

ECHPP Project

Workbook #1: SITUATIONAL ANALYSIS & GOAL SETTING

(DRAFT Nov 23, 2010)

This workbook is to document:

- **The results of a current situational analysis for all interventions and public health strategies currently conducted in the jurisdiction**
Goals and rationale for selecting each intervention or public health strategy included in the enhanced plan

(Please see pp. 9-11 in the published FOA for a complete list of the 14 “required” interventions or strategies. Please see pp. 11-13 of the FOA for an additional list of 10 “recommended to consider” or optional interventions.)

This Workbook documents the results of Step 1 ‘Situational Analysis’ and Step 2 ‘Goal Setting’. It is organized by intervention/public health strategy and lists the 14 required by the FOA, with additional space to include information for other relevant interventions/public health strategies. Grantees must complete the **entire** Situational Analysis in Step 1 before moving onto Goal Setting in Step 2. The Situational Analysis should consider the current state of their jurisdiction as a whole (not just within each intervention/strategy).

Workbook #1: INSTRUCTIONS

STEP 1: 'Situational Analysis' (Box A)

In box A, please write a **complete and clear description of this intervention or public health strategy**. Describe **key features on how this intervention or public health strategy currently is being used or delivered** in your jurisdiction. See Appendix 1 for points to cover in your description.

- 1) At a minimum, please address each of the considerations listed in Appendix 1 at the end of the Workbook. This list of considerations is intended to provide some guidance on what to document in your situational analysis. Feel free to address additional considerations, but be certain to address those listed in Appendix 1.
- 2) Whenever possible, please cite sources that support statements about your local situation. (For example, if you cite epidemiologic or other data, did you get it from a specific location in your local Epi Profile or some other source?)

Upon completing the situational analysis and preparing to consider goals, it is important to identify potential opportunities for maximizing the impact on reducing HIV infections. Also consider how HIV-related health disparities are being addressed by each intervention or public health strategy before moving on to goal setting (Step 2).

STEP2 'Goal Setting' (Box B)

In box B, please do the following:

- 1) *Description*: State clearly and with detail the primary HIV prevention goals for this intervention strategy
- 2) *Rationale*: Describe the rationale for how each goal will support maximizing the plan's impact on reducing new HIV infections and HIV-related health disparities.
- 3) Describe the extent to which the goal(s) of this intervention or public health strategy is part of an optimal combination of efforts described in the plan.

Goals are defined as broad aims that define the intended results of each intervention or public health strategy included in the Enhanced Plan. Collectively, these goals should optimize the provision of HIV prevention, care and treatment in your jurisdiction.

In addition to the results of your situational analysis, please consider the following sources of information (as available) when developing these goals:

- 1) Local epidemiologic data
- 2) Current available resources
- 3) Opportunities for leveraging resources across partners and/or funding streams
- 4) The results of gap analysis
- 5) Priority areas from existing comprehensive plan
- 6) Efficacy data
- 7) Cost information
- 8) Cost-effectiveness data

Required Intervention #1: "Routine, opt-out screening for HIV in clinical settings"

A: Situational Analysis

Enter Text Here

B: Goal Setting

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Required Intervention #2: "HIV testing in non-clinical settings to identify undiagnosed HIV infection"

A: Situational Analysis

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B: Goal Setting

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Required Intervention #3: "Condom distribution prioritized to target HIV-positive persons and persons at highest risk of acquiring HIV infection"

A: Situational Analysis

Enter Text Here

B: Goal Setting

Enter Text Here

Required Intervention #4: "Provision of Post-Exposure Prophylaxis to populations at greatest risk"

A: Situational Analysis

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B: Goal Setting

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Required Intervention #5: “Efforts to change existing structures, policies, and regulations that are barriers to creating an environment for optimal HIV prevention, care, and treatment”

A: Situational Analysis

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B: Goal Setting

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Required Intervention #6: “Implement linkage to HIV care, treatment, and prevention services for those testing HIV positive and not currently in care”

A: Situational Analysis

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B: Goal Setting

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Required Intervention #7: “Implement interventions or strategies promoting retention in or re-engagement in care for HIV-positive persons”

A: Situational Analysis

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B: Goal Setting

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Required Intervention #8: “Implement policies and procedures that will lead to the provision of antiretroviral treatment in accordance with current treatment guidelines for HIV-positive persons”

