**INTEGRATED
HIV/AIDS
PLANNING**
TA CENTER

MAKING THE CASE WITH DATA:
EPIDEMIOLOGIC SNAPSHOTS, RESOURCE
INVENTORIES, AND NEEDS ASSESSMENTS

DIGITAL WEBINAR COMPANION GUIDE

INTRODUCTION

This webinar companion guide offers attendees a resource to supplement the information covered during the webinar and extend the webinar's benefits beyond the allotted presentation time. It contains:

- Presenter bios
- Presentation slides
- Questions for consideration
- Integrated planning resources

State and local jurisdictions across the country are working on their response to the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026. The IHAP TAC is hosting a webinar and peer learning series to support these efforts. The second webinar in our series, *Making the Case with Data: Epidemiologic Snapshots, Resources Inventories, and Needs Assessments*, focuses on Section III of the Integrated Plan Guidance. During the webinar, the IHAP TAC team will review the relationship between Section III of the Guidance and CDC and HRSA requirements for conducting an HIV needs assessment as well as demonstrate use of the HIV Resources Inventory Compiler, a new tool from the IHAP TAC that supports the collection and analysis of funding information about all HIV resources in the jurisdiction. Guest speakers will share New Hampshire's approach to completing its HIV needs assessment.

By the end of this webinar, participants will be able to:

- Describe the relationship between Section III of the Integrated Plan Guidance and CDC and HRSA requirements for conducting a needs assessment
- Better understand how to use the HIV Resources Inventory Compiler to support the integrated planning process
- Identify at least two strategies for successfully conducting a needs assessment
- Access additional resources to support effective completion of the Section III requirements

PRESENTER BIOS

Amy Black

Amy Black is the project director for both the Rhode Island Ryan White Technical Assistance Project and the New Hampshire Comprehensive Needs Assessment project for people with HIV. A critical component of this work has been the completion of an updated needs assessment to continue to identify the gaps in the system of care for people with HIV. Dr. Black has close to 20 years of experience in health equity, health care policy, program evaluation, and sexual health.

Alissa Caron

Alissa Caron is a TA/Training Coordinator on the IHAP TAC at JSI. In this role, she develops technical assistance and training materials for jurisdictions, with a focus on resource allocation and financial planning in the context of integrated HIV prevention and care planning. Ms. Caron has 13 years of experience in technical assistance and project management, specializing in HIV, community health, and health service delivery innovation.

Mikey Davis

Mikey Davis is the project manager for the New Hampshire Department of Health and Human Services' Comprehensive HIV Needs Assessment where he works with AIDS Service Organizations, community-based organizations, and the New Hampshire Ryan White Part B planning body to develop the Statewide Coordinated Statement of Need and Integrated HIV Prevention and Care Plan.

