

# Many Works, Many Groups, One Goal: Ending AIDS in Broward

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# Learning Objectives

1. Understand the role of local health departments, Ryan White Grantees, and local planning bodies in **HIV integration planning, creating a comprehensive work plan, and maximizing collaboration** during implementation.
2. Be able to identify the **critical elements of integrated planning** using the **Collective Impact Methodology**
3. Learn from a local health department and Ryan White Part A Program in their experiences initiating the **integration process, structuring their planning bodies, and lessons learned as they coordinate their response to the HIV epidemic** in a metropolitan EMA.

# How Integration Began

- PS 12-1201 – Implementation of High-impact Prevention
- Establishing of new Prevention Planning Council
- Discussions around EIIHA
- Prevention joining with the CAEAR Coalition
- Ryan White joining UCHAPS
- “Unity in Diversity” - The untold story of HIV in Broward County



# Collective Impact Method

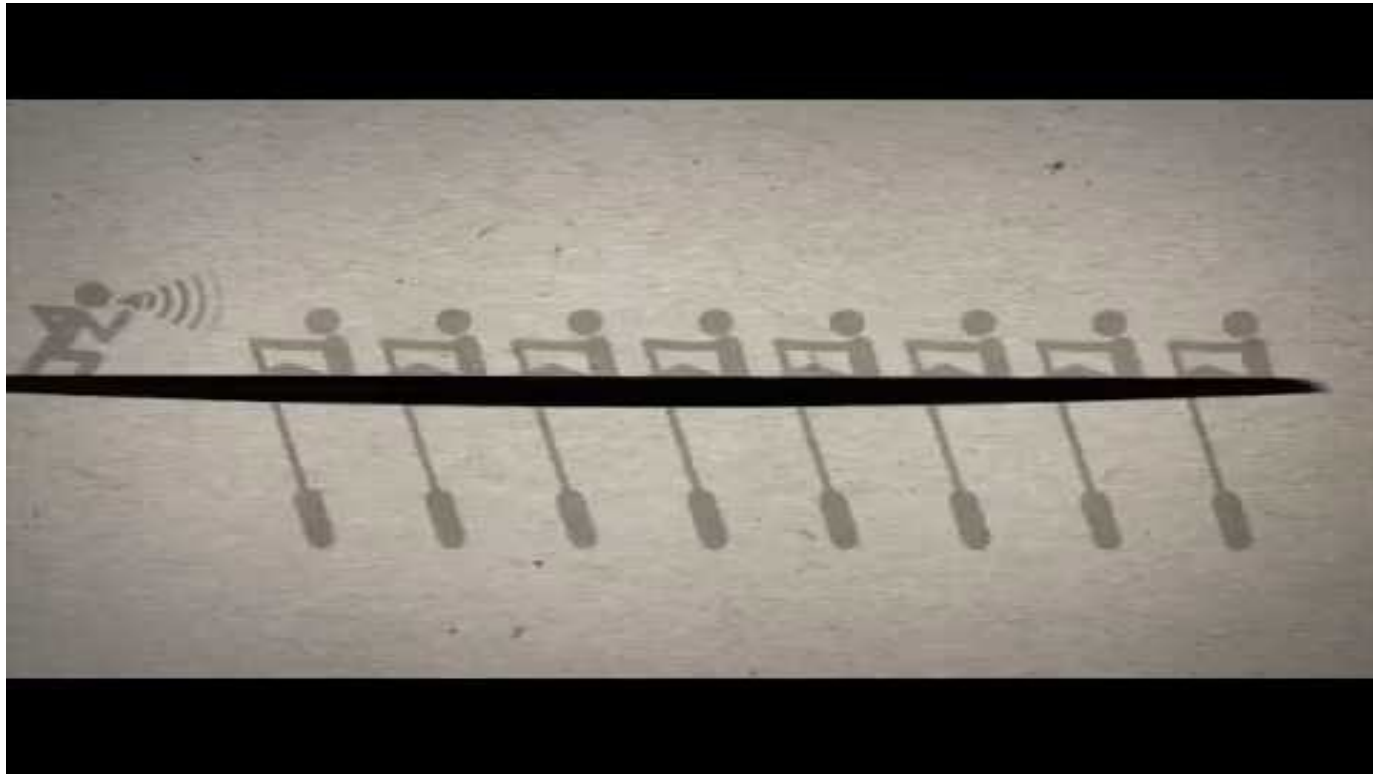


# Collective Impact Defined

**Collective Impact: The commitment of a group of actors from different sectors to a common agenda for solving a complex problem.**

Kania, J. & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, Vol. 47, Winter 2011.

