

*Understanding the Basics:*

HIV Prevention  
Community  
Planning



## Foreword

This manual was created as a friendly guide to help explain the basic concepts of HIV Prevention Community Planning. As such, it is not meant to be a comprehensive document, but a general guide for community members, community based organizations, AIDS service organizations, governmental agencies, as well as the business community. In short, it is something of a "cheat-sheet" to help explain the Community Planning process in your regions and jurisdictions.

Community Planning is actually a very old concept. It is based on community members working together to achieve the safety of an entire group. In the case of HIV Prevention Community Planning, we are trying to prevent the spread of HIV infection as well as to support those who have been infected and impacted by the pandemic of HIV and AIDS.

HIV Prevention Community Planning needs your voice and your support to be effective. You can have a direct bearing on how HIV prevention is implemented in your community. Your friends, family, neighbors and unknown allies need you in this fight. Please decide to be an effective community member and participate, as you are able in this prevention process. Tomorrow's reality begins with you, today.

*This booklet is dedicated to all the members, past and present, who have worked within the field of HIV/AIDS. Your efforts in this struggle can never be acknowledged enough.*

*Thank-you!*



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## What is HIV Prevention Community Planning?

*HIV Prevention Community Planning is a process that brings people together to plan HIV prevention efforts in their communities and monitor their implementation over the long term.*

According to the Centers for Disease Control and Prevention (CDC), the driving force behind this whole concept:

*"HIV prevention community planning is an ongoing, comprehensive planning process that is intended to improve the effectiveness of local, state, and Territorial health departments' HIV prevention programs by incorporating the scientific basis, community relevance, and population at risk-based focus of prevention interventions."*

The document that contains this quote is known as the *Guidance for HIV Prevention Community Planning*. The Guidance is the blueprint that HIV prevention Community Planning Groups (CPGs) follow when they create comprehensive HIV Prevention Plans for their state, local and territorial health departments. The health departments are then expected to address in the guidelines and priorities listed in the Plan when implementing prevention programs in their jurisdictions.

In many ways, *Community Planning* is a collaborative effort, where neighbors, friends and family work with government officials to eradicate HIV disease from our world.

HIV Prevention Community Planning incorporates guiding principles to structure the actions of the partner agencies. We've already mentioned the collaborative process of governmental and

"Guidance: HIV Prevention Community Planning." Centers for Disease Control and Prevention. © 1999.

non-governmental partners. This is an example of *public accountability*.  
Persons Methodology includes the activities that persons and groups do  
that an individual human participant working together as a  
group or system. According to the standards issued by the USHHS the  
process for Community Planning is established and includes:

To be evidence-based means that the information the CPG uses to  
construct its comprehensive Plan should include statistical and clinical  
information gathered from several sources:

1. **Epidemiological data** - data that statistically define  
the demographic characteristics of HIV disease within various  
populations of the community.
2. **STD and behavioral surveillance data** - statistical data  
that provides relevant information because that give insight of  
risk for HIV infection, such as having unprotected sex with  
new partners.
3. **Qualitative data** - data that describes the human  
dimensions of HIV disease in a community, noted by  
persons who have been directly impacted by it.
4. **Learning program outcomes** - utilizing the  
information gained by the successful programming and  
research efforts of health departments and community-based  
CDCs and AIDS service organizations (ASOs).
5. **Program evaluation** - applying evaluation and  
measured outcomes to programs and services to assess their  
impact on the outcomes of prevention action.
6. **Comprehensive needs assessment** - an inclusive,  
systematic process for identifying needs and issues such:
7. **Resource inventory process** - a review and inventory  
of resources available to assist a community-based  
organization, AIDS service organization or other agency in  
HIV prevention efforts. These include fiscal, human and  
organizational resources.
8. **Current local data** - regional information and resources  
that will directly impact the prevention of HIV disease in  
each community.

This is why scientists and statisticians need to be included in the  
Community Planning process. They are there to help provide and  
interpret technical advice about HIV disease in specific populations  
and communities within the health department's jurisdiction.

