

The HIV Planning Group

Quick Reference Guide

The Plan

The IHPCP: The Integrated HIV Prevention and Care Plan for the Commonwealth of Pennsylvania, 2017-2021 is the formal roadmap for the Division of HIV Disease and justification for HIV-related activities throughout the state. Its primarily comprised of PA's epidemiological profile, planning goals and processes, and monitoring and evaluation components. The Planning Section is broken down into 42 state goals as well as various descriptions of how key stakeholder groups influence and contribute to the planning process. The HPG is a partner in accomplishing some of the plan's goals, and has a crucial evaluating goal progress and assessing the IHPCP document.

Organizations

Pennsylvania Department of Health (DOH), Division of HIV Disease: The Division of HIV Disease is a part of the Bureau of Communicable Diseases in the Pennsylvania Department of Health. It oversees and administers all state and federal pass-through funding and related activities for HIV prevention and care services in the state of Pennsylvania exclusive of Philadelphia county. It convenes the HIV Planning Group as its community and professional advisory group to strengthen and support these activities and public health goals.

University of Pittsburgh HIV Prevention and Care Project (HPCP): The HPCP has been contracted with the DOH as experts on the intersection of HIV and public health since 1994. One of the project's tasks with the Division is to serve as its planning coordinator, facilitating the many functions of the HPG and assisting in its evaluation and assessment responsibilities. It also compiles and summarizes all facets of the HPG's work, recommendations, and stakeholder engagement efforts and incorporates them into the IHPCP.

The HIV Planning Group:

a. Members

i. Community Members:

1. Description: Community members apply to serve on the HPG through an rolling application process. They are chosen for their ability to represent the voices and

perspectives of a wide range of key stakeholders: people representative of the HIV epidemic throughout Pennsylvania.

2. Responsibilities: Community members sit at the HPG table and fully participate in all HPG activities, lunches, and workgroups. In addition to developing recommendations in subcommittee to the Division, it is expected that HPG Community Members will help disseminate updates, approved plans, and HPG surveys to their stakeholder networks as well as bring feedback to the HPG/Division around both planning and other critical issues in the commonwealth. Because these members were selected based on their knowledge, experience and perspectives on HIV-related issues in Pennsylvania, attendance is carefully recorded for each member. Members who do not attend 75% of the yearly meeting days will forfeit their spot. These members volunteer for a three-year (3) term. Community members vote on all recommended changes to the IHPCP or other matters for which votes are called. All qualifying travel costs are reimbursed by the DOH. These members elect a Community Co-Chair each year (to a 1 year term) to work with the Division Co-Chair to run meetings and lead yearly HPG planning.
3. There are approximately 20 Community member positions. People invited to apply include (but are not limited to) those identifying as: LGBTQ; MSM; African or African American; Latinx; Native American; current or former IDU; Ryan White Parts B-D; MAI, EIS, CBOs, and health care providers; state grantees; people of all ages, socio-economic backgrounds, residency statuses within PA, and geographic locations within PA

ii. Planning Partners:

1. Description: Partners serve on the HPG at the invitation of the Division and represent key agencies and partner organizations working on key issues related to HIV.
2. Responsibilities: Planning Partners sit at the HPG table and fully participate in all HPG activities, lunches, and workgroups. In addition to assisting in developing recommendations in subcommittee to the Division, it is expected that HPG Planning Partners will help disseminate updates, approved plans, and applicable

HPG surveys to their professional networks or agencies as well as bring applicable feedback or updates from their agencies or departments to the HPG/Division around both planning and other shared, critical issues in the commonwealth. Because these members represent agencies and organizations, they do not necessarily need to be the same person each meeting and do not have term limits. For these reasons, they may not make motions or cast votes during meeting business or subcommittee work. Respective agencies are expected to cover any travel costs for these members, if applicable.

3. There are 15 Partner slots. Examples include: STD Program; TB Program; Viral Hepatitis; HIV Epidemiology; HOPWA; DOH Office of Health Equity; MAAETC; Medicaid; Mental Health; D&A; Dept. of Education; Dept. of Corrections; Philadelphia's Part A and HIV Prevention Planning; SPBP Advisory Group.

b. **Subcommittees:** Subcommittees represent the various activities and responsibilities of the HPG from year to year. All HPG community members and Planning Partners may select one of these groups plus a workgroup and/or ad hoc subcommittee, if applicable.

