

their grantees to adhere to CDC mandated criteria. Community Planning was developed to reflect the belief that it would bring state and local health departments down to community level and assist them with a more realistic point of view for determining how best to respond to local HIV prevention priorities and needs. Community Planning also assists in giving these entities a vehicle to determine how the CDC's mandates and initiatives could be best carried out through local community decision making.

## **A BRIEF HISTORY OF THE INDIANA HIV PREVENTION COMMUNITY PLANNING GROUP**

In 1994 pre-planning groups were established by the state of Indiana to review the state's previous HIV planning experience before Community Planning was decreed into existence, to ascertain how closely this prior planning experience and how it fit into the mandate for community planning established by CDC. After much research and discussion these "*framework builders*" of the Indiana CPG decided that it was best for the state of Indiana to have one (1) statewide planning body that would have a member capacity of as many as thirty-two (32). Today the CPG Charter mandates a capacity of twenty (20) to twenty-five (25) members. Eighteen (18) to twenty-three (23) members sought through nominations from around the state of Indiana and two (2) members that are nominated from the services planning body the Comprehensive HIV Services Planning and Advisory Council (CHSPAC). These two (2) members provide the services planning perspective to the CPG as well as answer any questions that may arise regarding their services expertise during the course of a monthly meeting. These two (2) members are held to the same standards and criteria as other members in the group.

### **THE INDIANA CPG PROCESS**

The Academy for Educational Development defines participatory planning as, "***an ongoing process which state and local health departments share responsibility for developing a Comprehensive HIV Prevention Plan with other governmental and non-governmental agencies, and representatives of communities and groups at risk for HIV infection or those already infected.***" The Indiana HIV Prevention CPG uses this form of planning in identifying needs and making decisions through the broad-based involvement of a wide range of viewpoints, wherein differences in background, perspective, and experience are essential and valued. Members are made aware that their perspectives and wide range of experiences are valued at the beginning of each meeting with the reading of the Ground Rules and the Purpose of the CPG (Attachment A). The following information will provide the framework and brief overview of Indiana's community participatory planning process as well as how the Indiana CPG carries out the mandates set forth by the Centers for Disease Control and Prevention (CDC).

## GOALS OF THE COMMUNITY PLANNING GROUP PROCESS

In the “*HIV Prevention Community Planning Guidance*” the CDC has set three (3) major goals for HIV Prevention Community Planning. The three (3) goals of the HIV Prevention Community Planning group process are as follows:

1. **HIV community planning is required to support broad-based community participation in HIV prevention planning.** The CPG must be inclusive and involve the participation of individuals infected with and affected by HIV. CPG must accomplish broad-based community participation in HIV planning.
2. **Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified target population) in each jurisdiction.** Members of the CPG must endeavor to set priority target populations and interventions with the application of sound scientific methods that will stop the spread of HIV disease. Individuals at risk for and with HIV play an important role in identifying their communities’ priority prevention needs.
3. **Community planning ensures that HIV prevention resources target priority populations and interventions set forth in the comprehensive HIV prevention plan.** Community Planning ensures that members of the community that are most at risk for contracting HIV will have programs funded that will assist in preventing the transmission of HIV infection. Shared priority setting between health departments and Community Planning assists local health departments in the allocation of funding in the community because of the hands-on collaboration between the state and its HIV Prevention CPG partners.

The nine (9) steps to accomplish the three (3) goals the Centers for Disease Control and Prevention has set for planning groups outlined in the Academy for Educational Development’s “*HIV Prevention Community Planning: An Orientation Guide*” are listed below:

1. **Develop an Epidemiologic Profile.** Assess and describe the extent, distribution, and impact of HIV/AIDS in defined populations in the community, as well as relevant risk behavior.
2. **Conduct a Needs Assessment.** Conduct a needs assessment of the HIV prevention needs of the populations identified by the epidemiologic profile as being at high risk for HIV infection.
3. **Assemble a Resource Inventory.** Assess existing community resources for HIV prevention to determine the community’s capacity to respond to the epidemic.

