Prevention Planning Group
Restructure: HIV Planning 2.0

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Today’s Discussion

• Review Public Comment Survey Results

• Review revised structure

• Discuss strengths and limitations to proposed restructure

• Vote on finalized PPG restructure
Why the Changes?

- Support CDC’s High-Impact Prevention approach
- CDC FOA PS12-1201: Jurisdictional Planning
- Defined expectations from CDC for health departments and planning groups in implementing HIV planning
- Establish an engagement process
- New requirements for monitoring the planning process
Implementing HIV Planning

Step 1
Stakeholder Identification

Step 2
Results-Oriented Engagement Process
- Develop and Implement Engagement Plan
- Document and Evaluate Engagement Process
- Epidemiologic Profile and Data Sources Review
- By-law and Written Protocol Review

Step 3
Jurisdictional Plan
- Jurisdictional Plan Development, Updating, and Monitoring
- Concurrence Process
- Ongoing Engagement, Implementation, and Monitoring
Current PPG Structure

Prevention Planning Group

Co-Chairs

PPG Committees

Needs Assessment Workgroup

Methodology Workgroup

Local Planning Groups

Special Projects Workgroup
New PPG Structure

- **Prevention Planning Group**
  - **PPG Committees**
    - Executive/Steering Committee
    - Needs Assessment/Engagement Committee
    - Membership/Stakeholder Identification Committee
    - Coordination of Effort Workgroup
  - **Local Planning Groups**
  - **DOH HIV/AIDS Advisory Groups**
    - Florida Latino AIDS Advisory Group
    - Gay Men’s Workgroup
    - Black Leaders Work Group
    - Transgender Workgroup
Public Comment Survey

Strengths of Proposed Restructure:

• Diversity

• It is comprehensive, inclusive and follows the goals and objectives of HIP

• It’s more neutral and better informed, and it will allow the big picture to be better considered when making tough decisions about limited resources

• Able to work together

• Will be more aligned with new direction, HIP, etc.
Public Comment Survey

- The development of a proper form of structure, which was needed

- If implemented and followed-up on, there are areas assigned to address all aspects of the epidemic and not just focused on one group

- Increased opportunities for non-members to participate and have input, and there is a better delineation of the tasks that need to be accomplished by each work group to complete a successful HIV plan

- All of the CBOs and ASOs are working together
Public Comment Survey

• Bringing in localities and stakeholders to the mix, especially as it applies to more specific involvement of community prevention groups

• Incorporation of NHAS and the Continuum of Care Cascade

• Liked the idea of having voting and nonvoting members involved in the make up of all committees and more involvement from DOH staff on all committees and in the local community planning groups

• Including the Advisory Groups and adding new committees with clear functions
Public Comment Survey

Weaknesses of Proposed Restructure:

• Takes it out of the hands of the community too much

• Lack of funding

• It will be difficult to implement locally in rural or small population areas; already struggle with participation, so restructuring may need to be tailored for smaller rural areas

• Continue to need local areas to maintain functioning planning bodies
Public Comment Survey

• We need more consumers

• Proposed structure can work if the people involved actually work on their assigned area and not just meet all the time

• Possibly less accountability by non-voting members and possibly less populous areas may become less relevant/have less input than more populous areas

• Advisory role of planning groups still not well defined

• Need more buy-in from area planning programs and local planning programs
Public Comment Survey

- Best Practices are not shared and taken back to the local PPG
- There will be less input from community (I think?)
- Lack of capacity of some agencies to implement the entire structure and it does not have much versatility for rural areas with low rates.
- Local area issues may be lost
- Not prioritizing populations is a mistake, but that is the guidance!
- No external evaluation of the local process and no baseline or analysis of what local areas are doing with their funds
Public Comment Survey

What changes should be made to proposed restructure?:

• Just lip service being given now because the PPG meets twice a year which is not enough meetings to do anything meaningful

• More HIV positive personnel get involved with the decision making in regard to their health care needs

• Acceptance of local input

• Training at the local level
• Creating a plan that has more input from the local areas

• “More implementation we meet and meet again. Let’s leave with action items to put in place. Such as we have been speaking of needing transgender representation for about 2 years now and still have not made moves to obtain. I know we have transgender persons in Florida.”
Standing Committees