Gretchen Weiss

Gretchen Weiss is the Co-Director of the JSI and World Education Center for HIV & Infectious Diseases and a TA/Training Coordinator Lead for the IHAP TAC. She has more than 15 years of experience implementing local, state, regional, and national projects, providing leadership and TA through JSI's federally funded projects focused on ending the HIV epidemic in the U.S., integrating HIV prevention and care efforts, improving systems of care for people with HIV and substance use disorder, and expanding training for the disease intervention workforce.
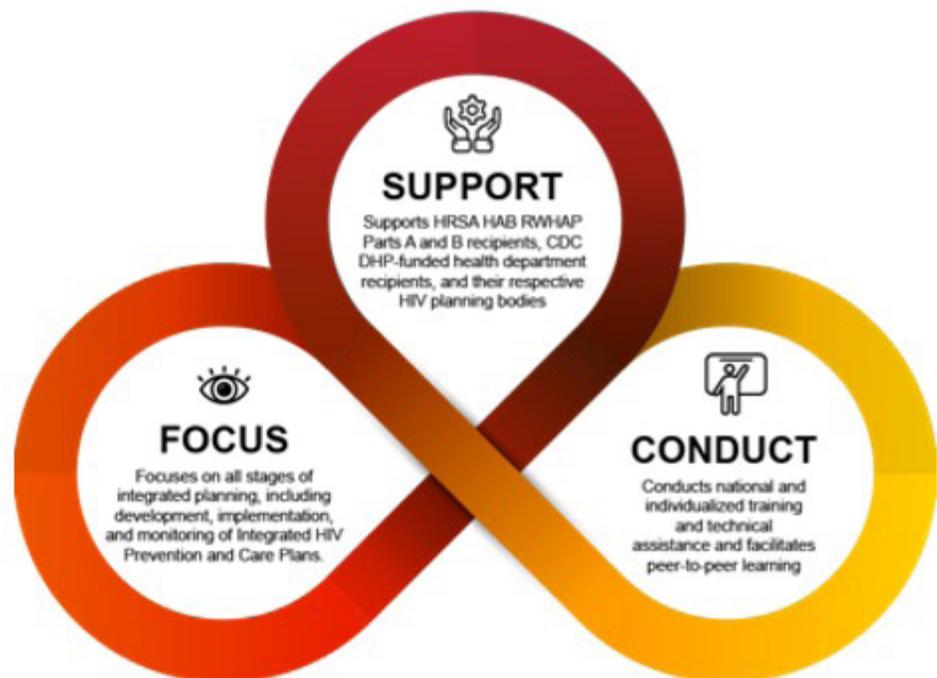
Webinar and peer learning series - Month #2!

Integrated planning webinar and peer learning series goals

- Review and discuss the guidance section by section
- Highlight jurisdictional efforts
- Address emerging and ongoing questions
- Facilitate peer engagement and learning

More information available at TargetHIV.org/ihap

- Participation in the webinar is *not* required for the peer learning session

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Today's objectives

By the end of the webinar, participants will be able to:

- Describe the relationship between Section III of the Integrated Plan Guidance and CDC and HRSA requirements for conducting a needs assessment
- Better understand how to use the HIV Resources Inventory Compiler to support the integrated planning process
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Agenda

- Section III overview
- HIV Resources Inventory Compiler demonstration
- Jurisdictional presentation
  - New Hampshire's approach to conducting a needs assessment
- Q&A
- Announcements
  - Upcoming IHAP TAC events
  - Integrated planning resources

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Have a question?

Have a question for one of the presenters? Please use the Q&A feature.

Click on "Q&A" located along the bottom of your screen

Q&A

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JSI Speakers

Gretchen Weiss

Training and TA
Coordinator, IHAP TAC

Alissa Caron

Training and TA
Coordinator, IHAP TAC

Amy Black

Project Director on the
New Hampshire HIV
Needs Assessment

Mikey Davis

Lead Evaluator on the
New Hampshire HIV
Needs Assessment

Poll #1

Were you involved in the CY 2017-2021 integrated planning process?

Poll #2

What is the status of the needs assessment process in your jurisdiction?