- i. **IHPCP Process Evaluation:** Members of this subcommittee are tasked with evaluating processes described by the IHPCP goals and the progress being made in PA towards fulfillment of those goals. Findings and approved recommendations will be generated and documented as needed for review and revisions by HPCP and Division. This group may also generate recommendations for revisions to the current or future IHPCP, which would be forwarded to the IHPCP Assessment subcommittee.
- ii. **IHPCP Assessment:** Members of this group will work to review and recommend revisions to the IHPCP. Revisions may include, but are not necessarily limited to: the goals; formatting; updating data or component descriptions; changes in the NHAS or other federal or state changes; other document components. All efforts should be based on current data (epidemiological and qualitative), HPG and Division input, and the overall form and functioning (process evaluation) of the document.
- iii. **Ad hoc subcommittees:** Ad hoc subcommittees are conceived of and activated either by request of the Division or a majority of voting HPG members. Some or most

subcommittee activity will likely take place outside of regular meeting hours. Examples could include pressing or emerging HIV-related topics like: HIV and Aging; HIV and Disability; the HIV treatment cascade in Latino communities; infection rates among injection drug users; etc.

c. Workgroups

These are groups whose necessity is anticipated on a yearly or semi-yearly basis. These groups can be activated by the Division or a majority vote of the HPG, and can be filled by any member. However, some or most workgroup activity may take place outside of regular meeting hours. Work groups are established out of HPG membership (and non-members if appropriate) to work on specific ongoing tasks of the group. These work groups may include meeting via conference call, the evening between face-to-face meetings, or other outside times depending on availability and needed group goals. These work groups will provide updates to the larger HPG and request feedback when necessary, but do not have allocated meeting time during the face-to-face meetings as these participants may also be members of the sub-committees. Examples include: The Membership and Recruitment workgroup; the Stakeholder Engagement workgroup; the HPG Protocols workgroup; the Priority Setting workgroup.

Stakeholders: Stakeholders are broadly defined as all people impacted by HIV disease in Pennsylvania. This includes communities and individuals at-risk for, or impacted by, HIV infection, people in all stages of the HIV Care Continuum, and all agencies and employees who work with and for them. Thus, all HPG members are stakeholders, and are expected to leverage their experience and personal and community networks to assist in the dissemination of planning information and gather feedback for the HPG when applicable.

Planning Process Components

HPCP facilitation: As the Division's Planning Coordinator, the HPCP facilitates many components of the HPG's activities. Its staff can provide:

- technical assistance and support during the HPG meetings, including printing (available both before and during), presentation recording, note taking, and general meeting facilitation

