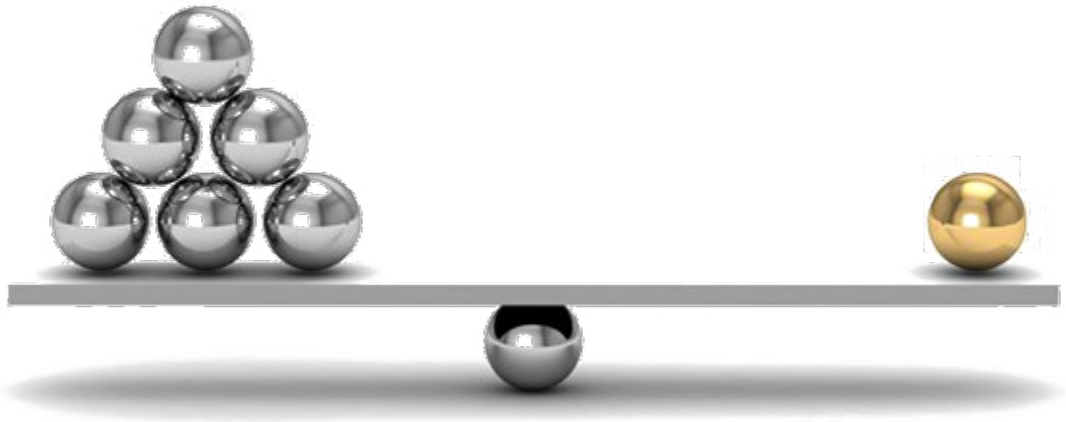
- Push skills occur when information flows from the facilitator to participants.
- Push skills involve transmitting (giving) information.
- Examples: welcome, facilitator introduction to the group, giving instructions.

Pull Skills

- Pull skills occur when the facilitator requests information from the participants.
- Pull skills often involve the use of open-ended questions to receive information and invite participation.
- Examples: eliciting information from participants using open questions, inviting group members to participate in an ice breaker, polling the group.

Balancing Skills

- Balancing skills are a collection of skills used to create and maintain a safe and supportive group atmosphere.
- This collection of skills helps the group function well.
- Examples: creating safety within the group via group agreements, trust building activities, managing silence, sharing power.



Facilitation Practice **Breakouts**

- You will have an opportunity to practice push, pull, and balancing skills by facilitating an icebreaker activity, Rose, Bud, Thorn
- You will be assigned to breakout rooms in small groups of 4–5 participants.
- Each should select a volunteer from their group who will lead the icebreaker activity.
  - The remaining members of the group will role-play session participants.
- Groups will have 5 minutes to read the icebreaker instructions and prepare to facilitate.

Facilitation Breakouts

Activity

Facilitation Skills

- Too much push can stifle participation.
- Too much pull can lead to disorder and lack of direction.
- Balancing skills are effective in establishing an effective atmosphere for learning and sharing.

Q&A

Questions & Answers

Managing Stigma & Trauma as Leaders

Stigma Defined

An attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one.

Stigma & Othering

How Stigma Affects Health Outcomes

Q&A

Questions & Answers

Reflection

Healing doesn’t mean the damage never existed.

It means the damage no longer controls your life.

Trauma

- The word “trauma” is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless.
- Trauma has sometimes been defined in reference to circumstances that are outside the realm of normal human experience.
- Unfortunately, this definition doesn’t always hold true. For some groups of people, trauma can occur frequently and become part of the common human experience

Trauma

Why is it that an event can cause an emotionally traumatic response in one person and not another?

Trauma

It is likely that one or more of these factors are involved:

- the severity of the event;
- the individual's personal history (which may not even be recalled);
- the larger meaning the event represents for the individual (which may not be immediately evident);
- coping skills, values and beliefs held by the individual (some of which may have never been identified); and
- the reactions and support from family, friends, and/or professionals

Q&A

Questions & Answers

Physical Symptoms of Trauma

- Eating disturbances (more or less than usual)
- Sleep disturbances (more or less than usual)
- Sexual dysfunction
- Low energy
- Chronic, unexplained pain

Emotional Symptoms of Trauma

- Depression, spontaneous crying, despair and hopelessness
- Anxiety
- Panic attacks
- Fearfulness
- Compulsive and obsessive behaviors
- Feeling out of control
- Irritability, angry and resentment
- Emotional numbness
- Withdrawal from normal routine and relationships

Cognitive Symptoms of Trauma

- Memory lapses, especially about the trauma
- Difficulty making decisions
- Decreased ability to concentrate
- Feeling distracted
- ADHD symptoms

Symptoms of Emotional Trauma

- Re-experiencing the trauma
  - intrusive thoughts
  - flashbacks or nightmares
  - sudden floods of emotions or images related to the traumatic event

Symptoms of Emotional Trauma

Emotional Numbing and Avoidance

- amnesia
- avoidance of situations that resemble the initial event
- detachment
- depression
- guilt feelings
- grief reactions

Emotional Numbing and Avoidance

- an altered sense of time Increased Arousal
- hyper-vigilance, jumpiness, an extreme sense of being "on guard"
- overreactions, including sudden unprovoked anger
- general anxiety
- insomnia
- obsessions with death

Common personal and behavioral effects of emotional trauma

- substance abuse
- compulsive behavior patterns
- self-destructive and impulsive behavior
- uncontrollable reactive thoughts
- inability to make healthy professional or lifestyle choices
- dissociative symptoms ("splitting off" parts of the self)
- feelings of ineffectiveness, shame, despair, hopelessness
- feeling permanently damaged
- a loss of previously sustained beliefs

Common interpersonal relationship effects of emotional trauma

- inability to maintain close relationships or choose appropriate friends and mates
- sexual problems
- hostility
- arguments with family members, employers or co-workers
- social withdrawal
- feeling constantly threatened

Trauma-Informed Care (TIC)

"Trauma-informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma…that emphasizes physical, psychological, and emotional safety for both providers and survivors… and that creates opportunities for survivors to rebuild a sense of control and empowerment."