Rowing together ... everyone must be on the same page to achieve success





# 5 Conditions for Collective Success

**Common Agenda**

**Shared Measurements**

**Mutually Reinforcing Activities**

**Continuous Communication**

**Backbone Organizations**

# Common Agenda

All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions



# Common Agenda: Creation of a Common Goal

- National HIV/AIDS Strategy, CDC's High Impact Prevention Strategy and HRSA's Continuum of Care set the foundation
- The common focus of eradicating the epidemic and not on all the challenges on why integration will not work
- Prevention and care must collaborate to be successful because of so many shared and overlapping responsibilities and resources
- Constant communication and inclusiveness: primary responsibility to keep two planning bodies informed, then stakeholders and the community as a whole

# Shared Measurements

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable

# Shared Measurements: The Creation of a Plan

- Developing Common Terms and Definition guide
- Identifying Data Access and Limitations
- Developing SMART goals and activities to be achieved for CY 2017-2021
- Using the Treatment Cascade/HIV Care Continuum as data framework
- Aligning with National HIV/AIDS Strategy (NHAS) Goals

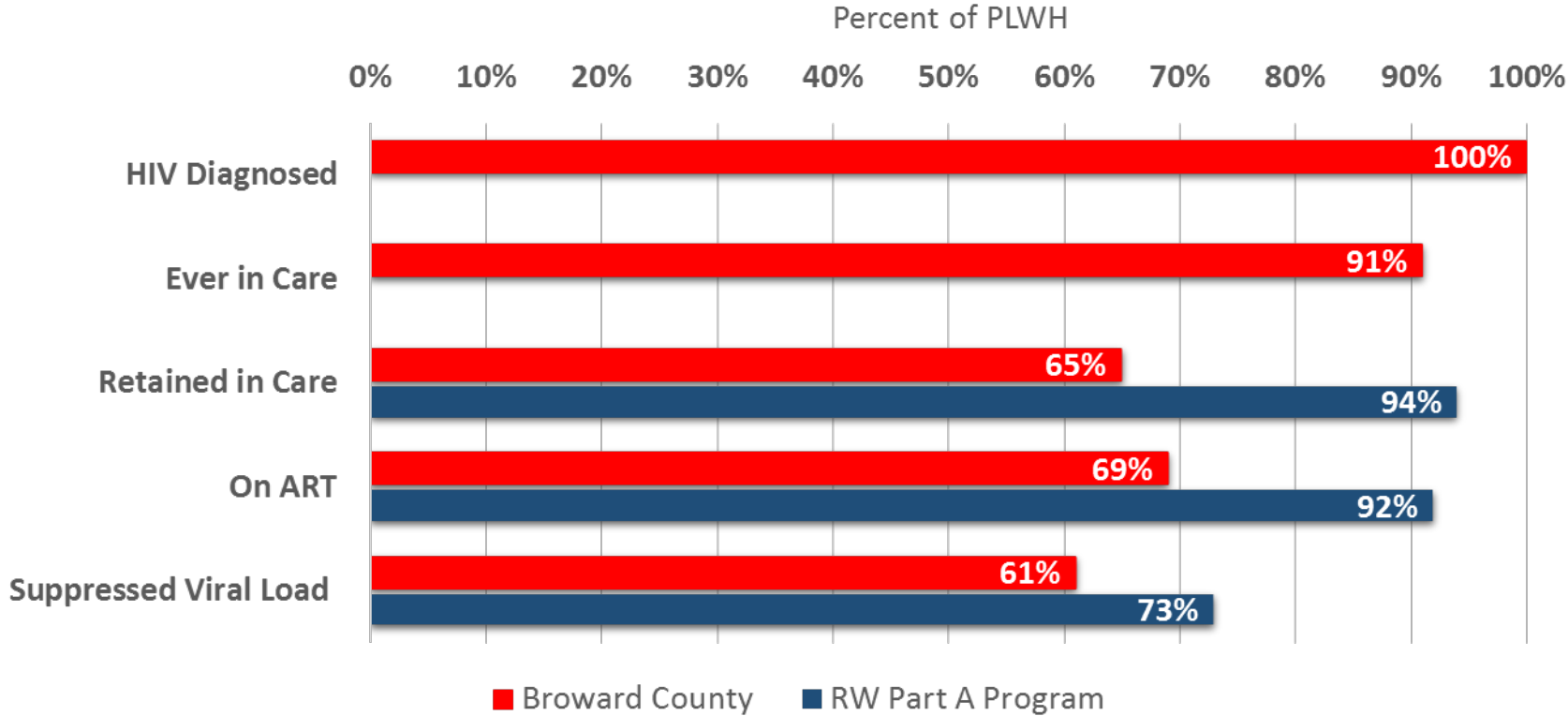
# Mutually Reinforcing Activities

Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action

# Mutually Reinforcing Activities: Alignment and Improvement

- Development of Integrated Newsletter known as “POZabilities”
- Integrated Meetings and Retreat
- Mutual memberships on both planning bodies
- Standing item agenda updates