4. **Conduct a Gap Analysis.** Using the needs assessment and resource inventory, identify met and unmet HIV prevention needs within in high-risk populations defined in the epidemiologic profile. Analyzing the gaps between the needs of at-risk populations and the existing services will help in setting priorities.
5. **Identify Potential Strategies and Interventions.** Identify the strategies and interventions that can be used to prevent HIV infections within the populations the epidemiologic profile, needs assessment, and resource inventory lists as at risk.
6. **Prioritize Populations and Research the Proper Interventions that are Shown to be effective in each Prioritized Population.** Prioritize HIV prevention needs using a criteria that answers the questions, what are the high-risk populations and what are the interventions and strategies to prevent the disease in each high-risk population identified.
7. **Develop a Comprehensive HIV Prevention Plan.** Develop a Comprehensive HIV Prevention Plan that is consistent with the high priority HIV prevention needs identified through the HIV Prevention Community Planning process.
8. **Evaluate the Planning Process.** Health Departments should develop a process to track and perpetually maintain records that evaluate the effectiveness of the Community Planning process and the development and implementation of the Comprehensive HIV Prevention Plan.
9. **Update the Plan.** Once the Comprehensive HIV Prevention Plan has been completed the Community Planning Group should review the plan periodically and make needed changes accordingly.

**Goal 1:** The HIV Prevention CPG strives to support a broad-based community participation in HIV planning.

**CPG Focus 1:** The CPG membership must represent those most at risk for contracting HIV infections in the state of Indiana.

1. Broad-based community participation in the planning process and **representation** of the epidemic are carried out by eliminating all personal identifying information on the member application to reduce prejudices and biases that might occur in the review process. The ambiguity also eliminates individuals being selected because of who they are or their popularity within certain circles. Individuals are selected because of pertinent information and because they represent a different facet of the epidemic and epidemiologic data from the state of Indiana.
2. The Membership Committee with the technical assistance of the HIV Prevention Program then makes their nominations recommendations for membership to the CPG to the body.

3. The CPG votes on the Membership Committee's recommendations for the nomination of new members during the CPG monthly meeting.
4. Upon approval of the full body, new members are then notified by letter, invited to attend, and begin their tenure on the Indiana CPG. The notification letter is then followed up with an R.S.V.P. Form, and if that individual does not resubmit the R.S.V.P. Form by the submission deadline a call is placed to them to enquire if they still desire to participate in the Community Planning process.

**CPG Focus 2:** Support a participatory planning community process that embodies inclusion and parity.

**Inclusion:**

An *inclusive* planning process assures that representation from various **racess, ethnicities, genders, sexual orientations, ages, expertise, abilities, and experiences** are around the planning table. The Indiana CPG maintains inclusion through many different means. Through inclusion the full spectrum of needs represented by all those affected communities are seriously and perpetually taken into consideration when membership committee is considering new applications. Inclusion is maintained by employing a process that targets individuals that represent the **epidemiology of the disease within the state of Indiana**. The CPG searches for individuals that are not members of the body and **have something to contribute to the community planning process**. Another way the CPG works to have an inclusive planning process is by assisting members by reimbursing them for travel expenses as well as lodging if needed surrounding monthly meetings. Foremost consideration and priority are given when **attempting to find membership that is HIV positive**. This ensures inclusion for individuals that are HIV positive within the state of Indiana.

**Parity:**

One of the ways *parity* is maintained is through providing all current and new members with an all day orientation in January of each year, technical advising, trainings and presentations by members of the community working in the field on or off the body, and capacity building to improve the community planning process. Committee assignments are reviewed annually to ensure CPG members have an understanding of each committee's responsibilities. This Committee assignment review and adjustment allows individuals to be well versed in several areas of the planning process. This makes community planning members better informed of the CPG process and this knowledge makes them more likely to contribute effectively during discussions. The consensus method of conducting meetings aids in the ability of members to equally participate and carry out planning tasks and duties as well. For the Indiana CPG consensus means the following:

- 1) All members contribute to the discussion process.
- 2) All members are able to state their issues and problems in their own words, respectfully and professionally.
- 3) Everyone is given the opportunity and time to express their opinion about their issues and problems.

- 4) Members, who continue to disagree, agree to support the group decision.
- 5) All members agree to take responsibility for the implementation of group decisions.

Consensus does not mean that a vote is unanimous, it results in every member's first choice, every member agrees, and conflict or resistance will be overcome. Members must work together to ensure that parity, inclusion and representation work in their process.

**Goal 2:** Community planning identifies priority HIV prevention needs (a set of priority populations and interventions for each identified target population) in each jurisdiction.

**CPG Focus 3:** A set of *priority populations and intervention* for each identified target population is gathered through a logical and evidence based process. The following information will describe the important documents needed to carry out this logical evidence based process.

