

South Dakota HIV Prevention Planning Group Orientation Manual



What is HIV Prevention Planning?

HIV planning is a process in which people from different walks of life, different interests, responsibilities, and involvement with HIV come together as a group to inform and support the development and implementation of a jurisdictional HIV prevention plan.

The Centers for Disease Control and Prevention (CDC) first mandated community planning for HIV Prevention in 1993. A commitment to strengthening community-specific HIV prevention interventions was behind the mandate. South Dakota's community planning group was formed in 1994. The CDC considers HIV community planning an "essential component of a comprehensive HIV prevention program" that must be conducted as a condition for federal funding. The process must actively and meaningfully involve people from communities most heavily impacted by HIV/AIDS.

The Prevention Planning Group (PPG) is the official HIV prevention planning group for the state of South Dakota. Prevention Planning is a collaborative process through which health departments work with community members to design a state prevention plan that best represents the prevention needs of communities at risk for or already infected with HIV. HIV prevention planning should be driven by scientific evidence and data as well as community values and insights.

The CDC expects HIV prevention planning groups to improve HIV prevention programs by strengthening the: (1) scientific basis, (2) community relevance, and (3) population- or risk based focus of HIV prevention interventions in each project area. The basic intent of the process has been threefold: to increase meaningful community involvement in prevention planning, to improve the scientific basis of program decisions, and to

target resources to those communities at highest risk for HIV transmission/acquisition.



The South Dakota Prevention Planning Group's mission is to develop an HIV Prevention Plan for South Dakota that will contribute to the reduction of new HIV infections.

The ABCs of PPG

The PPG is made up of 24 members: two from DOH, sixteen at-large members selected to represent infected and affected populations, and six technical expertise members who bring specialized knowledge or skills to the table (Department of Education, faith-based organizations, CARE Act programs, etc).

What this manual covers:

- ◆ Description of prevention planning
- ◆ Member roles and responsibilities
- ◆ Brief description of the HIV Prevention Plan

Meetings occur approximately six times a year. Location revolves around the state. Funding for member transportation, lodging, and per diem are covered by the South Dakota Department of Health. Costs to attend meetings are reimbursed by submitting a travel voucher.

The PPG uses a simple majority vote for all decision making. A quorum of the PPG must be present in order to engage in formal decision-making. Quorum is set at 50% of the voting membership plus one.

PPG members may designate a proxy to attend a meeting and vote in his or her absence. The member is responsible for briefing the proxy on current issues under review as well as the roles, responsibilities, and other norms the PPG may have adopted.

PPG Membership

To prevent the spread of HIV, strategies are needed that are appropriate and acceptable to diverse communities. Therefore, South Dakota's PPG process seeks the participation of every community affected by HIV: rural residents and urban residents, men who have sex with men, women at risk, Latinos, people living with HIV, African Americans, Native Americans, injection drug users, people with disabilities, substance abusers, and youth. The PPG strives to achieve a balance between all of these communities by implementing PIR (parity, inclusion, and representation).

Parity

All members of the PPG are provided opportunities for orientation and skills building to participate in the process and to have an equal voice in voting and other decision-making activities. *This is ensuring that those representatives who are included in the process can participate equally in the decision-making process.*

Inclusion

The views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process. *This is the assurance that the planning process is inclusive of all needed perspectives.*

Representation

Those who are representing a specific community truly reflect that community's values, norms, and behaviors. *This is the assurance that those representatives who are included in the process are truly able to represent their community.* However, these representatives must also be able to participate as group members in objectively weighing the overall priority prevention needs of the jurisdiction.

IMPORTANT

Understand the community you represent and take the information you learn back to them.

How is HIV Prevention Funded?

The CDC releases a Funding Opportunity Announcement (FOA) every five years to state health departments in order to supply states with funding to conduct HIV prevention activities. These funds are used to support PPG activities, purchase testing supplies, and pay the salaries of Department of Health (DOH) employees. The South Dakota HIV Prevention Program is fully funded by federal dollars. No state money is received.

Once federal dollars are awarded to the state, they are disseminated into communities through a Request For Proposals (RFP) process. Community Based Organizations (CBOs) submit applications to the RFP and, if selected, are awarded a three year contract with the state to provide effective prevention interventions. PPG members make up the majority of the RFP Committee, whose task it is to review all applications and make funding recommendations to DOH.