Community members are also a vital part of Community Planning.  
In fact, they are the heart of it. Community Planning can only be  
effective when it is inclusive of the people who are the targeted  
beneficiaries of the services. This is particularly true of community  
members and community partners. These are local individuals with a  
voice to represent the views of communities, groups and individuals.  
They value the structure of their communities.

Close advisory and community involvement creates their interest  
and considerable efforts, resources and energy are needed to  
produce a comprehensive plan for that individual's HIV prevention  
effort.

This Plan creates three communication held annual planning tables  
and formal programs and interactions for local communities and  
partners through a step-by-step process established in accordance  
with the Guidelines, summarized below.



## The History of Community Planning

Before 1994, local communities were indirectly involved in decisions regarding funding and priorities around HIV Prevention. Congress mandated and the CDC administered funds through Cooperative Agreements with state health departments. But in 1993, the CDC decided that local communities should be involved in the decision making process, and should address their local HIV prevention priorities and needs. Thus, community and state partnerships were born, and participation in this process became mandatory for all project areas receiving federal money for HIV Prevention.

In 1993, Congress took specific steps to encourage comprehensive community planning for HIV prevention. In December 1993, the CDC issued a guidance document on HIV prevention community planning to the health departments in the 50 states, 3 US territories, 3 local jurisdictions, and the District of Columbia, which receive HIV prevention funds. This guidance required these health departments to initiate an HIV prevention community planning process in fiscal year 1994 to qualify for HIV prevention funding in fiscal year 1995 and beyond.

The guidance called for the development of Community Planning Groups (CPGs) which would be made up of both community members and health departments, and which would include the infected and affected communities in a process that was fair, inclusive and equal. After several external reviews and evaluations, a revised guidance was released in 1998, which is the document that is used to this day.



## The Guidance

The 1998 *Guidance for HIV Prevention Community Planning* is a 22-page document available online at [www.cdc.gov](http://www.cdc.gov). It describes the twelve essential components of a comprehensive HIV program and outlines how the programs are to be supported financially.

It also defines Community Planning through a series of 35 Principles and 9 Steps. It also states the functions of Community Planning Groups (CPGs), highlighting the task of certifying communities for health department applications to the CDC for prevention funds targeting HIV disease in its jurisdiction.

The Guidance outlines the roles and responsibilities of health departments and CPGs, including those that are shared. It also explains the responsibilities of the CDC. The document ends on a note of accountability directed to all participants involved in HIV prevention: Community Planning, and contact information for technical assistance.

The Guidance is a purposeful tool that directs the skills and leadership abilities of community members towards a common goal. With it, Community Planning is given a vision that is amenable to local change and interpretation, while remaining consistently focused on national principles.





## Community Planning Groups

Community Planning Groups go by various names. Sometimes they are known as CPGs or PPGs (Prevention Planning Groups). Whatever the name of the official body, the duties, tasks, composition and struggles are amazingly similar.

CPGs are a combination of governmental and non-governmental people coming together to create a Plan for HIV prevention. They are people who tackle difficult and often long-standing community health issues. CPGs are a collective of individuals, like you, who come together to draft and implement standards for HIV prevention in their communities.

Participating on a CPG provides you an opportunity to see who is a part of your extended community, hear their concerns and strategies, how they and you can work together to accomplish fast and equitable community work.

Community Planning Groups are locally funded programs whose success is based upon collaborative community leadership. Their purpose is to strategically eliminate the burden of HIV disease within the populations of their jurisdictions.



## The 15 Principles

The Guidance provides us with the following principles that provide the foundation for HIV Prevention Community Planning.

### Principle One:

Create an environment on the CPG that is conducive and open to varied participation.

### Principle Two:

Encourage shared power among various health departments and the communities that they serve.

### Principle Three:

Address programs that are responsive to high priority, community critical needs within the population.

### Principle Four:

Emphasize the fundamental values of Trust, Inclusion, and Representation.

### Principle Five:

Representation on the CPG includes:

- Experts who reflect the epidemic in the project area.
- Health departments, educators, and other governmental agency staff.
- Experts in epidemiology, behavioral science and social science.
- Representatives from key governmental and non-governmental agencies that may or may not provide services to people affected and impacted by HIV disease.