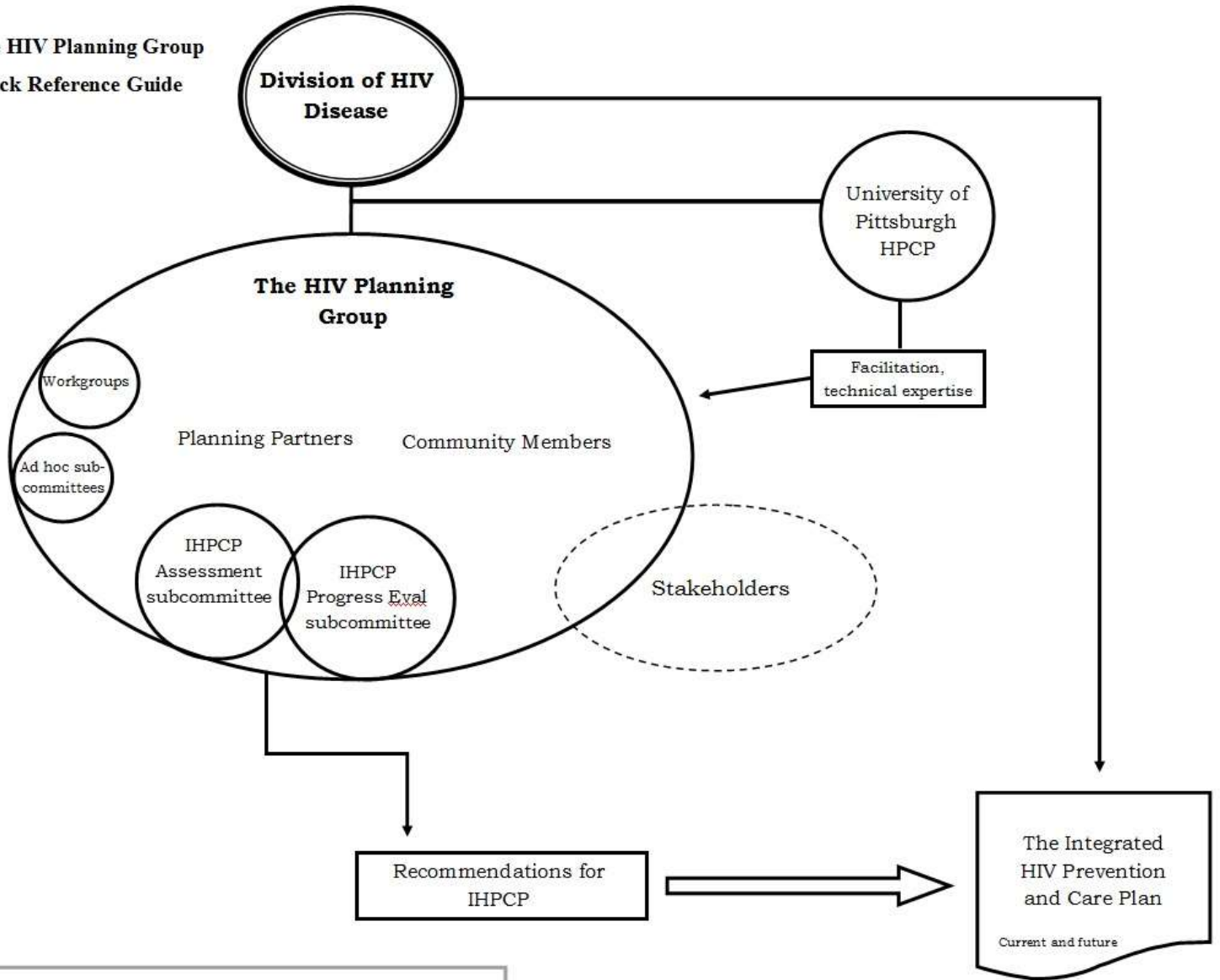
- Accessibility options for HPG meetings, including distance-based technology, digital document storage, Spanish translation, and disability consultation
- Public health expertise, most commonly through topic-specific literature reviews and research presentations for HIV-related issues
- regional or statewide needs assessments
- Stakeholder engagement activities for the HPG and IHPCP
- Design expertise and maintenance for StopHIV.org as the homepage for the HPG and HIV planning in PA
- Records and incorporates all recommendations, stakeholder feedback, and planning assessments into the IHPC yearly, and every five years drafts and incorporates components of the new plan.

All requests to the HPCP from the HPG are subject to approval by the Division.

HPG Stakeholder Engagement: The HPG Stakeholder Engagement Plan is a five-year cyclical plan developed by the HPG, with implementation overseen by the HPCP. This plan functions on a yearly timetable, with year 1 corresponding to the publication of the IHPCP as follows: 1) review Stakeholder Engagement Plan and outcomes; 2) focus groups with key stakeholders across the state; 3) statewide survey 4) stakeholder town hall/group meetings 5) IHPCP survey. Topics for engagement will be decided by the HPCP and HPG, centered around the goals and outcomes of the IHPCP and stakeholder experiences in PA. An accessible ‘thank you’ report summarizing the work of the HPG and how stakeholders and consumers contributed will be made available for distribution each year to recognize the HPG’s community partners and consumers.

Recommendations for the IHPCP: Each year, all work and recommendations conducted by the IHPCP Evaluation and Assessment workgroups – along with all activities and any recommendations from the Special Focus workgroups – will be summarized and drafted into the Integrated HIV Prevention and Care Plan by HPCP staff. Recommendations can be descriptive and apply to the Plan, or proscriptive suggestions for improvements among actionable items or goals. These changes are open to input from all members, and are approved upon a majority vote of all voting members.

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Key
○ = group/organization □ = action/output 📄 = Document