A: Situational Analysis

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B: Goal Setting

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Required Intervention #9: “Implement interventions or strategies promoting adherence to antiretroviral medications for HIV-positive persons”

A: Situational Analysis

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B: Goal Setting

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Required Intervention #10: “Implement STD screening according to current guidelines for HIV-positive persons”

A: Situational Analysis

Enter Text Here

B: Goal Setting

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Required Intervention #11: “Implement prevention of perinatal transmission for HIV-positive persons”

A: Situational Analysis

Enter Text Here

B: Goal Setting

Enter Text Here

Required Intervention #12: “Implement ongoing partner services for HIV-positive persons”

A: Situational Analysis

Enter Text Here

B: Goal Setting

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Required Intervention #13: “Behavioral risk screening followed by risk reduction interventions for HIV-positive persons (including those for HIV-discordant couples) at risk of transmitting HIV”

A: Situational Analysis

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B: Goal Setting

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Required Intervention #14: “Implement linkage to other medical and social services for HIV-positive persons”

A: Situational Analysis

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B: Goal Setting

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Recommended Intervention #15: “Condom distribution for the general population”

A: Situational Analysis

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B: Goal Setting

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Recommended Intervention #16: “HIV and sexual health communication or social marketing campaigns targeted to relevant audiences”

A: Situational Analysis

Enter Text Here

B: Goal Setting

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Recommended Intervention #17: “Clinic-wide or provider-delivered evidence-based HIV prevention interventions for HIV-positive patients and patients at highest risk of acquiring HIV”

A: Situational Analysis

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B: Goal Setting

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Recommended Intervention #18: “Community interventions that reduce HIV risk”

A: Situational Analysis

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B: Goal Setting

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Recommended Intervention #19: “Behavioral risk screening followed by individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV; particularly those in an HIV-serodiscordant relationship”

A: Situational Analysis

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B: Goal Setting

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Recommended Intervention #20: “Integrated hepatitis, TB, and STD testing, partner services, vaccination, and treatment for HIV infected persons, HIV-negative persons at highest risk of acquiring HIV, and injection drug users according to existing guidelines”

A: Situational Analysis

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B: Goal Setting

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Recommended Intervention #21: “Targeted use of HIV and STD surveillance data to prioritize risk reduction counseling and partner services for persons with previously diagnosed HIV infection with a new STD diagnosis and persons with a previous STD diagnosis who receive a new STD diagnosis”

A: Situational Analysis

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B: Goal Setting

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Recommended Intervention #22: “For HIV-negative persons at highest risk of acquiring HIV, broadened linkages to and provision of services for social factors impacting HIV incidence such as mental health, substance abuse, housing, safety/domestic violence, corrections, legal protections, income generation, and others”

A: Situational Analysis

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B: Goal Setting

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Recommended Intervention #23: “Brief alcohol screening and interventions for HIV-positive persons and HIV-negative persons at highest risk of acquiring HIV”

A: Situational Analysis

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B: Goal Setting

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Recommended Intervention #24: “Community mobilization to create environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma, and encouraging HIV risk reduction among their family, friends, and neighbors”

A: Situational Analysis

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B: Goal Setting

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Innovative Intervention #25:

Intervention/Strategy

Enter Text Here

A: Situational Analysis

Enter Text Here

B: Goal Setting

Enter Text Here

Innovative Intervention #26:

Intervention/Strategy

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A: Situational Analysis

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B: Goal Setting

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PROCESS INFORMATION

Step 1: In the box below, please describe the process that occurred to collect the information used in Step 1 that is documented in this workbook. Please address the list of considerations below.

- With whom did you meet? Who participated in conducting the situational analysis?
- What were the main sources of data you used?
- What data and/or information would you like to have used, but were unavailable?

Fillable PDF box here

Step 2: In the box below, please describe the process that occurred to complete the evidence-based goal setting in Step 2 that is documented in this workbook. Please address the list of considerations below.

- In making decisions about which goals to set, what were the most useful sources of data? What other resources were the most useful?
- What additional resources would have been helpful to support goal setting (e.g., data sets, planning tools, staff, other)?
- How did you make decisions about the combined effects of required activities to optimize HIV prevention efforts?
- How did you reach final decisions about which activities to change and include in the enhanced plan (e.g., consensus of key staff, voting, other)?