### Principle Six:

Appoint/invite a reasonable number of representatives on the CPG.

**Principle Seven:**

*Facilitate communication for transparency through an open process.*

**Principle Eight:**

*Offer a thorough assessment to all new members approved to the CPG.*

**Principle Nine:**

*Assure the CPG has access to accurate and current data related to HIV disease.*

**Principle Ten:**

*Identify, interpret, assess and prioritize the HIV prevention needs reflected in the epidemiological profile in light of available resources.*

**Principle Eleven:**

*Have each criterion be formally considered by the CPG during priority-setting deliberations.*

**Principle Twelve:**

*Jointly develop the HIV prevention plan between the health department and the CPG.*

**Principle Thirteen:**

*The CDC is required to provide funding to health departments based on the epidemic's impact in its jurisdiction.*

**Principle Fourteen:**

*The comprehensive plan will be shared with other prevention advocates, planning bodies and events outside of those supported by CDC.*

**Principle Fifteen:**

*Evaluate the process to ensure the national core objectives for community planning are being met.*



# The 9 Steps of Community Planning

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 behaviors. This is the starting point for defining future HIV prevention needs by defined, targeted populations within the health department's jurisdiction.

2. **Conduct a Needs Assessment** – Conduct an assessment of HIV prevention needs of the population 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 capability to respond to the epidemic. These resources may or may not be directly HIV-related, but may include the existence of social networks, educational institutions, businesses, or other community-building activities that may favor HIV risk reduction.

4. **Conduct a Gap Analysis** – Using the needs assessment and resource inventory, identify gaps and assess HIV prevention needs within the high-risk populations defined in the epidemiological profile.

5. **Identify Potential Strategies and Interventions** – Identify potential strategies and interventions that can be used to prevent new HIV infections within the high-risk populations defined in the epidemiological profile, needs assessment and resource inventory.



6. **Prioritize Populations and Interventions** – Prioritize HIV prevention needs in terms of (a) high-risk populations and (b) interventions and strategies for each high-risk population identified.

7. **Develop a Plan** – Develop a Comprehensive HIV Prevention Plan consistent with the high priority needs identified through the Community Planning Process. Community Planning Groups are expected to meet regularly and to periodically review, revise and refine the plan as indicated by any new or enhanced surveillance data, intervention research, needs assessment, resource inventory, program policy or technology.

8. **Evaluate the Planning Process** – Track and keep records on an ongoing basis to evaluate the effectiveness of the Community Planning Process and the development and implementation of the Comprehensive HIV Prevention Plan.

9. **Update the Plan** – Once a Comprehensive Plan has been developed, the Community Planning Group should review it regularly.



## Technical Assistance\*

### What is Technical Assistance?

Technical Assistance (TA) for HIV Prevention Community Planning is additional support for community planning groups. The Health Department, members of the CPG, community co-chairs or even by Technical Assistance providers or project officers from the Center for Disease Control and Prevention can request this coordinated support. Some of the activities that TA Providers can assist with include: assisting planning group members in the process of community planning, assisting them with issues of process management, of party-inclusion/representation, the use of data in decision making, priority setting, intervention effectiveness, evaluation the community planning process, or even working with needs assessments, resource inventories and gap analyses. These areas are all crucial steps, intimately connected within HIV Prevention Community Planning.

The CDC sponsors nine organizations — the National TA Providers Network — to provide TA to CPGs in a variety of contexts and local areas. CDC coordinates the TA Providers' Network with assistance from the Academy for Educational Development (AED). In support of HIV Prevention Community Planning, AED works with community planning groups, CDC project officers, and organizations in the TA Providers Network. Together, they serve to: (1) diagnose and clarify TA needs; (2) identify local, regional and/or national TA providers and peers; (3) arrange for TA providers to deliver assistance; (4) monitor the delivery and effectiveness of TA; and (5) develop tools for use by CPGs and health departments to support community planning.

*\*Adapted from "Technical Assistance for HIV Prevention Community Planning" by the Academy for Educational Development.*

### How does one access TA?

- Begin by asking, "What types of knowledge, skills, or support do we need to accomplish our tasks?"
- Develop jointly the TA request (the health department, community, and members)
- Designate one individual in the project or contract for coordinating TA.
- Contact your CDC Project Office.