# Number and Percentage of HIV-Diagnosed Persons Engaged in Selected Stages of The Continuum of HIV Care Broward County, 2014



# Continuous Communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation

# Continuous Communication: Reflect and Adapt

- Integration updates as a standing agenda item for both planning bodies meetings
- Joint HRSA/CDC Project Officer calls
- Integrated Planning Development team retreat and meetings
- Published articles/updates in the “POZabilities” Newsletter



# Backbone Organizations

Creating and managing collective impact requires a separate organization with staff and a specific set of skills to serve as the backbone of the entire initiative and coordinate participating organizations

# Backbone Organizations: Deciding Next Steps

## Integrated Development Team (IDT)

The core team is responsible to develop and implement strategies that strengthen collaboration and coordination among all Ryan White parts, HOPWA, and Prevention.

This committee also oversees the overall progress of all integrated planning activities.

## Integrated Leadership Team (ILT)

This team is comprised of HIV Prevention and Ryan White Senior Leadership responsible for the direction and guidance of the integrated planning process and has authority to approve final integrated products.

## Integrated Committee (IC)

The committee is comprised of eight members, inclusive of two co-chairs, of community stakeholders and consumers from each planning body (HIVPC and BCHPPC).

The committee is responsible for the oversight and implementation of the integrated plan.

## Integrated Development Collaborative (IDC)

The committee is comprised of HIV Prevention, Care and Treatment Grantees (with established and completed work plans) in Broward County.

# Implications of Collective Impact

- **No single organization** can solve complex social issues
- **Focus on the overall issue**, not individual grantees
- **Coordinate agendas** with partner organizations **to reinforce activities**
- Pay attention to the **relationships between organizations** rather than the capacity of one organization
- Think about **long term process and gradual impact** rather than short term solutions
- **Communicate** regularly and openly with collaborators
- **Collect and analyze relevant data** for shared measurement
- **Build knowledge and alignment** through shared measurements, regular meetings, and backbone organizations



# Results

- Successfully, the HIVPC and BCHPPC bodies have aligned their planning efforts to ensure integrated HIV prevention, screening, care, and treatment funding and services.
- Developed an Integrated Lexicon.
- A framework with timelines was developed for the Integrated Planning process.
- An Integrated Committee structure was formed to guide the process for the development of the Integrated Plan.
- A communication strategy for requesting and incorporating community feedback was developed and implemented.

# Lessons Learned

- **Not an easy process**; takes a collective effort
- Integration **cannot be prescriptive**
- Mutual relationships and agreements are **necessary**
- Addressing **community perception** on Integration is important
- Knowledge of local epidemic is essential and fundamental
- Building trust requires dedication, engagement, patience, education, deliberation, debate and **even conflict**
- **If the shoe fits....**

# Moving Forward

- Although the EMA has made significant progress, current opportunities exist to maximize these collaborative efforts by finding ways to engage and work to ensure both prevention and care data are understood and are used in decision making and planning.
  
- Next steps include:
  - Submitting the Integrated Plan
  - Establishing ongoing Funder and Advisory Group Forums
  - Designing Evaluation Practices
  - Conducting joint site visits among funded providers
  - Conferences to share experiences
  - Celebrate!

# References

- Stanford University Conference on Collective Impact  
[www.ssireview.org](http://www.ssireview.org)
- Continuum of HIV care among Ryan White HIV/AIDS Program clients, U.S., 2010  
([www.hab.hrsa.gov/data/reports/continuumofcare/index.html](http://www.hab.hrsa.gov/data/reports/continuumofcare/index.html))
- For additional information please refer to the Florida Continuum of Care slide set accessible at  
[www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html](http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html)
- Case Study on CIM: Stephanie Doscher, Ed.D. Partner, Global Lens Consulting [sdoscher@globallenseducation.com](mailto:sdoscher@globallenseducation.com)