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Collaborations, Partnerships, and Stakeholder Involvement/PLWH and Community Engagement

Nevada Integrated HIV Prevention and Care Plan 2017-2021

REGION	West
PLAN TYPE	Integrated state/city/county prevention and care plan
JURISDICTIONS	State of Nevada and Clark County (Las Vegas) TGA
HIV PREVALENCE	Medium

These sections in Nevada’s Integrated HIV Prevention and Care Plan, which includes the Las Vegas TGA, provides a brief but complete section describing contributions of key stakeholders and partners. There are also descriptions of how they engaged impacted communities, people living with HIV, those at substantial risk of acquiring HIV infection, and other impacted groups to ensure that HIV prevention and care activities were responsive to their needs and community involvement was reflective of the epidemic in Nevada. They were able to break down focus group participants by gender and ethnicity, which both mapped closely to the burden of the epidemic within the jurisdiction. PLWH participated in Part A needs assessment, focus groups, and the consumer satisfaction surveys.

SELECTION CRITERIA: COLLABORATIONS, PARTNERSHIPS, AND STAKEHOLDER INVOLVEMENT/PLWH AND COMMUNITY ENGAGEMENT

Exemplary collaboration, partnerships, stakeholder involvement/PLWH and community engagement sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- Description of the specific contributions of those involved with plan development
- Description of stakeholders and partners not involved in the planning process, but who are needed to more effectively improve outcomes along the HIV Care Continuum
- Significant involvement of PLWH in plan development
- Involvement of those at risk in plan development



Additional exemplary plan sections are available online:
www.targetHIV.org/exemplary-integrated-plans

B. COLLABORATIONS, PARTNERSHIPS, AND STAKEHOLDER INVOLVEMENT

CONTRIBUTIONS OF STAKEHOLDERS AND KEY PARTNERS

a. Describe the specific contributions of stakeholders and key partners to the development of the plan

The needs assessment and SCSN planning process was initiated in late 2014 as the administrators of Parts A, B and Prevention agreed to collaborate to create one needs assessment and care plan for Nevada. This made great sense to the planning bodies and to the clinical community as treatment and prevention represent two sides of the same coin and both are of equal importance in achieving better outcomes at the various points of the cascade. Under the leadership of the State Office of HIV/AIDS and the Ryan White Part A program, the HIV Prevention and Care Integrated Plan Internal Workgroup was formed to guide the plan development process. The internal workgroup included representatives from RWPB, the HIV Prevention, RWPA, SNHD, and WCHD. RWPB, HIV Prevention and RWPA contracted with the School of Community Health Sciences (SCHS) at UNR to conduct the needs assessment and write the state plan in collaboration with the internal workgroup and other stakeholders.

As described previously, stakeholders were invited to participate in meetings related to the plan development in April 2015 and March 2016. Stakeholders included PLWH and representatives from a variety of agencies, organizations, and providers around the state. Furthermore, providers and representatives from other agencies and organizations related to HIV prevention and care were invited to complete a statewide provider/organization survey and Part A providers completed surveys for the Part A Comprehensive Needs Assessment.

Community members and people at higher risk for infection contributed to the development of the plan through participation in the Community Survey and a variety of focus groups. PLWH contributed to plan development through their participation in the Part A needs assessment and customer satisfaction surveys and focus groups and statewide/part B client survey and focus groups. Furthermore, PLWH, community members, providers, and community based organizations are represented in the membership of the planning groups in the north and south and in the Part A planning council. The planning group and council members were involved in the needs assessment activities, large stakeholder meetings, development of plan objectives and strategies, and review of the plan drafts.

b. Describe stakeholders and partners not involved in the planning process, but who are needed to more effectively improve outcomes along the HIV Care Continuum

While a wide variety of stakeholders were involved in Nevada's integrated process, it would have been helpful to have some additional partners at the table. Representatives from churches, schools, other healthcare providers, mental health providers, dentists, additional community groups, cultural groups, substance abuse providers, and political groups are examples of potential partners to involve more in the planning process. This integrated plan includes strategies to involve other community partners and

stakeholders in the HIV Prevention and Care efforts in the next five years.