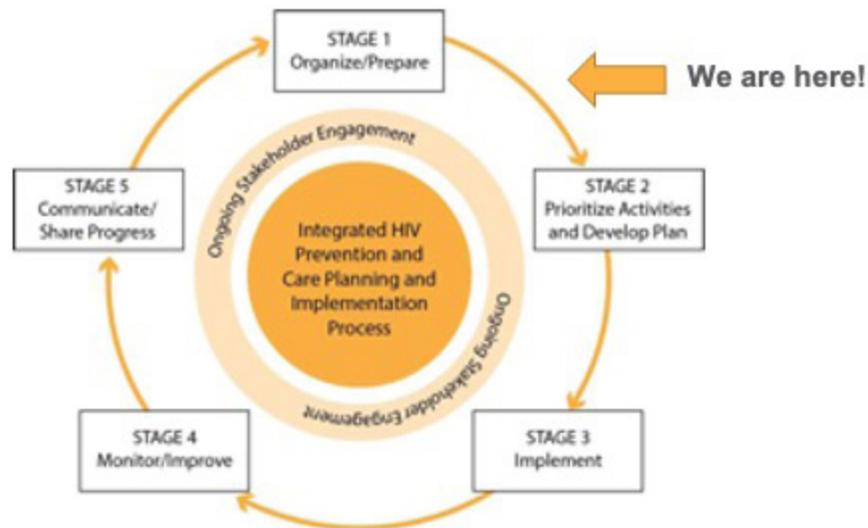# Poll #3

Have you identified existing materials to include in your integrated plan submission?

Stages of integrated planning

We are here!

Integrated Plan Guidance at-a-glance

I.   Executive Summary of the Integrated Plan and SCSN
II. Community Engagement and Planning Process
III. **Contributing Data Sets and Assessments**
IV. Situational Analysis
V.   Goals and Objectives
VI. Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up
VII. Letters of Concurrence

Section III: Contributing Data Set and Assessments

- Purpose is to analyze the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction to:
  - Determine the services needed by clients to access and maintain HIV prevention, care, and treatment services
  - Identify barriers for clients accessing those services
  - Assess gaps in the service delivery system
- Addresses legislative requirements for the Statewide Coordinated Statement of Need (SCSN), as well as other CDC and HRSA requirements
- Provides essential information for the situational analysis (Section IV) and jurisdictional goals and objectives (Section V)

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Section III: Contributing Data Set and Assessments

- Opportunity to leverage existing materials
  - Existing material must describe the entire jurisdiction, or be updated/expanded to do so.
- Consider incorporating data supportive of a syndemic approach to integrated planning, and applying data for a status neutral approach
- Use social determinants of health data to develop a robust description of the impact of HIV in the jurisdiction, including service needs, barriers to accessing services, and gaps in the service delivery system
- Include both narrative descriptions and graphic depictions of the data
- Essential to engage and incorporate partners and stakeholders, including people with and experiencing risk for HIV

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Section III components

1. **Data sharing and use**
2. **Epidemiologic snapshot**
3. **HIV Prevention, Care, and Treatment Resource Inventory**
   a. Strengths and gaps
   b. Approaches and partnerships
4. **Needs assessment**
   a. Priorities
   b. Actions taken
   c. Approach

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For the sake of comparison…

2015 Guidance
Section I: SCSN/Needs Assessment

A. Epidemiologic Overview
B. HIV Care Continuum
C. Financial and Human Resources Inventory
D. Assessing Needs, Gaps, and Barriers
E. Data: Access, Sources, and Systems

2021 Guidance
Section III: Contributing Data Sets and Assessments

1. Data Sharing and Use
2. Epidemiologic Snapshot
3. HIV Prevention, Care, and Treatment Resource Inventory
   a. Strengths and gaps
   b. Approaches and partnerships
4. Needs Assessment
   a. Priorities
   b. Actions taken
   c. Approach

New Resource!
HIV Prevention, Care and Treatment Resource Inventory Compiler

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HIV Resources Inventory Compiler

- Supports three key actions:
  - **Data Collection:** Captures information necessary for completing the HIV prevention, care, and treatment resource inventory section of the Integrated Plan submission.
  - **Resource Inventory Table Creation:** Generates a table in PDF format for inclusion with the Integrated Plan submission.
  - **Funding Analysis Dashboard:** Analyzes the collected data with six pre-programmed options.

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Entering and compiling data

- Data entry should be completed for primary funding awards.
  - Subrecipient/subgrantee information is included as a section for data entry, by primary funding award.
- The tool can be shared with multiple users to input data for the primary HIV funding sources they receive.
- Data from multiple users can be combined into one copy of the tool.