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WORKBOOK #1: APPENDIX 1

NOTE: The lists in this Appendix are intended to help you think about and write your situational analyses for the interventions. You may need to take into account other important considerations in your jurisdictions or MSA targeted by the ECHPP project.

Required Intervention #1: “Routine, opt-out screening for HIV in clinical settings”

- What was the HD’s 2009 budget for testing in clinical settings?
- How many facilities were funded or supported in 2009?
- What types of clinical facilities did the HD support?
- What was the seroprevalence for HIV tests conducted in clinical settings supported by the HD?
- What funding outside of the CDC is used to support this activity?

Required Intervention #2: “HIV testing in non-clinical settings to identify undiagnosed HIV infection”

- What was the HD’s 2009 budget for the jurisdiction for testing in non-clinical settings?
- How many agencies were funded in 2009?
- What was the seroprevalence for HIV tests conducted by agencies supported by the HD?
 - Organize data by gender, age, race, ethnicity, and transmission category
- What funding outside of the CDC is used to support this activity?
- How many HIV testing sites were in the jurisdiction in 2009? (consider all funding sources)

Required Intervention #3: “Condom distribution prioritized to target HIV-positive persons”

- What was the HD’s 2009 budget for the jurisdiction for condom distribution for HIV-positive persons?
- How many agencies were funded in 2009?
- What locations did agencies use for condom distribution?
- Approximately how many condoms were distributed?
- Approximately how many HIV-positive persons were reached?
- What funding outside of the CDC is used to support this activity?
- How many condom distribution programs targeting HIV-positive persons were implemented in the jurisdiction in 2009?

Required Intervention #3: “Condom distribution prioritized to target persons at highest risk of acquiring HIV”

- What was the HD’s 2009 budget for the jurisdiction for condom distribution for high-risk HIV-negative persons?
- How many agencies were funded in 2009?

Appendix 1: ECHPP Workbook 1

- What locations did agencies use for condom distribution?
- Approximately how many condoms were distributed?
- Approximately how many high-risk HIV-negative persons were reached?
- What funding outside of the CDC is used to support this activity?
- How many condom distribution programs targeting high-risk HIV-negative persons were implemented in the jurisdiction in 2009?

Required Intervention #4: “Provision of Post-Exposure Prophylaxis to populations at greatest risk”

- Did the HD fund facilities in the jurisdiction to provide nPEP in 2009?
- What was the HD’s 2009 budget for this activity?
- How many persons received nPEP at HD supported facilities in the jurisdiction in 2009?
- What funding outside of the CDC is used to support this activity?

Required Intervention #5: “Efforts to change existing structures, policies, and regulations that are barriers to creating an environment for optimal HIV prevention, care, and treatment”

- What activities did the HD conduct to support this activity?
- What was the HD’s 2009 budget for this activity?
- What structures, policies, and regulations did the HD address in 2009?
- What accomplishments occurred during 2009?
- What funding outside of the CDC can be used to support this activity?

Required Intervention #6: “Implement linkage to HIV care, treatment, and prevention services for those testing HIV positive and not currently in care”

- Does the HD have written policy and procedures on linkage to HIV care, treatment, and prevention for those testing positive and not currently in care?
 - Did grantees in the jurisdiction receive training on the policy and procedures?
- What data do the HD use to track HIV-positive persons not currently in care, treatment, and prevention services?
- How many PLWHA reside in the jurisdiction?
- What is the estimated number of PLWHA in need of treatment?
- How many publicly funded HIV/Infectious Disease treatment facilities are in the jurisdiction?
- What funding outside of the CDC is available for care and HIV prevention for PLWHA?
- What was the HD’s 2009 budget for the jurisdiction for prevention for persons living with HIV?
- Which agencies recruited the greatest number of at-risk persons?
- Which agencies retained the greatest number of at-risk persons in their interventions?

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Required Intervention #7: “Implement interventions or strategies promoting retention in or re-engagement in care for HIV-positive persons”

- In what ways, if any, do you work with healthcare providers to promote retention or re-engagement in care?
- Do you provide funding to agencies or organizations to promote retention or re-engagement in care?
 - How many agencies were funded in the jurisdiction in 2009??
 - What types of agencies were funded?
 - What was the HD’s 2009 budget for the jurisdiction for this activity?
- What funding outside of the CDC is available for interventions or strategies to promote retention in care?
- How many agencies in the jurisdiction implemented interventions or strategies to promote retention in or re-engagement in care?

