



## Indiana CPG Needs Assessment Committee CPG Engagement Plan

### Committee Task:

- *Revise/develop a committee description for the CPG Needs Assessment Committee.*
- *Develop a response to Objective 2 (see below) to be submitted as part of the jurisdictional plan.*

By the end of the project year, the CPG will develop an engagement process and the HD will implement a collaborative engagement process that results in identifying specific strategies to ensure a coordinated and seamless approach to accessing HIV prevention, care, and treatment services for the highest-risk populations—particularly those disproportionately affected by HIV across states, jurisdictions, and tribal areas.



**Activity:**

Revise/develop a committee description for the CPG Needs Assessment Committee.

The Needs Assessment Committee is charged with working closely with the Health Department (HD) and CPG (Community Planning Group) committees to achieve an engagement process that results in identifying specific strategies to ensure a coordinated and seamless approach to accessing HIV prevention, care, and treatment services for the highest-risk populations particularly those disproportionately affected by HIV within the planning jurisdiction.

The NA committee will work collaboratively to ensure that the engagement process addresses the following: 1) development of services where they do not currently exist but the need is evident; 2) enhancement of services in content, format, or delivery so that consumers are more willing to access; 3) removal or mitigation of various structural barriers that currently impede access to existing services.

**Activity:** Develop a collaborative and coordinated engagement process that results in greater access to HIV prevention, care, and treatment services for the most disproportionately affected populations and moves the jurisdiction towards a greater reduction in HIV incidence and HIV-related health disparities.

**Suggested activities committee/CPG review:**

Year !

1. Develop a statewide media list to execute a **HIV High Impact Media Campaign** that includes press releases, press conferences,, webinars, podcasts, white papers, web page announcements, etc. that provide education, information and increase awareness on the following (suggested) areas:
  - The National AIDS Strategy
  - What is high impact HIV prevention?
  - threat of HIV and how to prevent it
  - current HIV prevalence and incidence in Indiana; efforts to reduce it
  - expanded targeted efforts to prevention using effective evidence-based approaches
  - intensified HIV prevention efforts in communities where HIV is heavily concentrated
  - shift in resources and allocations
  - PrEP – pre-exposure prophylaxis; NPeP – post-exposure
  - adoption of community-level approaches to reduce HIV infection in high-risk communities
  - efforts to reduce stigma and discrimination
  - measuring and utilizing community viral load
  - HIV and Social Determinants of Health
  - HIV and The Affordable Care Act

About the webinars:

- The webinars should include consumers, prevention, care, and treatment service providers as well as traditional and non-traditional partners.
- Follow webinars with electronic survey and key informant interviews to determine needs that will that results in greater access to HIV prevention, care, and treatment services for the most disproportionately affected populations and moves the jurisdiction towards a greater reduction in HIV incidence and HIV-related health disparities.

## Activity: CON'T

Develop a collaborative and coordinated engagement process that results in greater access to HIV prevention, care, and treatment services for the most disproportionately affected populations and moves the jurisdiction towards a greater reduction in HIV incidence and HIV-related health disparities.

### Year 2

2. Hold **CPG High Impact Prevention Summit** in 5 Indiana urban and rural HIV prevention regions in the highest disease burden to educate and increase awareness of **The National AIDS Strategy, high impact HIV prevention and the jurisdiction's efforts to reduce HIV prevalence and incidence**. The summit should include consumers, prevention, care, and treatment service providers as well as other key stakeholders and traditional/non-traditional partners. Have facilitator led focus groups /discussions to determine needs that will result in greater access to HIV prevention, care, and treatment services for the most disproportionately affected populations and moves the jurisdiction towards a greater reduction in HIV incidence and HIV-related health disparities.

### Year 3

3. Establish **Regional CPGs processes (regional HIV committees, workgroups, etc)** in 5 Indiana urban and rural HIV prevention regions with the highest disease burden to educate and increase awareness of high impact prevention. These regional groups will meet as determined by participants with the goal of determining regional needs that will result in greater access to HIV prevention, care, and treatment services for the most disproportionately affected populations and moves the jurisdiction towards a greater reduction in HIV incidence and HIV-related health disparities. Existing CPG member(s) will serve as liaison between the regional HIV groups and statewide CPG.



