

# Activity 6.1: Quick Discussions to Apply Knowledge

## TIPS FOR TRAINERS



### Suggested Use

Use the Quick Discussions in either of two ways:

- Option 1: Make some or all of them part of your presentation and discussion, to break up the presentation and provide opportunities for participants to apply knowledge.
- Option 2: Use one or more of them for a small group activity that will allow for more extensive discussion.



### Time

Option 1: The slide deck includes six Quick Discussion slides that each provide a scenario and questions for discussion. The time needed for discussion per slide varies from about 5–15 minutes. If you are training a large group, you may want participants to have initial discussion for a few minutes in pairs or small groups. This will add about 5–10 minutes to the time required per discussion, but will also increase the benefits, since all participants will actively consider the issues even if they don't respond in the full group.

Option 2: 60–75 minutes total. Includes 5 minutes to explain the activity and form groups, 20–30 minutes for small group work, and 30–40 minutes for reporting and discussion in the full group.



### Materials

- Slide for each Quick Discussion (included in the Integrated/Comprehensive Planning slide deck).
- Handout for Participants: Quick Discussions to Apply Knowledge (for use in Option 2 and optional for Option 1, to distribute to participants at the beginning of your presentation).



### Knowledge or Skill Development

Increased awareness of integrated/comprehensive planning purposes, value, and processes, including the importance of the integrated/comprehensive plan, understanding plan content, preparing for development of a multi-jurisdictional plan, implementing the plan, assessing plan progress, and updating the plan.

## Activity Steps

Review the Quick Discussions and decide which ones you want to use. Decide whether to go with Option 1 (quick discussions during presentation) or Option 2 (more intensive small group activity after the presentation). Revise or “localize” the situations and questions in the chosen Quick Discussions as needed. For example, Quick Discussion C and E assume your EMA or TGA did a multi-jurisdictional plan with the Part B, and perhaps another Part A program. Modify the scenario based on your jurisdictional partners.

### Option 1 Steps

1. During the training, when you reach a Quick Discussions slide, provide instructions to participants.

#### **If the group is small (up to 8 people):**

2. Ask the group to think individually about the scenario or questions provided for a minute or two, perhaps jotting down their thoughts or questions.
3. Then begin discussion among the full group, encouraging as many people as possible to participate.

#### **If the group is larger:**

2. Ask participants to work with 1-2 other people if everyone is sitting around one big table. If participants are seated at small tables, have them work with the other people at their table.
3. Tell the groups to select a **recorder/reporter** to take notes summarizing the discussion for sharing with the full group. Give them 5-7 minutes for discussion, per scenario.
4. Have one reporter present first, then ask the others to agree, add, or offer alternative responses or approaches.
5. Invite discussion from the full group, and summarize lessons learned.

### Option 2 Steps

1. Divide participants into small groups of 4-6 people, by counting off.
2. Distribute copies of the Handout for Participants. Assign one or two scenarios to each small group, with not more than two groups given the same assignment.
3. Ask the small groups to select a **facilitator** to coordinate the work of the group and participate, a **recorder** to summarize the discussion on easel pad paper, and a **reporter** to present the small group’s approach to the full group. The same person may serve as recorder and reporter if that is the group’s preference.
4. Give the small groups 15-20 minutes to do their work if they have one assigned scenario/activity, or 20-30 minutes if they have two different scenarios/questions assigned to them.
5. Ask for a volunteer to present the work of one group, and then ask the other groups to describe what they did that was similar or different. Repeat the process until each different Quick Discussion has been presented and discussed.
6. Address questions and issues raised, and summarize the main lessons from the discussion.



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## HANDOUT FOR PARTICIPANTS

### Instructions

Work in your small group to discuss the scenario(s) and questions for discussion assigned to your group from among those provided below. Choose a **facilitator** to coordinate the work of the small group and participate, a **recorder** to summarize the work of the small group on easel pad paper, and a **reporter** to present your group’s work to the full group. The same person may serve as recorder and reporter if that is the group’s preference.