- c. *Provide a letter of concurrence to the goals and objectives of the Integrated HIV Prevention and Care Plan from the co-chairs of the planning body and the health department representatives*

Letters of Concurrence from the planning bodies are found in Appendix M.



C. PEOPLE LIVING WITH HIV (PLWH) AND COMMUNITY ENGAGEMENT

- a. *Describe how the people involved in developing the Integrated HIV Prevention and Care Plan are reflective of the epidemic in the jurisdiction.*
- b. *Describe how the inclusion of PLWH contributed to the plan development.*
- c. *Describe the methods used to engage communities, people living with HIV, those at substantial risk of acquiring HIV infection and other impacted population groups to ensure that HIV prevention and care activities are responsive to their needs in the service area.*
- d. *Describe how impacted communities are engaged in the planning process to provide critical insight into developing solutions to health problems to assure the availability of necessary resources.*

People involved in developing the Integrated HIV Prevention and Care Plan are reflective of the epidemic in Nevada in a variety of ways. People from all areas of the state were invited to participate in meetings, focus groups, paper surveys, and online surveys. PLWH and people at risk for HIV infection were included in all stages of the needs assessment and plan development. Participants in the needs assessment were diverse and represented the Nevada population of people PLWH and at risk for HIV very well. As shown in Figure 27, PLWH who participated in the HIV positive focus groups matched the sex and gender identity percentages of PLWH in Nevada—with nearly identical percentages of female, male and transgender participants. Client survey participants closely matched PLWH in Nevada with a slight overrepresentation of females and slight underrepresentation of males among the survey respondents. Participants in the client survey and HIV positive focus groups were also fairly representative of PLWH in Nevada with respect to ethnicity (Figure 28). Hispanic were underrepresented in the survey and focus groups; however, multi-race respondents were overrepresented which could account for some of the disparity. Several focus groups were held in Spanish and the survey was available in both Spanish and English. Blacks were also overrepresented in the survey and focus group samples; however, with the disproportionate burden of

HIV among blacks in Nevada, it was a high priority group to include in data collection efforts.