**Gap Analysis:** A *Gap Analysis* is used to identify and describe the gaps in services for defined high-risk populations determined by the needs assessment. The Gap Analysis compares those gaps to the existing services as described in the resource inventory. The Needs Assessment/Gap Analysis Committee utilizes this document to make recommendations to the state of Indiana. The Epidemiological/Populations Committee will utilize this document to assist in their assessment of care in the state of Indiana and analyze how these gaps in care effect the prioritized populations.

**Needs Assessment:** *Needs Assessment* is the process of obtaining and analyzing findings to determine the type and extent of unmet needs in a particular population or in a community. The Needs Assessment and Gap Analysis Committee are working toward reviewing needs assessments done all over the state of Indiana by entities other than the State Department of Health and/or members of the CPG. The Committee compares the findings of those independent assessments to the Needs Assessment done by the State of Indiana in 2007. Utilizing all of these assessments gives the CPG a well rounded view of the prevention services deficits around the state of Indiana. The Needs Assessment also plays a key role in the Epidemiological/Population Committee population prioritization process.

**Epidemiological Profile:** The *Epidemiological Profile* is a description of the current status, distribution, and impact of an infectious disease or other health related condition in a specified geographic area. The Epidemiology and Populations Committee utilizes this document heavily when prioritizing the populations for the state of Indiana. The Epidemiological Profile for the state of Indiana is performed by Luther Consulting, LLC and the state's epidemiologist at the State Department of Health. The Epidemiological Profile was presented during the May 2007 HIV Prevention Community Planning Group meeting. The Epidemiologic Profile summary is in the Indiana HIV Prevention Plan on page 36. A complete copy of the Epidemiologic Profile can be accessed at <http://www.in.gov/isdh/programs/hivstd/>.

**CPG Focus 4:** The CPG is charged with *prioritizing the target populations* as defined by the epidemiologic profile, needs assessment and resource inventory. The epidemiologic profile was utilized by the Epidemiological/Populations Committee to prioritize the populations for the state of Indiana. The Epidemiological/Populations Committee's population prioritization process is presented in further detail in this Prevention Plan beginning on page 39.

**Goal 3:** Community planning ensures that HIV Prevention resources target priority populations and interventions set forth in the comprehensive HIV prevention plan.

**CPG Focus 5:** The CPG is charged with selecting the appropriate *evidence-based prevention programs and interventions* that have shown to be effective in preventing HIV transmission, and paring the evidence-based intervention with the priority populations identified in the epidemiologic profile.

**CPG Focus 6:** The CPG is familiar with the *CDC's Advancing HIV Prevention (AHP) Initiative.*" Through the AHP, CDC is putting more emphasis on counseling, testing, and referral to appropriate services in order to reduce the number of new HIV infection nationwide in the following ways:

- With this emphasis, the persons who are unaware of their HIV infection;
- Partner notification, including partner counseling and referral services; and
- Prevention services for persons living with HIV will help to prevent further transmission once they are diagnosed with HIV.

Since Perinatal HIV transmission can be prevented, efforts will continue to be strengthened to promote routine, universal HIV screening as a part of prenatal care. All of this will be accomplished in the following ways:

- Making HIV screening a routine part of medical care by encouraging routine hospital testing;
- Creating new models for diagnosing HIV infection, including the use of rapid testing;
- Improving and expanding prevention services for PLWH/A; and,
- Further decreasing Perinatal HIV transmission.

## **WHAT ARE THE GUIDING PRINCIPLES FOR THE COMMUNITY PLANNING PROCESS**

In order for the Centers for Disease Control and Prevention (CDC) to ensure that the HIV prevention community planning process is carried out in a participatory manner, the following “Guiding Principles” were developed:

- 1. The health department and Community Planning Group (CPG) must work collaboratively to develop a comprehensive HIV prevention plan for the jurisdiction.**
- 2. The Community Planning process must reflect an open, candid, and participatory process, in which differences in cultural and ethnic background, perspective, and experience are essential and valued.**
- 3. The Community Planning process must involve representatives of populations at greatest risk for HIV infection and persons living with AIDS. Persons at risk for HIV infection and persons living with HIV/AIDS play a key role in identifying prevention needs not adequately met by existing programs and in planning for needed services that are culturally appropriate.**
- 4. The fundamental tenets of Community Planning are: parity, inclusion, and representation (PIR). Although these tenets are not accomplished or achieved in a linear fashion, there is a strong relationship between each – with one building on another.**
  - **Parity** is defined as the ability of members to equally participate and carry-out planning tasks/duties. To achieve parity, representatives must attend orientation and skills building to participate in the planning process and to have an equal voice in voting and other decision making activities.
  - **Inclusion** is defined as meaningful involvement of members in the process with an active voice in decision making. An inclusive process assures that the *views, perspectives and needs of all infected and affected* communities are included.
  - **Representation** is defined as the act of serving as an official member reflecting the perspective of a specific community/population. The representative should truly reflect that *community’s values, norms, and behaviors* (members should have expertise in understanding and addressing the specific HIV prevention needs of the populations they represent). Representatives must be able to participate as group members in objectively weighing the overall priority prevention needs of the jurisdiction.

**5. An inclusive Community planning process includes representatives of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.** CPG should have access to:

- Persons who reflect the characteristics of the current and projected epidemic in that jurisdiction (as documented by the epidemiologic profile) in terms of age, gender/gender identity, race/ethnicity, sexual orientation, socioeconomic status, geographic and metropolitan statistical area (urban and rural residence), serostatus, and risk for HIV infection.
- State and local health department HIV prevention and sexually transmitted disease (STD) treatment staff; staff of the state and local education agencies; and staff of other relevant governmental agencies (e.g., substance abuse, mental health, correction, etc.)
- Experts in epidemiology, behavioral and social sciences, program evaluation, and health planning.
- Representatives of key non-governmental and governmental organizations providing HIV prevention and related services (e.g., STD, TB, substance abuse prevention and treatment, mental health services, homeless shelters, prisons/corrections, HIV care and social services, education agencies) to persons with or at risk for HIV infection.
- Representatives of key non-governmental organizations relevant to, but who may not necessarily provide, HIV prevention services (e.g., representatives of business, labor, and faith communities).

**6. The Community planning process must actively encourage and seek out community participation.** The community planning process should make every attempt to accommodate a reasonable number of representatives without becoming so large that it cannot effectively function. Additional methods outside of CPG meetings for obtaining input on community HIV prevention needs and priorities, especially for input relevant to marginalized populations or to scientific, or agency representation may be difficult to recruit and retain, and therefore, may include:

- Holding well-publicized and well-advertised public meetings,
- Conducting focus groups, and
- Convening ad hoc panels.

**7. Nominations for membership should be solicited through an open process and candidates' selection should be based on criteria established by the health department and the CPG.**

**8. An evidence-based process for setting priorities among target populations should be based on the epidemiologic profile and the community services assessment.**

- 9. Priority setting for target populations must address populations for which HIV prevention will have the greatest impact. Target populations should include populations in which the most HIV infections are occurring or populations with the highest HIV incidence. Moreover, the CPG should discuss the risk behaviors and prevention needs of PLWH/A (as PLWH/As are included across target populations, their unique needs may not be readily evident) and determine how PLWH/As will be included in the priority setting process for target populations.**
- 10. The set of prevention intervention activities for prioritized target populations should have the potential to prevent the greatest number of new infections. The CPG should conceptualize interventions/activities as a set of mix of interventions/activities versus one specific intervention/activity for each target populations.**

## **HIV PREVENTION COMMUNITY PLANNING GROUP COMMITTEE DESCRIPTIONS**

### **Executive Committee**

The Executive Committee is made up of the Community Co-Chairs and the State Co-Chair, the chairs of each committee and two at-large members that are voted on by the body to serve on the Executive Committee because they do not serve as a committee chair. This Committee functions as the leadership of the CPG. They provide guidance to the direction of the body and its day to day functioning.

### **Cooperative Agreement & Plan Ad-Hoc Committee**

This committee meets on an as needed basis in order to review and evaluate the Cooperative Agreement and HIV Prevention Plan. The Committee is comprised of the Executive Committee and any other members of the planning group as a whole that wish to spend time above and beyond the regular monthly meeting time as well as the committee for which they currently serve. The Committee will then discuss their findings with the CPG.

### **Epidemiology/Populations Committee**

It is the mission of the Populations Committee to develop, define and prioritize populations through the following process:

- Develop and define a list of populations through use of epidemiological data and other pertinent information.
- Determine a method for prioritization of populations and present the method to the CPG for final approval.
- Implement the approved prioritization process and submit the outcome for full CPG for approval.
- Continue to keep abreast of changes in trends of epidemiological information relating to populations.