### General areas of TA

Examples of current areas include, but are not limited to:

- Orientation on Community Planning
- Disease management
- Parity, inclusion, and representation
- Use of data to support decision-making
- Needs assessment
- Setting priorities
- Intervention effectiveness: What works?
- Evaluation of the planning process

### How is TA provided?

- Telephone consultation
- Distribution of information and self-help materials
- Review of materials
- On-site visits to discuss issues and approaches, assist in developing methods or procedures, or conducting workshops or specific training
- Referrals to specific TA sources

### Who provides TA?

- State/local health departments
- National/local organizations

- Local consultants
- CPG members or other volunteers

### Available Sources of Technical Assistance

Academy for Educational Development	202.388.0952
<a href="http://www.healthcaretrategies.org">www.healthcaretrategies.org</a>	
Advocates for Youth	202.547.8704
<a href="http://www.advocatesforyouth.org">www.advocatesforyouth.org</a>	
American Psychological Association/ Behavioral Social Science Volunteers	877.724.1404
Asian and Pacific Islander American Health Forum	415.956.0970
<a href="http://www.apiahl.org">www.apiahl.org</a>	
National Alliance of State & Territorial AIDS Directors	202.434.8080
<a href="http://www.nasaid.org">www.nasaid.org</a>	
National Association of People With AIDS	202.898.0434
<a href="http://www.napwa.org">www.napwa.org</a>	
National Minority AIDS Council	202.234.5130
<a href="http://www.nmac.org">www.nmac.org</a>	
National Native American AIDS Prevention Center	510.444.2051
<a href="http://www.nnaiapc.org">www.nnaiapc.org</a>	
US-Mexico Border Health Association	915.835.6850
<a href="http://www.usmbha.org">www.usmbha.org</a>	

### Other TA Resources

- CDC project offices
- CDC's website ([www.cdc.gov](http://www.cdc.gov))
- CDC National Prevention Information Network ([www.cdcnpi.org](http://www.cdcnpi.org)) ([referrals@npiplanning.org](mailto:referrals@npiplanning.org))
- AEU/NATI/NO joint community planning web-site ([www.HIV/AIDS/TA.org](http://www.HIV/AIDS/TA.org)). It also has links to many individual CPG's websites, which are helpful.



ask to meet with the Health Department and co-chairs might negotiate with the Health Department might develop a plan of action or include a program assessment might help the Health Department and CPG come up with a Technical Assistance Plan, and could possibly place some restrictions or conditions on the funding.



## Community Dialogue

The following section is a compilation of thoughts and challenges provided by CPG members, health department personnel and Technical Assistance providers who have worked within the realm of Community Planning for many years. They have agreed to provide their insights into the struggles that will face HIV Prevention Community Planning over the next decade.

### *How would you define Community Planning?*

"Community Planning is an active public involvement process based on the proposition that HIV prevention requires an ongoing partnership between public health professionals and people living with or affected by HIV."

*Bob Bergmann*

*Colorado Department of Public Health and Environment*

"Community Planning combines the best of both worlds by joining local community based prevention advocates with prevention scientists (epidemiologists, evaluation specialists, behavioral scientists, etc). The [world] should be:

- a. A scientific process that is validated by community participation, and
- b. A community driven process that is validated scientifically and expressed through funded resources."

*Clay O'Neil, Wilson*

*District Department of Health*

"GOVERNMENT CAN'T. COMMUNITIES CAN. LET THEM. COMMUNITIES HAVE THE ANSWERS."

*Tom Dasch  
Asian and Pacific Islander American Health Forum*

### ***What are the Goals of HIV Prevention Community Planning?***

#### ***The Creation of Collaborative Initiatives***

"To initiate and maintain two-way dialogue between communities affected by HIV and the agencies charged to meet those prevention needs."

*Bob Bragman  
Colombia Department of Public Health and Environment*

"The goals for community planning should be to ensure the effectiveness of health departments' HIV prevention programs, which can only be achieved through the use of solid evidence and a strong representation from the groups most affected or at risk for HIV infection."