Figure 27. PLWH Survey and Focus Group Participants by Sex and Gender Identity

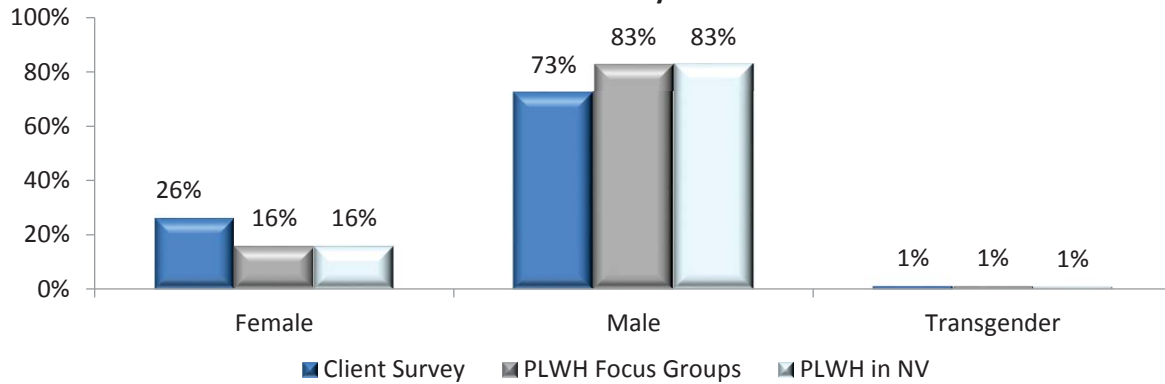
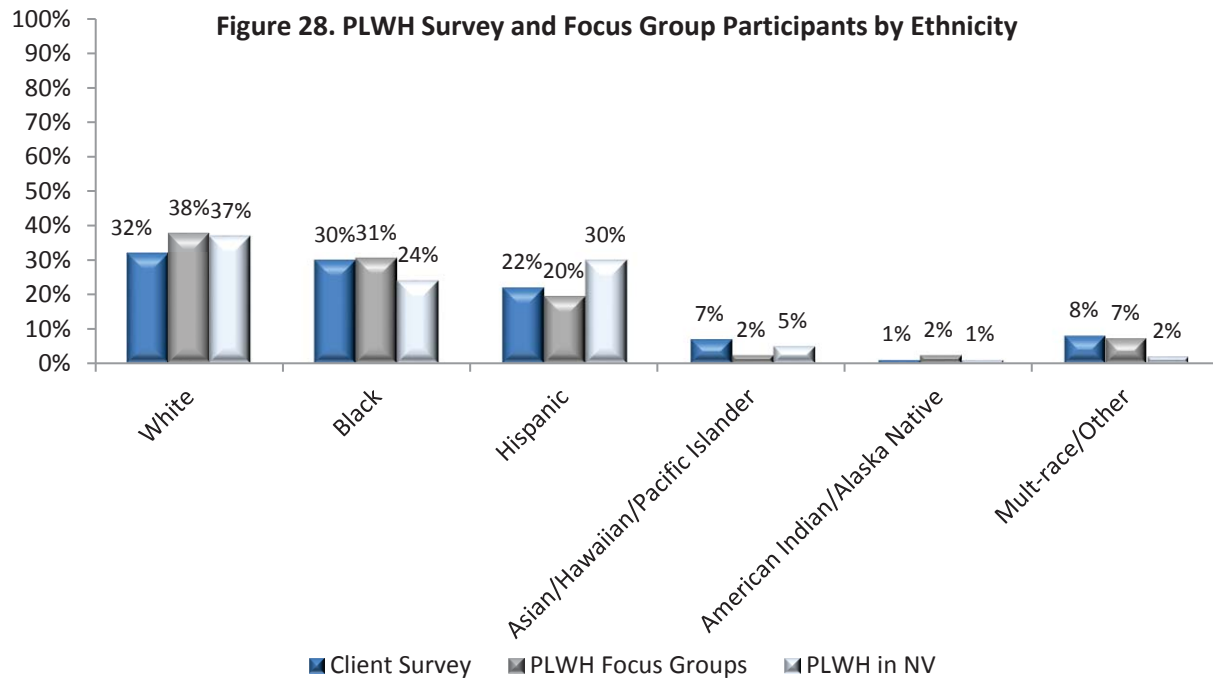


Figure 28. PLWH Survey and Focus Group Participants by Ethnicity



PLWH were included in plan development in a variety of ways. PLWH are members of the planning groups in the north and south as well as the Part A Planning Council. The Part A Planning Council is comprised of 48% PLWH, of which 39% are non-aligned consumers (i.e. a non-aligned consumer receives Part A or MAI-funded HIV-related services but is not an officer, employee or representative of, or consultant to, any agency receiving Part A or MAI funds). The planning groups and council were actively involved in the stakeholder meetings; and they reviewed the integrated plan drafts and provided feedback to the plan development workgroup. PLWH also contributed to plan development through their participation in the needs assessment focus groups, client surveys, and community surveys. Focus groups conducted for the statewide needs assessment included 43% of participants who had tested positive for HIV (some focus groups were specifically for HIV clients, while others were for community members/people at risk for HIV).

Focus groups conducted for the Part A needs assessments included all PLWH as that was the focus population. The inclusion of PLWH was extremely valuable to the development of the plan. Their voices were key to determining the needs of PLWH and to generate ideas for improving HIV prevention and care in the state of Nevada.

A variety of methods were used to engage communities, people living with HIV, those at substantial risk of acquiring HIV infection and other impacted groups to ensure that HIV prevention and care activities were responsive to their needs in the service area. As described previously, community members and people at risk for HIV infection were sought out to complete the community survey and to participate in focus groups. The community survey was administered in paper and online in many different settings to engage a diverse group of people in the state. Focus groups were held in diverse locations. The needs of PLWH were assessed through client needs assessment surveys and client satisfaction surveys at different times, locations, and modes. Furthermore, client focus groups were used to further understand the needs of PLWH. Finally, in the stakeholder meetings, planning group and planning council meetings, and through review of the plan drafts, PLWH and community members had further opportunities to have their voices heard in the process. The stakeholder meetings and planning groups and councils proved to be valuable means for generating ideas and solutions to challenges in the HIV prevention and care system. Attendees participated actively in these meetings and were fully engaged in the process.