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 region 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 ensures their implementation over the long term.

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

"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 strengthening the scientific base, community involvement, and population at risk-based form 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 adhere to the guidelines and principles 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 non-governmental agencies working together to plan and implement prevention efforts. This collaborative approach is key to ensuring that everyone is involved in the process and that the efforts are effective and sustainable.
This is an example of the process methodology. Person Methodology includes the actions that persons and groups desire in terms of information about their health. According to the guidelines established by the CDC, the process for Community Planning is: demand-based and structured.

To be evidence-based means that the CDC must construct a comprehensive Plan based on the community's needs. The needs are derived from several sources:

1. Demographic data - data that systematically define the demographic characteristics of HIV disease within various populations within the community.
2. STD and behavioral surveillance data - statistical data that provide evidence on encroaching factors that put people at risk for HIV infection, such as having unreported and unreported annual partners.
3. Consensus data - data that describe the human dimensions of HIV disease in a community, varied by persons who have been directly impacted by it.
4. Program, program evaluation - utilizing the information gained by the successful programming and research efforts of health departments and community-based organizations (CBOs) and AIDS service organizations (ASOs).
5. Program, evaluation - applying statistical and numerical analyses to program and services to assess their impact on the outcomes of preventive actions.
6. Comprehensive, public awareness - an inclusive process aimed at identifying and targeting a diverse population.
7. Resource inventory process - a review and inventory of resources available to serve a community-based organization, AIDS service organization, or other community organization in HIV-related efforts. These include both human and organizational resources.
8. Other local data - regional information and concerns that will directly impact the prevention of HIV disease in each community.
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 site partnerships were born, and participation in this process became mandatory for all state 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, 8 US territories, 5 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 partners and health departments, and which would include the affected 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 in this day.

The Guidance

The 1998 Guidelines for HIV Prevention Community Planning is a 42-page document available online at www.cdc.gov. It describes the twelve essential components of a comprehensive HIV program and indicates how the programs are to be supported financially.

It then defines Community Planning through a series of 15 Principles and 9 Steps. It also states the functions of Community Planning Groups (CPGs), highlighting the task of identifying concerns for health department applications to the CDC, for prevention funds targeting HIV disease in its jurisdictions.

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 sets out a role of accountability shared 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 the Community Planning as a vision that is attainable to local change and interpretation, while remaining consistently focused on moral principles.
Community Planning Groups

Community Planning Groups are voluntary organizations. Sometimes they are known as CPGs or PPGs (Prevention Planning Groups). Whenever 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 improve 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 services.

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

The 15 Principles

The Guidance provides us with the following principles that promote the framework for HIV Prevention Community Planning.

Principle One:
Convey an environment on the CPG that is conducive and open to initial participation.

Principle Two:
Encourage shared priority among health departments and the communities that they serve.

Principle Three:
Produce programs that are responsive to high priority, community identified needs within the populations.

Principle Four:
Emphasize the fundamental nature of Power, Trust, and Representation.

Principle Five:
Representation on the CPG includes:
- Women who reflect the dynamics in the project area.
- Health department, educators, and other governmental agency staff.
- Experts in epidemiology, behavioral science and social science.
- Non-governmental and non-governmental agencies that may or may not provide services to people infected and impacted by HIV disease.

Principle Six:
Accommodate a reasonable mixture of representation on the CPG.
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 in defined, at-risk 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 at 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 foster HIV risk reduction.

4. Conduct a Gap Analysis — Using the needs assessment and resource inventory, identify just and current HIV prevention needs within the high-risk populations defined in the epidemiologic 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 epidemiologic 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, assess 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.

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 CPGs, community co-chairs or others by Technical Assistance providers or project officers from the Centers for Disease Control and Prevention can request this coordinated support. Some of the activities that TA Providers can assist with include: assessing planning group members to the process of community planning, assisting them with issues of process management, goal priority-setting, intervention effectiveness, evaluation of the community planning process, and working with needs assessments, resource inventories and gap analysis. These areas are all crucial steps in community prevention. Planning.