# Monitoring

## Monitoring Question (per CDC)

- 1) *To what extent did the engagement process achieve a more coordinated, collaborative, and seamless approach to accessing HIV services for the highest-risk populations?*

## Suggested questions for discussion:

- 1) Were there any prevalent issues/concerns identified that require immediate attention?
- 2) Was there local capacity for on-going engagement of existing providers, consumers and identified key stakeholders?

## 1) *What else do we want to know?*

- 1) How do providers support the delivery of effective HIV prevention services to disproportionately affected populations?
  - What provider behaviors enhance or inhibit HIV and STD prevention? (Access and use of services, consideration and adoption of healthier behaviors)
  - What prevention messages are providers communicating, and how are they communicated? (HIV and STD testing and services, access to health services, sex and sexuality)
- 2) How are providers striving to be culturally relevant to the populations they serve?
- 3) How do factors such as location and organization of services impact provider behavior? (e.g. rural, referral networks, organization of services – health clinics, emergency rooms, jails, treatment programs, etc.)

# Principles

Suggested Principles to be involved (per CDC); **Who else needs to be involved?**

HDs and CPGs must work collaboratively to develop strategies that will increase access to HIV prevention, care, and treatment services. Strategies should include collaborations with:

- people living with HIV/AIDS (PLWHA)
- community/primary health care centers
- other medical communities
- care planning groups
- public housing/residential services
- businesses
- faith communities
- other CBOs and NGOs
- other key stakeholders within the CPG's planning area.

## **Suggested collaborations:**

- hospitals (emergency departments)
- educational institutions
- public health and welfare
- law enforcement
- policy makers and legislators

CPGs should identify, encourage, and facilitate the participation of key stakeholders and HIV service providers, particularly those not represented on the CPG (due to limitations of group size, meeting schedules, etc.), who can best inform and support the goals of the HIV planning process.

# Principles

It is important that HDs and CPGs activity seek out a range of providers that cover Syndemics that co-occur with HIV and can facilitate acquisition and transmission of HIV .

## **How will this be accomplished?**

- *Form a HIV Prevention Community Planning Group Advisory Group comprised of subject matters experts led a discussion and develop a syndemic orientation.*
- *Some goals would be to assist in understanding the layers of need and how syndemics orientation is important to HIV Prevention .*

## **Who are the Subject Matter Experts?**

- *University Partners*
- *Researchers*
- *Centers for Disease Control TA*
- *NASTAD*

## **What is a syndemic?**

Two or more afflictions, interacting synergistically, contributing to excess burden of disease in a population (e.g. STD, viral hepatitis, and substance use).

Related concepts include linked epidemics, interacting epidemics, connected epidemics, co-occurring epidemics, co-morbidities, and clusters of health-related crises.



## Principles

HDs and CPGs must actively engage other planning groups and federally funded grantees in the HIV planning process, such as those funded by:

- Health Resources and Services Administration (or HRSA)
- The Substance Abuse and Mental Health Services Administration (SAMHSA)
- (Department of) Housing and Urban Development (HUD)

**During the engagement process, there should be discussion of the:**

- 1) Development of services where they do not currently exist but need is evident;
- 2) Enhancement of services in content, format, or delivery so that consumers are more willing to use them
- 3) Removal or mitigation of various structural barriers that currently impede access to existing services. (i.e. limited service delivery locations; perception of confidentiality issues; cultural competency that address race, ethnicity and sexual orientation)
- 4) Ensure integration HIV High Impact Prevention and HIV community planning in other service delivery systems (i.e. Department of Corrections, Housing, etc.)



## **Ongoing Committee Task: Other areas of inclusion for comprehensive engagement plan**

Listed below are other areas to be addressed and are considered as part of a comprehensive engagement plan development. The committee will address these area on an ongoing basis/

- Budget for stakeholder engagement plan
- Development of and commitment to guiding principles
- Monitoring and evaluation system
- Research and continuing education opportunities
- Formal stakeholder identification and description
- Long-term engagement, integration and sustainability