The PPG's main task is to create an HIV Prevention Plan. CBOs reference the plan when writing their RFP proposal, assessing their communities, and designing programs. These make the prevention plan the biggest influence PPG members have on HIV prevention activities in their state.

HIV Prevention Process Overview

CDC

(reports/data) ↑ ↓ (grant)

Department of Health ↔ HIV Prevention Plan ↔ Engagement Plan ↔

(reports/data) ↑ ↓ (contracts)

Comprehensive Program Plan

Community Based Organizations (CBOs) & Other Providers → **Prevention Planning Group (PPG)**

(data) ↑ ↓ (services)

→ **Priority Populations** → → →
(HIV+, MSM, IDU, HRH)

Roles and Responsibilities

There are specific roles and responsibilities that the health department and PPG are each expected to perform in implementing the planning process.

HIV Prevention Planning Groups—PPGs are responsible for assisting in the development of an HIV prevention plan and submitting to CDC a letter identifying whether they concur with the final plan. PPGs do not allocate resources. The PPG's role in HIV prevention planning is to:

1. Elect the Community Co-Chair, who will work with the health department designated co-chair.
2. Ensure membership structure achieves community and key stakeholder representation.
3. Ensure information is presented in a clear and comprehensive manner.
4. Inform the development or update of the Jurisdictional HIV Prevention Plan.
5. Submit a letter of concurrence, concurrence with reservations, or non-concurrence.

Health Departments—Health Departments are responsible for supporting the HIV prevention planning process (via funding, staff and/or consultant/contractor resources, and leadership). The Health Department's role in HIV prevention planning is to:

1. Create and maintain at least one PPG that meets the goals, activities, and principles described by CDC.
2. Appoint the Health Department Co-Chair.
3. Implement the engagement process and plan with some assistance from the PPG.
4. Ensure collaboration between HIV prevention planning and other relevant planning processes in the state.
5. Provide the PPG with information on other federal/state/local public health services for high-risk populations identified in the HIV prevention plan.
6. Assure that the PPG has access to current information (including relevant budget information) related to HIV prevention and analysis of the information, including potential implications for HIV prevention in the jurisdiction.
7. Provide PPG with information on the application and its relationship to accomplishing the goals set forth by the Division of HIV/AIDS and NHAS.
8. Allocate, administer and coordinate public funds (including state, federal, and local) to prevent HIV transmission and reduce HIV-associated morbidity and mortality.
9. Provide regular updates to the PPG on successes and barriers encountered in implementing the HIV prevention services described in the HIV Prevention Plan.
10. Determine the amount of planning funds necessary to support HIV planning.
11. Develop an application to CDC for federal HIV prevention cooperative agreement funds.



Epidemiologic Profile

The Department of Health is tasked with the job of assessing HIV/AIDS statistics and publishing the findings in a document called the Epidemiological Profile, or Epi Profile. It describes the impact of the HIV/AIDS epidemic in the state, detailing who is infected and who is at risk for infection. This information is important to the PPG because it provides the basis for defining target populations. The most recent Epi Profile can be viewed at www.doh.sd.gov/hiv.

What does the PPG create?

1) HIV Prevention Plan

The HIV Prevention Plan assimilates findings from disease surveillance, needs assessments, and evidence based interventions and is widely used to inform policy-makers, health care professionals, CBOs, and service providers at the state, county, and local level about effective HIV prevention programs, and about the populations in our community that are most at risk for becoming HIV infected. Plans can be written for multiple years and updated when necessary.

The state health department then takes the information from the plan and operationalizes it in its application for CDC funding that in turn becomes HIV prevention services and programs. The components of a prevention plan include:

*Resource Inventory

A description of existing resources for HIV prevention, care, and treatment and key features on how the prevention services, interventions, and/or strategies are being used or delivered in the state. The list is divided into regions and includes contact information, types of services provided, and locations.

*Needs Assessment

Describes the epidemiology, risk factors, and prevention needs of those most likely to acquire or transmit HIV. With information provided by the health department, and other information sources, the planning group assesses resources, infrastructure, and service delivery in the state.

*Gap Analysis

An assessment of the met and unmet needs of target populations in the state. By comparing the identified needs of populations to the available resources and interventions,

*Activities and Strategies

A list of the recommended methods that should be implemented by providers in the state because they have the best chance of reducing the number of new HIV infections. The Prevention Plan should also include who is responsible for each activity and a timeline for events.