Required Intervention #8: “Implement policies and procedures that will lead to the provision of antiretroviral treatment in accordance with current treatment guidelines for HIV-positive persons”

- Does the HD collect data on the treatment regimens persons living with HIV are prescribed and the treatment they receive?
- Does the HD have written policy and procedures or its own guidance on the use of antiretroviral treatment in accordance with current guidelines?
- What funding outside of the CDC is available to support this activity?
- How many agencies/organizations in the jurisdiction addressed this activity in 2009?

Required Intervention #9: “Implement interventions or strategies promoting adherence to antiretroviral medications for HIV-positive persons”

- Does the HD have written policy and procedures on adherence to antiretroviral medications?
- Did you fund any agencies or organizations in the jurisdiction to conduct interventions or strategies to promote adherence in 2009?
 - What was the HD’s 2009 budget for the jurisdiction for this activity?
 - What kinds of agencies were funded?
 - How many agencies were funded?
 - What interventions or strategies were used?
 - How many PLWHA were served?
- What funding outside of the CDC is available to promote treatment adherence?
- How many agencies in the jurisdiction delivered interventions or strategies to promote treatment adherence in 2009?
- How many PLWHA received interventions for medical adherence beyond standard clinical care?

Required Intervention #10: “Implement STD screening according to current guidelines for HIV-positive persons”

- Does the HD have written policy and procedures on linkages of HIV-positive persons to STD screening and treatment?
- Does the HD have its own guidelines on STD screening and treatment?

Appendix 1: ECHPP Workbook 1

- In what ways does the HD monitor its STD clinics to assure screening and treatment take place in accordance with the 2006 STD Treatment Guidelines?
- How many of your funded agencies in the jurisdiction referred HIV-positive persons to STD screening during 2009?
 - How many of these persons kept their first appointments?
- What funding outside of the CDC is available to promote referral of PLWHA to STD screening?
- How many agencies in the jurisdiction referred PLWHA to STD screening in 2009?
 - How many PLWHA kept their first appointments?

Required Intervention #11: “Implement prevention of perinatal transmission for HIV-positive persons”

- Does the HD have written policies and procedures for perinatal prevention and treatment?
- What specific activities were funded by the HD for perinatal prevention in the jurisdiction in 2009?
- What was the HD’s 2009 budget for the jurisdiction for this activity?
- How many agencies in the jurisdiction carried out perinatal prevention activities in 2009?
- How many pregnant women in the jurisdiction were tested for HIV during 2009?
 - How many were newly diagnosed with HIV?
- How many HIV exposed infants were born in 2009?
- How many infants were born with HIV in 2009?
- What funding outside of the CDC is available to promote perinatal prevention?

Required Intervention #12: “Implement ongoing partner services for HIV-positive persons”

- Does the HD have its own policy and procedures for partner services that comply with the 2008 recommendations?
 - Do grantees receive training on the policy and procedures?
- How many FTEs were devoted to PS in the jurisdiction in 2009?
- What was the HD’s 2009 budget for the jurisdiction for PS?
- How many newly identified, confirmed HIV positive tests were reported in the jurisdiction 2009?
- How many partners were contacted by HD staff?
- How many partners received HIV tests?
 - How many tests were newly identified, confirmed positive tests?

Required Intervention #13: “Behavioral risk screening followed by risk reduction interventions for HIV-positive persons (including those for HIV-discordant couples) at risk of transmitting HIV”

- Does the HD have written policy and procedures on behavioral risk screening for HIV-positive persons?
- Do grantees receive training on the policy and procedures?
- How many agencies in the jurisdiction did you fund in 2009 to implement interventions for HIV-positive persons

Appendix 1: ECHPP Workbook 1

- What was the HD's 2009 budget for the jurisdiction for this activity?
 - How many agencies were funded?
 - Did the agencies conduct behavioral risk screenings before HIV-positive persons enrolled in risk reduction interventions?
 - What interventions or strategies were implemented?
 - How many PLWHA in the jurisdiction were served?
- What funding outside of the CDC is available for risk reduction interventions for HIV-positive persons?
- How many agencies implemented risk reduction interventions for HIV-positive persons in the jurisdiction in 2009?