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Creating an HIV resources inventory table

- Jurisdictions *may* include an HIV resources inventory table with their submission
  - Table was required in the 2017-2021 Integrated Plan Guidance
- The tool can generate a formatted table
  - It follows the required elements from the 2015 guidance, with one addition:
    - Users can chose to generate the table with either the components of the HIV Care Continuum impacted by the funding, or the EHE strategies (Diagnose, Treat, Prevent, Respond) impacted

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Analyzing the data with the dashboard features

- Analysis options
  - Funding Amount by Funder
  - Percent of Funding by Funder
  - Proportion of Total Funding Allocated through the EHE Initiative
  - Total Funding by Stability of Funding
  - Funding Details by Subrecipient/Subgrantee
  - Additional Details by Funding Source and by Subrecipient
- Charts and graphs can be copied and pasted into the Integrated Plan submission or other materials developed for the integrated planning process.

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Accessing the compiler

- Available at https://targethiv.org/library/hiv-prevention-care-and-treatment-resources-inventory-compiler
- Instructional videos to learn more using the compiler coming soon!

The HIV Resources Inventory Compiler was developed for the purpose of responding to the Integrated Plan Guidance, however it may be used for other efforts to document, track, and analyze HIV prevention, care, and treatment resources, such as the priority setting and resource allocation processes.

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Conducting a Needs Assessment:
New Hampshire's Approach

2020 NH HIV COMPREHENSIVE NEEDS ASSESSMENT

IHAP TA Center Webinar

February 17, 2022

JSI chi

Three Components

01	Epidemiologic Profile	• Sociodemographics • Burden (diagnosis and prevalence) of HIV in NH • Indicators of risk
02	Needs Assessment Survey	• Assessing barriers and gaps to services and care • Surveying both in care and out of care
03	Resource Inventory and Provider Survey	• What services are available in NH? • Where are services located?

NH landscape

Percentage of PLWH in NH by county of residence

Key Highlights

At the end of 2020:

- **1,405 PLWH in NH**
- **Just under half (48%) PLWA**

Over the last decade (2010-2020):

- **363 total new cases of HIV/AIDS**

A little over half (52%) of PLWHA in NH are in the NH CARE Program (as of 2018).

Needs Assessment Survey Overview

- Survey ran from end of January 2021-March 31st 2021.
- Available in both paper and online, with $25 gift card incentive.
- Survey and promotional material was available in English, Haitian Creole, Spanish, and Swahili.
- Doubled response rate.
- Almost all responses were completed on their own, a little over 2% were completed with assistance from another person.

Provider Survey overview

- Survey ran from end of August 2021- October 2021
- **Funding and Resources:** Most receive RWHAP funding.
  - Other funding sources included (in order): NH state funding, funding from program and service fees, donations, and non-CDC federal funds (i.e. HRSA, SAMHSA, HUD)
- **Prevention Services:** more than 65% said they provide testing/prevention services for HIV, STIs, and HCV.
- **Care and Treatment Services:** More than 65% provide care/treatment services for STIs, and between 50-60% provide HIV, HCV, and primary care services.
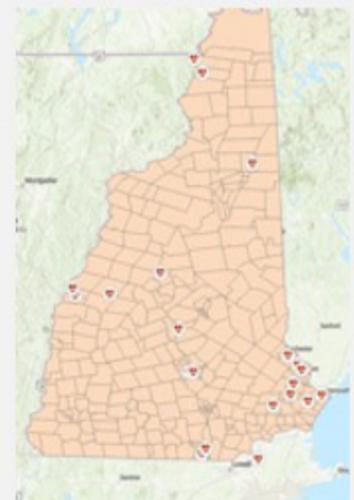
Data Analysis and Interpretation

JSI chi

Approach and Takeaways

Background

- Placing data collection and interpretation of the data within the context of the COVID-19 pandemic.
- Remain flexible when faced with ambiguity
- Leverage technology, when possible (i.e. online survey and e-gift card distribution)

Process

- Presented needs assessment findings to NH HIV Advisory Planning Group.
- Discussed findings within the context of the previous needs assessment and recommendations
- Developed a list of recommendations and will be working with NH DHHS and the NH HPG to develop the 2022 Integrated HIV Prevention and Care Plan.