*Lorraine Reed  
National Association for Equal Opportunity in Higher Education*

"To make decisions on how to direct scarce resources in affected communities. To bring the communities together."

*Tom Dasch  
Asian and Pacific Islander American Health Forum*

"Community Planning is an opportunity for many people to come together at one table and discuss where we should go and what we should do in the fight against the epidemic. If done correctly, the main goal of Community Planning is to end the epidemic."

*Robert Grant  
National Minority AIDS Council*

#### ***Local Responsibility***

"To ensure that scarce HIV prevention funds are optimally allocated to prevent as many new HIV infections as possible, in a manner that honors community norms, values, and beliefs."

*Bob Bragman  
Colombia Department of Public Health and Environment*

#### ***Improved Service***

Community planning is a "responsive" as well as "forecasting" methodology. The examination of past and present HIV data, programs, service delivery systems, etc., is necessary in order to determine the highest priority as it related to specific populations and their prevention needs.

*Lorraine Reed  
National Association for Equal Opportunity in Higher Education*

#### ***Stronger Planning***

"The goals of community planning are many: developing an inclusive partnership, merging science and community values, identifying who is at risk, prioritizing prevention needs and interventions to address those needs, developing a comprehensive plan, and building community support for HIV prevention."

Community Planning should look at all the prevention needs in a state or locality and come up with a comprehensive plan. This plan should articulate what needs to happen to completely address the epidemic in a jurisdiction; it should be the Community Planning Group's "pie in the sky" vision for prevention. The plan must be both culturally and scientifically accurate."

*James Grubbs  
National Alliance of Asian and Territorial AIDS Directors*

**What are the challenges for Community Planning over the next decade?**

"Our HIV prevention system is largely built around an assumption that people will become instantly risk-free if we overcome their deficits in knowledge, motivation, skills, or access to risk reduction materials. To fulfill its full promise, Community Planning will need to meet the needs of community mobilization and systems advocacy; helping people systematically challenge institutions and agencies that have become unresponsive to their real needs, going far beyond condoms and traditional prevention interventions."

*Bob Ruppman*

*Colorado Department of Public Health and Environment*

"Communities must make every effort to access the most current data, apply that data to the prevention needs of those communities with the highest need, and disseminate information in a timely manner. Also, with many issues not reported HIV infections, Community Planning Groups will be challenged to determine their 'hidden needs'."

*Lucy Neal*

*National Association for Equal Opportunity in Higher Education*

"Sustaining membership and enthusiasm for the cause as HIV and AIDS becomes more institutionalized and less crisis-oriented."

*Greg Dine*

*Asian and Pacific American Health Forum*

"Compliance is a challenge for HIV Prevention Community Planning, because the process requires a lot of work. But most is a major factor challenging our ability to sustain representation and inclusion in Community Planning over time. Another key challenge is to ensure the coordination of Community Planning with other programs the Centers for Disease Control and Prevention supports,

such as CBOs funded directly by the CDC as part of the National Minority AIDS Initiative."

*Phonny Leung* continues to raise the greatest challenges for Community Planning, to address the current epidemic and make decisions based on sound evidence of effectiveness and appropriateness."

*Lynn Goodell*

*National Alliance of Non- and Dually-Infected AIDS Clinics*

"I think the challenge of community planning is, and will continue to be, balancing the community and health department values. It is a difficult balancing act, and we have seen it done with great results in many jurisdictions."

Another challenge will continue to be making sure that the affected communities are represented in an equal manner on the CPGs. *Equity, Inclusion and Representation* cannot be understood as vitally important principles for any CPG; when PER is in practice, the job of the CPG is done much easier."

*Andres Castell*

*National Minority AIDS Council*

"Moving beyond data analysis and prevention planning that continues to focus on individual behavior without an understanding of the role that social context plays in a population's HIV risk. This approach perpetuates further stigma and denial of members (based on their targeted behaviors) within the overall population itself. The role of "background non-prevalence and/or risk behaviors" should not be ignored; it should be integrated into the ongoing discourse on defining risk, developing interventions, and evaluating programs."

*Gay-Chuck Wilson*

*Wisconsin Department of Health*