- Created at any time to meet the operational needs of the PPG
- Carry out the necessary planning tasks associated with meeting the goals and objectives outlined in CDC’s HIV Planning Guidance
- Composed of PPG members, their alternates, and external representatives
- PPG members required to serve on at least one committee
- Each standing committee must have a minimum of five members
- A chair and co-chair will be elected to lead committees
Committee Chair and Co-Chair Responsibilities

• Develop a work plan and timeline to accomplish the goals and objectives of the committee

• Convene all committee meetings, develop meeting agendas and ensure all members are focused on the goals and objectives of the group

• Report to the Executive Steering Committee and during PPG Statewide Meetings, on committee activities, issues and progress
Committee Member Expectations

• Participate in majority (80%) of conference calls and in-person meetings and communicate with staff if unable to participate

• Readily provide input, feedback and local expertise during calls and meetings

• Respond to requests for feedback from the chair and/or staff in a timely manner or by the specified deadline

• Fulfill specific tasks as requested by chair by the deadline specified or let them know if the deadline cannot be met
Department of Health Liaison

• Assigned to each committee to represent DOH

• Assigned Liaison
  – Membership Committee: Tamara McElroy
  – Needs Assessment: Kiyanna Williams
  – Coordination of Effort: Bridget Giles/Corine Stancil
  – Executive Committee: April Hogan
Membership and Stakeholder Identification Committee

Primary Responsibilities:

• Identify and implement various strategies to recruit and retain PPG members, targeting participants in the HIV planning process that represent the diversity of HIV-infected populations

• Address representation, retention, and membership within the planning process to ensure membership reflects diverse populations affected by HIV/AIDS

• Responsible for maintaining parity, inclusion, and representation (PIR)

• Identify membership gaps and needs
Membership and Stakeholder Identification Committee

Committee Activities:

• Conduct stakeholder analysis and complete annual Membership and Stakeholder Profile

• Develop recruitment and retention strategies and activities to engage stakeholders in HIV planning process

• Review existing local planning bodies and their functions, and make recommendations for improvements

• Assess member and stakeholder satisfaction with planning process

• Monitor membership composition and identify gaps in membership

• Enforce policies for PPG attendance and participations
Membership and Stakeholder Identification Committee

Desirable skills and characteristics of committee members:

- Individuals who have experience using group processes to engage and promote community involvement
- Individuals who like policies and procedures
- Individuals with the ability to establish and maintain partnerships with key stakeholders
- Individuals interested in conducting outreach and recruitment on behalf of the PPG
Membership and Stakeholder Identification Committee

- Individuals who like working across diverse groups with diverse interests
- Individuals with good people skills
- Individuals with professional and/or life experiences that might contribute to the committee process
Needs Assessment and Community Engagement Committee

Primary Responsibilities:

- Develop an engagement process which results in identifying specific strategies to ensure a coordinated and seamless approach to accessing HIV prevention, care and treatment services

- Identity and implement various methods to elicit input on the development (or update) and implementation of the jurisdictional plan

- Responsible for ensuring key stakeholders are engaged and participate in the HIV planning process
Committee Activities:

- Identify and develop strategies to enhance or supplement the available data used to prioritize at risk populations and target groups for prevention or patient care services

- Develop, implement and monitor engagement plan, as required by CDC

- Establish and implement community engagement strategies to gather data to help inform the State of Florida’s Jurisdictional HIV Prevention Plan
Needs Assessment and Community Engagement Committee

- Facilitate the coordination and dissemination of the Prevention Provider Survey

- Monitor and assess the progress of community engagement plan and provide PPG with updates on engagement plan

- Establish an Evaluation and Data Workgroup
Needs Assessment and Community Engagement Committee

Desirable skills and characteristics of committee members:

• Individuals who are comfortable leading groups and processes

• Individuals who have experience developing methods and instruments for collecting valid and reliable quantitative and qualitative data

• Individuals who have the ability to analyze and interpret quantitative and qualitative data and identify gaps in data sources
Needs Assessment and Community Engagement Committee

- Individuals with the ability to develop and implement strategies for engaging persons from diverse backgrounds