JSI chi

Thank you

Questions?
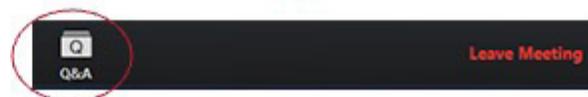
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Questions?

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Upcoming series events

- **Peer Learning Session**
  February 24 from 2:00-3:00 pm EST

- **Next Webinar**
  Situational Analysis: Putting it all Together
  March 22 from 3:00-4:00 pm EST

Registration details available at https://targethiv.org/library/ihap-webinars.

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The IHAP TAC can help!

- New to Integrated Planning or Need a Refresher?
  - Online Course: An Introduction to HIV Prevention and Care Planning
  - Access at www.targethiv.org/ihap
- Visit our website at www.targethiv.org/ihap
- Join our mailing list at https://targethiv.org/ihap/subscribe
- Contact us at ihaptac@jsi.com to request tailored technical assistance

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PROMPTS FOR ADDITIONAL DISCUSSION

- Do planning groups and other entities involved in the needs assessment process have access to the information, data, training, and resources necessary to effectively develop and/or implement the needs assessment? If not, how will we ensure they do?
- COVID continues to present challenges for primary data collection efforts. To what extent do we foresee this impacting our needs assessment process, and what new or different data collection methods can we implement to solve these issues?
- What are some creative ways to recruit individuals to provide input for needs assessment activities to ensure diverse and accurate representation? What quantitative or qualitative data collections methods are needed for your jurisdiction to complete its needs assessment?
- How can we ensure the data and needs identified through the needs assessment are shared with stakeholders and the community in a clear and compelling way? Have non-professional stakeholders received adequate training to understand any presentations on data or findings based on data?
- What systems does our jurisdiction currently have in place to gather information for the HIV Prevention, Care and Treatment Resource Inventory, and how can the IHAP TAC HIV Resources Inventory Compiler complement any existing systems or processes?
- How can we use the Funding Dashboard in the HIV Resources Inventory Compiler to assess our funding landscape, such as service gaps that have equity implications or capacity building needs?
- What additional information is necessary (i.e., beyond what is captured in the HIV Prevention, Care and Treatment Resource Inventory) to ensure a comprehensive understanding of strengths and gaps in available HIV services?

GLOSSARY OF TERMS

Check out the **IHAP TAC glossary** for terms specifically related to integrated planning.

Other terms that are helpful to be familiar with as you begin to collect and/or adapt your data:
- **Epidemiological snapshot** - A **snapshot summary** of the most current epidemiologic profile for the jurisdiction that uses the most current available data (trends for most recent five years). The snapshot should highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and aligned with those of the National HIV/AIDS Strategy.
- **HIV Prevention, Care and Treatment Resource Inventory** - Requirement of the Integrated HIV Prevention and Care Plan for 2022-2026. A description of the organizations and agencies providing HIV care and prevention services in the jurisdiction, all HRSA (must include all RWHAP Parts) and CDC funding sources, and public and private funding sources, such as those through HRSA's Community Health Center Program, the U.S. Department of Housing and Urban Development's Housing Opportunities for People With AIDS program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding. The inventory must describe: a) the jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services; b) services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves; and c) describe how services will maximize the quality of health and support services available to people at-risk for or with HIV.
- **Needs assessment** - A needs assessment takes into account the needs of people who can benefit from prevention services (e.g. PrEP), and people with HIV (whether in care or not). Needs assessments can identify gaps in access to needed services as well as disparities in access to care for specific populations and

underserved groups. Conducting a needs assessment is a programmatic requirement for CDC DHP recipients and a legislative requirement for Ryan White HIV/AIDS Program (RWHAP) Part A and Part B recipients.