The CDC supports nine organizations—the National TA Providers Network—to provide TA to CPGs in a variety of settings and settings. 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 as: (1) diagnosis 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 department to support community planning.

Adapted from "Technical assistance for HIV Preventive Community Planning," by the Academy for Educational Development.
Local consultants
- CPG members or other volunteers

Available Sources of Technical Assistance

- Academy for Educational Development: 202-828-0950
  - www.healthyamericans.org
- Advocates for Youth: 202-337-3700
  - www.advoacatesforyouth.org
- American Psychological Association
  - Behavioral Social Science Volunteers: 877-756-1464
- Asian and Pacific Islander American Health Forum: 415-956-9970
  - www.aapih.org
- National Alliance of Nativi & Territorial AIDS Directors: 202-488-8000
  - www.natan.org
- National Association of People With AIDS: 202-888-0464
  - www.napwa.org
  - www.nmac.org
- National Native American AIDS Prevention Center: 518-444-2051
  - www.nnacp.org
- US-Mexico Border Health Association: 915-855-6858
  - www.ambha.org

Other TA Sources
- CDC project officers
- CDC’s website (www.cdc.gov)
- CDC National Prevention Information Network (www.cdcinfo.gov
- AIDSTelescopes: joint community planning website (www.hivaidstescope.org). It also has links to many individual CPG websites, which are helpful.
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 premise that HIV prevention requires an ongoing partnership between public health professionals and people living with or affected by HIV."

**Rob Freimann**
**Colorado Department of Public Health and Environment**

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

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

**Caj-Oluk Woon**
**Vermont Department of Health**
What are the Goals of HIV Prevention Community Planning?

The Creation of Collaborative Initiative

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

Bob Boesinger
Colorado Department of Public Health and Environment

"The goals for community planning should be to insure the effectiveness of health departments' HIV prevention programs, which can only be achieved through the use of solid evidence and a strong organization 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 to affected communities. To bring the communities together."

Gin Dang
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."

Barbara Davis
National Minority AIDS Council

Legal Responsibility

"To ensure that scarce HIV prevention funds are optimally allocated to prevent as many new HIV infections as possible, so as not to harm community norms, values, and beliefs."

Bob Boesinger
Colorado Department of Public Health and Environment

Impaired Sensory

Community planning is a "responsive" as well as "incisive" 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 relates to specific populations and their prevention needs.

Lorraine Reed
National Association for Equal Opportunity in Higher Education

Strategy & Planning

"The goals of community planning are many: developing an inclusive partnership, emerging science and community values, identifying who is at risk, prioritizing prevention needs and interventions to address these 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 jurisdiction and work up with a comprehensive plan. This plan should address what needs to happen to effectively 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.

Lynn Grisshopp
National Alliance of State 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 inactive risk-takers 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 move the center of community mobilization and systems advocacy, helping people systematically challenge institutions and agencies that have become unresponsive to their real needs, going beyond consensus and traditional prevention interventions."

Bob Bengsensel
Colorado Department of Public Health and Environment

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

Learning Goal
National Association for Equal Opportunity in Higher Education

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

Gay Ditty
Asian and Pacific Islander American Health Services

"Complacency is a challenge for HIV Prevention Community Planning, because the process requires a lot of work. But there 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 support, such as CBOs funded directly by the CDC as part of the National Minority AIDS Initiative."

Priority Setting remains as one the greatest challenges for Community Planning, to address the current epidemic and make decisions based on sound evidence of effectiveness and appropriateness.

Lyndi Gorder
National Alliance of State and Territorial AIDS Directors

"I think the challenge of community planning is, and will continue to be, balancing the community and health department halves. 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 can be considered as important principles for any CPG, where PER is in practice, the job of the CPG is that much easier.

Roderic Iscol
National Minority AIDS Council

"Moving beyond data analysis and prevention planning that continue 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 behaviors based on their targeted behaviors within the overall population itself. The role of "background into prevalence and/or risk behavior" should not be ignored. It should be integrated into the ongoing discussion on defining risk, developing interventions, and evaluating programs."

Gay Gorder
Wisconsin Department of Health