(Hopper, Bassuk, and Olivet, 2010, p.82)

Trauma-Informed Care

TIC involves a broad understanding of traumatic stress reactions and common responses to trauma.

Providers need to understand how trauma can affect treatment presentation, engagement, and the outcome of behavioral health services

Trauma-Informed Care recognizes …

- The Survivor's need to be respected, informed, connected and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

Trauma-Informed **Environment**

- **Culture of Nonviolence** – building and modeling safety skills and a commitment to Higher goals
- **Culture of Emotional Intelligence** – teaching and modeling affect management skills
- **Culture of Inquiry & Social Learning** – building and modeling cognitive skills
- **Culture of Shared Governance** – creating and modeling civic skills of self-control, self-discipline, and administration of healthy authority

Trauma-Informed **Environment**

- **Culture of Open Communication** – overcoming barriers to healthy communication, reduce acting-out, enhance self-protective and self-correcting skills, teach healthy boundaries
- **Culture of Social Responsibility** – rebuilding social connection skills, establish healthy attachment relationships
- **Culture of Growth and Change** – restoring hope, meaning, purpose

Self-Regulation & Leadership

Self-Regulation

- Behaviorally, self-regulation is the ability to act in your long-term best interest, consistent with your deepest values.
  - Violation of one's deepest values causes guilt, shame, and anxiety, which undermine wellbeing.
  - Emotionally, self-regulation is the ability to calm yourself down when you're upset and cheer yourself up when you're down.
- Self-Regulation is the core emotional intelligence capacity that we all call upon in our daily lives in any situation that causes discomfort.
  - These conscious or unconscious mechanisms reduce our level of distress and pain and re-establish our equilibrium.

Self-Regulation Reflection

1. What was the triggering event?
2. How did you self-regulate?
3. What did self-regulating allow you to do?

Reflection

Healing doesn’t mean the damage never existed. It means the damage **no longer controls your life**.

Self-regulating does not mean tolerating disrespect; **it means being in control to respond** rather than react to the disrespect.

Q&A

Questions & Answers

LUNCH TIME

Program Track Action Planning

Action Planning

- You will be divided into breakout rooms based on your program track to complete a track-based action plan to continue your personal or professional development
- You will have 20 minutes in your breakout room to complete the action planning template
- You should identify 1 Key Action Step from your plan to share with your breakout group
  - Also be prepared to share your rationale for choosing that action step
- If you have any questions, each breakout room will have an ELEVATE Faculty Member to review the action plan template and answer any questions

Program Track **Breakout Room Report-Out**

- Each person will have up to 3 minutes to share your action step and how it relates to your action plan goals

Q&A

Questions & Answers

Closing and Evaluation

Individual Evaluation

https://www.surveymonkey.com/r/ELEVATE_Ret_PrePost_Participants_

Organizational Evaluation

https://www.surveymonkey.com/r/ELEVATE_Ret_PrePost_OrgPartners_InPerson_Day4

Key Learning Objectives

- Utilize a method for evaluating & addressing obstacles to team communications
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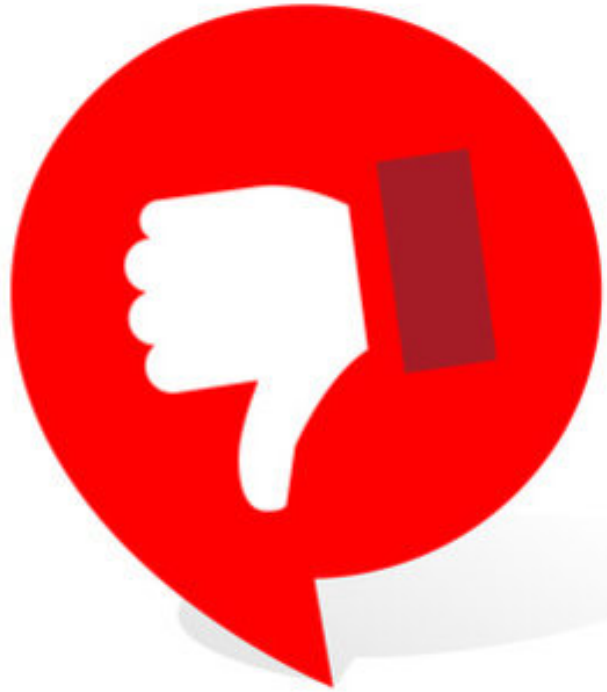
- Define stigma, HIV-related stigma, and trauma
- List types of stigmas and describe the impact of stigma on Persons with HIV
- Describe physical, emotional, and cognitive symptoms of trauma
- Describe the attributes of trauma-informed organizations
- Peer sharing of methods to self-regulate when stigmatized or re-traumatized
- Self-reflection on individual professional and/or personal development goals

Participant Experience Polling

Keep or Change



Q&A

Questions & Answers

ELEVATE Program **Graduation**

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