- **Statewide Coordinated Statement of Need (SCSN)** - The RWHAP Part B is required to convene the SCSN. The SCSN is a written statement of need developed through a collaborative process with other Parts of the RWHAP. The SCSN must reflect, without replicating, a discussion of existing needs assessments and should include a brief overview of epidemiologic data, existing quantitative and qualitative information, and emerging trends/issues affecting HIV/AIDS care and service delivery in the State. Important elements in assessing need include a determination of the population with HIV are aware of their status but not in care (unmet need), individuals who are unaware of their HIV positive status, a comprehensive understanding of primary care and treatment in the State, and a consideration of all available resources.

ACRONYM LIST

- EHE - Ending the HIV Epidemic in the U.S.
- HRSA - Health Resources and Services Administration
- IHAP TAC - Integrated HIV/AIDS Planning Technical Assistance Center
- JSI - JSI Research & Training Institute, Inc.
- RWHAP - Ryan White HIV/AIDS Program
- SCSN - Statewide Coordinated Statement of Need
- TA - technical assistance

INTEGRATED PLANNING RESOURCES

- **HIV Prevention, Care and Treatment Resource Inventory Compiler** (*IHAP TAC*) The HIV Prevention, Care, and Treatment Resource Inventory Compiler is a new tool that supports the collection and analysis of funding information about all HIV resources in the jurisdiction. The tool generates a formatted table for the Integrated Plan and includes a dashboard for data analysis.

- **Integrated HIV Prevention and Care Plan Guidance, Including the Statewide Coordinated Statement of Need, CY 2022-2026** (*HRSA HIV/AIDS Bureau and Centers for Disease Control and Prevention*)

- **An Introduction to Integrated HIV Prevention and Care Planning** (*IHAP TAC*) This self-paced, online course serves as an introduction to the fundamentals of integrated planning, and is designed for anyone who is new to integrated HIV prevention and care planning or anyone who would like a refresher on the basics.

- **Fillable CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist** (*IHAP TAC*) The checklist is a new feature required in the submission of the Integrated Plans for 2022-2026. Use this fillable checklist to outline which elements required new content and which elements were developed as part of another jurisdictional plan. The checklist details submission requirements for jurisdictions including RWHAP legislative requirements and SCSN; allows recipients to create an Integrated Plan that meets local needs; and asks recipients to identify page number(s) within the document/plan where the requirement is listed.

- **Integrated HIV Prevention and Care Planning Online Resource Guide** (*IHAP TAC*) This Online Resource Guide is intended to support RWHAP Parts A and B recipients, CDC HIV prevention recipients, and their planning bodies with the ongoing integrated planning and the development, implementation, and monitoring of their Integrated HIV Prevention and Care Plans. The guide includes resources, tools, and tips to help inform and guide the work of jurisdictions in the process of integrating HIV planning and implementation efforts across prevention, care, and treatment delivery systems.

- **Exemplary HIV Prevention and Care Plan Sections** (*IHAP TAC*) Using criteria based on the Integrated HIV Prevention and Care Plan Guidance, the IHAP TAC identified Integrated Plan sections as examples of strong responses to the Guidance. In particular, see "Data: Access, Sources, and Systems"; "Epidemiologic Overview"; and "Financial and Human Resources Inventory".

Need More?

[Visit our website](#) to access more resources and learn about upcoming events.

Stay in touch! [Sign up for our listserv](#) to receive up-to-date information about new resources and upcoming learning opportunities.

Thank you for your participation!

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About the IHAP TAC: The HRSA-funded **Integrated HIV/AIDS Planning Technical Assistance Center** (IHAP TAC) supports Ryan White HIV/AIDS Program Parts A and B recipients, CDC DHP-funded recipients, and their respective HIV planning bodies with integrating planning, including the development, implementation, and monitoring of their Integrated HIV Prevention and Care Plans. We provide national and individualized training and technical assistance and facilitate peer-to-peer learning.