Required Intervention #14: "Implement linkage to other medical and social services for HIV-positive persons"

- Does the HD have written policy and procedures on screening for mental and social services and linkage to other medical and social services for PLWHA?
 - Did grantees receive training on the policy and procedures?
- What funding outside of the CDC is available for other medical and social services for PLWHA?
- How many publicly funded mental health treatment facilities are in the jurisdiction?
- How many publicly funded substance abuse treatment facilities are in the jurisdiction?
- How many publicly funded organizations are there in the jurisdiction that provide housing assistance?
- How many publicly funded organizations in the jurisdiction provide social services (e.g., domestic violence agencies)?
- How many agencies were funded in 2009 to deliver HIV prevention programs/interventions for PLWHA?
 - What programs/interventions were implemented (e.g., CRCS, Healthy Relationships, Partnership for Health)?
- How many HD funded agencies in the jurisdiction referred PLWHA to other medical and social services?
 - How many PLWHA kept their first appointments?

General Questions (use for any of the FOA's 10 Recommended Activities)

- What was the HD's 2009 funding for the activity in the jurisdiction?
- How many agencies were funded?
- What did the agencies accomplish?
- What other funding is available in the jurisdiction for the activity?

Appendix 2: ECHPP Workbook 1

WORKBOOK 1: APPENDIX 2 Clarification for Use of ECHPP Workbooks

Below are some clarifications about using the ECHPP workbooks. If a question remains after reviewing these, please let your ECHPP project officer know so you can get a clear response.

Q1. *It is difficult to separate some of the situational analysis, goals, objectives, and strategies across intervention type. For example, linkage to care, partner services, and re-engagement are one cohesive system of care, which means that there will be a lot of repetition splitting the information out by each intervention.*

Although repetition in some sections of the workbooks is acceptable, the workbooks are designed to be flexible enough to avoid repetition when desired. For the situational analysis in workbook 1, overlapping relevant content across interventions can be minimized by providing a thorough description for the first occurrence. For subsequent interventions for which the same information is relevant, grantees should reference the previous description with a note clarifying the piece that is relevant to the intervention area being described (e.g., "the system described under '(#6) linkage to care' is also relevant here with the following pertaining specifically to the provision of partner services...").

Similarly, the justifications associated with goals should reference content that is previously described in detail. In both cases, enough detail should be included in the abridged section to be explicitly clear of the situation or goal justification.

Strategies should be stated in full each time even if they overlap across interventions. Objectives should be distinct to each intervention even if similar and therefore should not repeat or reference others. Cross-referencing in the justification for the goals should provide enough information to identify relevant overlap.

Q2. *Workbook 1 describes goals as "Broad aims that define the intended results of each intervention or public health strategy included in the Enhanced Plan....." however, the examples provided do not seem to reflect this definition. Goal 1 says "increase the provision of routine opt-out screening..." This seems to be more of a strategy. The goal seems to "increase status awareness county-wide" or "Decrease unrecognized infection."*

Goals can be framed in a variety of ways. The important piece is that within a given plan, the strategies should support achieving a given goal. The goal justification associated with Step 2 in Workbook 1 should provide the context for the rationale associated with selecting the specific strategies.

Q3. *The examples of Objectives provided in Workbook 2 appear to be primarily outcome- or service-oriented. Given this is only 1 year of funding, should we include more process-oriented objectives such as "hire 2 navigator staff by 6/30/10" if we will not be able to realistically reach outcome/service objectives within the ECHPP one year funding time frame?*

Yes. Your plan should include relevant, specific and measurable objectives that will show progress in achieving your overall goals and that can be realistically accomplished within the one-year funding period.

Appendix 2: ECHPP Workbook 1

Q4. *Workbook 1 includes a rationale in the goal-setting box. Should a rationale be included for each individual strategy in Workbook 2?*

It is not necessary to include a rationale for the selection of each strategy. The description of how the interventions in the Enhanced Plan will work together to achieve 2015 targets (i.e., in the National Strategic Goals Tool) will describe the context for how the given strategies are the most appropriate to select. This information in combination with the rationales provided for each intervention goal is all that is required.