*Comprehensive Program and Engagement Plans

The HIV Prevention Plan must also include the details of the Comprehensive Program Plan and the Engagement Plan. The Comprehensive Program Plan includes a description of prevention goals and objectives, methods used for monitoring and evaluating programming, a quality assurance plan, data security systems rules of behavior, and an assessment of capacity building needs in the state. The Engagement Plan describes the strategies used to increase coordination across HIV programs, a list of HIV prevention stakeholders, a prioritized list of engagement activities and plans for assessing progress toward collaboration. The PPG has assigned Standing Committees to work on each of these documents. Details can be found on page 6.

Key PPG Products

- 1) HIV Prevention Plan
- 2) Letter of Concurrence



2) Letter of Concurrence/Concurrence with Reservations/Non-concurrence

Annually, the PPG reviews the state's HIV Prevention Plan and decides their level of concurrence with it in a document called the Letter of Concurrence. It describes via a written response from the PPG whether the health department's HIV prevention program does or does not, and to what degree, agree with the priorities set forth in the HIV Prevention Plan. PPG members should pay particular attention to whether the allocation of resources in the application matches the priorities in the HIV Prevention Plan. The letter of concurrence (or one with reservations or non-concurrence) is included with the state's application for CDC funds. The co-chairs sign the letter on behalf of the entire Prevention Planning Group. On the other hand, a letter of non-concurrence is a statement that the PPG disagrees with the application's priorities for specific reasons. It does not necessarily mean that the state will not receive CDC funding, rather the CDC will need to evaluate the plan and application and decide if further information or mediation is needed, including possible restrictions on funding use.

Standing Committees

To develop these products, the PPG has implemented three Standing Committees. Participation on a Standing Committee is mandatory for all members. Responsibilities of each committee are listed at right.

Committees meet at every PPG meeting and additionally as needed. A community member chairs all committees.

2014 Schedule

August 16 Pierre

November 8 Rapid City

Thank you for being a part of the prevention of HIV and AIDS in South Dakota!

For more information on the South Dakota PPG, contact April Ivey, HIV Prevention Program Manager, at 605-773-4785 or april.ivey@state.sd.us



Standing Committees

- ◆ Describe existing resources for HIV prevention, care, and treatment.
- ◆ Identify gaps to be addressed
- ◆ Promote the HIV Prevention Plan
- ◆ Conduct surveys and focus groups

Engagement Process Committee

- ◆ Review and update PPG bylaws
- ◆ Recruit and train PPG members
- ◆ Provide orientation and mentoring to new members
- ◆ Assess parity, inclusion, and representation on PPG

National HIV/AIDS Strategy Committee

- ◆ Monitor the Engagement Process
- ◆ Review surveillance data
- ◆ Maintain relationships with partner agencies
- ◆ Develop solutions to service gaps

Acronym Glossary

ADAP – AIDS Drug Assistance Program

AETC – AIDS Education and Training Center

AIDS – Acquired Immune Deficiency Syndrome

CBO – Community-Based Organization

CDC – Centers for Disease Control and Prevention

CRCS - Comprehensive Risk Counseling and Services

CSA – Community Services Assessment. It is comprised of the resource inventory, gap analysis and local needs assessments.

CTR – Counseling, Testing, and Referral

DEBI – Diffusion of Effective Behavioral Intervention (packaged programming)

DIS – Disease Intervention Specialists (DOH field investigators)

DOE – Department of Education

DOH – Department of Health

Epi Profile – A description of the current status, distribution, and impact of an infectious disease or other health related condition in a specific geographic area.

HC/PI – Health Communication/Public Information

HE/RR – Health Education/Risk Reduction

HIV – Human Immunodeficiency Virus

HRH – High Risk Heterosexual

IDU – Injection Drug User

IPR – Interim Progress Report; a.k.a. The DOH’s Application for CDC prevention funds.

MSM – Men who have Sex with Men

NAPWA – (pronounced “nap-wah”) National Association of People with AIDS

NASTAD – National Alliance of State and Territorial AIDS Directors

NNAAPC – (pronounced “nap-c”) National Native American AIDS Prevention Center

PEMS – Program Evaluation and Monitoring System

PS – Partner Services

PIR – Parity, Inclusion and Representation

PLWHA – Persons Living With HIV/AIDS

PPG – Prevention Planning Group

PTC – Prevention Training Center. Our local one is located in Denver.

RFP – Request for Proposal

STD – Sexually Transmitted Disease

TA – Technical Assistance (Direct or indirect support to build capacity)

YRBS – Youth Risk Behavior Survey