- Individuals who like working across diverse groups with diverse interests

- Individuals who have the ability to make community-inferences from quantitative and qualitative data

- Individuals with professional and/or life experiences that might contribute to the committee process
Coordination of Efforts Committee

Primary Responsibilities:

• Utilize the HIV Treatment Cascade to develop a framework for a comprehensive continuum of HIV prevention, care and treatment services in Florida

• Evaluate the current system of HIV prevention, care and treatment to identify opportunities to better coordinate efforts between Ryan White programs, prevention programs and other programs that reach high-risk populations and persons living with HIV/AIDS

• Assess services across the continuum of care to identify gaps in services and structural barriers that prevent an optimal system for prevention and care
Coordination of Efforts Committee

- Identify opportunities for improving outcomes along the continuum of care and develops goals and specific strategies to ensure a coordinated and seamless approach for HIV prevention, care, and treatment services for persons living with HIV and at-risk for HIV in Florida.
Coordination of Efforts Committee

Committee Activities:

• Collect and review available data to identify barriers and challenges across each stage of the care continuum

• Identify current systems in place that support collaboration and coordination of service among Ryan White funded providers and non-Ryan White services

• Examine available resources for HIV services across each stage of the care continuum and identify resources that should be sustained, scaled-up, or shifted
Coordination of Efforts Committee

• Develop system maps of prevention, care and treatment services in Florida

• Establish statewide priorities, goals and strategies to: identify and diagnose persons unaware of their HV Status; improve linkage to and engagement in care; improve retention in care and medication adherence; and re-engage persons lost to care
Coordination of Efforts Committee

Desirable skills and characteristics of committee members:

• Individuals who have experience or who are familiar with HIV prevention programs, linkage to care and retention strategies and/or care and adherence programs

• Individuals interested in learning about the prevention, care and treatment needs of vulnerable populations

• Individuals who have the ability to analyze and interpret quantitative and qualitative data and identify gaps in data sources
Coordination of Efforts Committee

- Individuals who have the ability to make community-inferences from quantitative and qualitative data
- Individuals with experience developing plans, policies and programs
Coordination of Efforts Committee

• Individuals interested in looking at social determinants of health and structural barriers as they relate to HIV/AIDS

• Individuals with professional and/or life experiences that might contribute to the committee process
Executive Steering Committee

Primary Responsibilities:

• Serve as leadership of the PPG

• Ensure that HIV planning is carried out in accordance with CDC’s guidance for planning

• Provide directional and functional guidance for the PPG

• Responsible for establishing the mission, vision, and values of the PPG
Executive Steering Committee

Committee Activities:

• Develop Statewide PPG Meeting Agenda

• Address grievances related to PPG processes

• Establish PPG by-laws, policies, and procedures

• Establish PPG nominations process and criteria
DOH Advisory Groups

• Established by DOH to assist in addressing HIV/AIDS policies, programmatic issues and concerns

• Represent people living with HIV/AIDS, those at high or increased risk and individuals experienced in working with these populations through local community organizations

• Support HIV planning efforts by increasing the representation of at-risk population in the HIV planning process
DOH Advisory Groups

- Provide advisement and make recommendations on issues unique to the needs and concerns of targeted at-risk populations

- Help meet engagement requirement of HIV Planning

- Help inform the development of the State of Florida’s Jurisdictional HIV Prevention Plan
DOH Advisory Groups

Advisory Group Activities:

• Assess existing organizational and community resources for HIV Prevention, such as fiscal resources, personnel competency levels, program development and implementation, HIV/AIDS epidemiological data, and support from public and private sources, to identify gaps and barriers for providing services to at-risk populations and communities in Florida

• Identify HIV prevention needs not addressed within defined target populations

• Identify barriers for providing HIV prevention services within defined target group
DOH Advisory Groups

- Identify and share best practices surrounding strategies for HIV testing, linkage to care, interventions and community mobilization

- Assist Florida’s HIV Prevention Planning Group (PPG) with HIV planning task, as required

- Provide routine updates to the PPG regarding workgroup activities and progress
Discussion Time

• What are the strengths of the proposed restructure?

• What are the weaknesses of the proposed restructure?

• What changes would you like to see make to the proposed restructure?
TIME TO VOTE!