### Quick Discussion A: Importance of an Integrated/Comprehensive Plan

One of the benefits of integrated/comprehensive planning is that it provides an opportunity for the PC/PB and recipient to step back from their regular planning activities to think about how well the local system of care is serving all people living with HIV, and what might be done to strengthen services and outcomes overall and for subpopulations facing HIV-related health disparities.

***Thinking about the epidemic and the system of care in your EMA/TGA, what are the 2-3 things you would most like to see addressed as a part of integrated/comprehensive planning?***

### Quick Discussion B: Understanding the Plan

You are Chair of a PC/PB with five new members who just had their orientation. The orientation session briefly described the PC/PB’s role in integrated/comprehensive planning, and each new member received a copy of your jurisdiction’s Integrated HIV Prevention and Care Plan. Two of these members, one a consumer and both new to community planning, ask you for help after their first PC/PB meeting. They say that they want to understand the Plan, but it is more than 150 pages long and they have no idea where to start. They want your advice on how to better understand the Plan, its importance, and how it is used to guide the PC/PB.

***What would you like to be able to say about how the PC/PB uses and is guided by the Plan? How is your PC/PB using its Plan?***

### **Quick Discussion C: Preparing for a Joint Plan**

You are the Executive Committee of a PC/PB that is preparing to participate in the development of an updated Integrated HIV Prevention and Care Plan that will be a joint multi-jurisdictional effort with your state’s Part B and HIV Prevention programs. The PC/PB Co-Chairs and the Co-Chairs of the PC/PB committee responsible for integrated/comprehensive planning have been invited to the first planning meeting for that effort. Just before that meeting, your representatives ask the Executive Committee for advice. They want to know:

***To make the Plan really useful for our jurisdiction, what should we recommend—in terms of planning structure, PC/PB involvement, needs assessment, consumer input, or other issues? What would you tell them?***

### **Quick Discussion D: Implementing Your Plan**

As the Executive Committee you are not satisfied with how your PC/PB uses its Integrated/Comprehensive plan. Committees have responsibility for specific tasks and the Executive Committee is supposed to coordinate Plan implementation. The recipient provides data on progress towards Plan goals and major objectives. However, the PC/PB is very busy with annual responsibilities. After the first year, action continues on a few major strategies, but other tasks are often not completed, and the Plan is not updated.

***What might you change about the Plan itself and/or your implementation process, so that your Integrated/Comprehensive Plan becomes a real road map guiding the PC/PB’s work?***

### **Quick Discussion E: Assessing Plan Progress**

Your PC/PB developed a multi-jurisdictional Integrated Prevention and Care Plan with the Part B program, the other Part A program, and HIV prevention programs. The Plan calls for the state to assess progress towards major goals and objectives based on the NHAS goals and the HIV Care Continuum, and provide a presentation and summary twice a year to the state’s HIV prevention and care planning group. Your PC/PB has two representatives on the planning group who report back to the PC/PB. Your PC/PB would like more detailed data on Plan progress. The state has asked members to bring suggestions for discussion at the next planning body meeting.

***What guidance should you provide your representatives?***

### **Quick Discussion F: Plan Updates**

You are ending the third year of your 5-year Integrated/Comprehensive Plan. Progress towards major goals (which reflect NHAS goals) has been good, except for reducing HIV-related health disparities and inequities. For example, linkage to care and viral suppression rates are up for most major groups, but improvements for four key target populations (young MSM of color, recently incarcerated, transgender, and homeless people with HIV) are smaller than for other groups.

The PC/PB Care Strategies Committee believes that these disparities will be reduced only if the Plan is refined to focus on testing some new models and strategies. The recipient agrees.

***How should you go about updating the Plan? If the Plan was developed jointly with Part B, how will that affect your approach?***