

October 29, 2014

Dear HIV Prevention Provider,

We are excited to share with you the enclosed presentation, with customization instructions. This year, the San Francisco Department of Public Health decided that it was important for us to develop a training for our community-based organizations providing HIV prevention services, in order to orient them to the concept of High-Impact HIV Prevention (HIP) nationally and in San Francisco specifically.

Agencies with direct funding to provide HIV prevention must still operate within our jurisdiction and ideally partner with their local health department to engage in HIV prevention activities. For this to be a successful partnership, we have found it to be very important to work together to align our goals, strategies, and overall vision for HIP. When community organizations and the health department are united and work together cohesively, it is better for everyone, especially those at risk for HIV in the city, county, and state.

On September 17, 2014, we offered a 3-hour, in-person training to providers in community organizations offering HIV prevention services in San Francisco. Key staff from the Department of Public Health, including leaders from the community engagement, surveillance, capacity building and epidemiology branches gave presentations on San Francisco's strategy for HIP.

In this package we are sharing the PowerPoint presentation used in that September training, along with a document intended to assist you in customizing this presentation to your own jurisdiction, should you like to replicate this training for your own community organizations. We know how important it is for all of us to share ideas and tools so we don't have to "re-invent the wheel."

We hope you find this presentation as useful as we did. Best of luck to you and thanks for all you do to prevent HIV in your own jurisdiction. If there is any way we can be of further assistance, please don't hesitate to contact our CBA Program Manager, Gary Najarian: gary.najarian@sfdph.org; 415.437.6266.

Sincerely,

Jonathan Fuchs
Director
Center for Learning and Innovation
Population Health Division
San Francisco Department of Public Health

Tracey Packer
Director
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CUSTOMIZATION INSTRUCTIONS

Introduction

This tool is intended to make it easy for you to modify the PowerPoint presentation, “High-Impact HIV Prevention (HIP) in San Francisco” for your own jurisdiction. It will take you slide by slide through the file and note the places you will need to customize, as well as the information you must gather to do so.

Questions about this tool or presentation may be directed to:

Gary Najarian, CBA Project Manager

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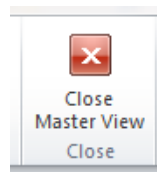
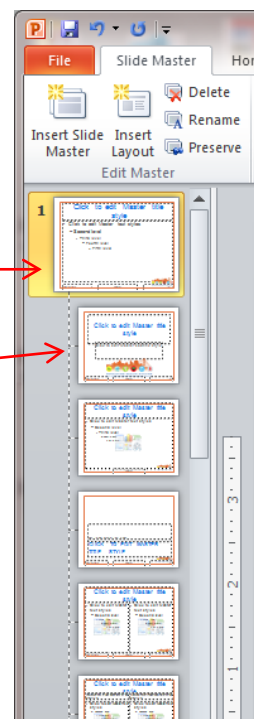
First, you should change the **master slide** in order to replace the current logo with your own. To do this in Microsoft 2010, go to the View tab and select Slide Master (it is in the “Master Views” section of the ribbon.) Once you are in Master View, click on the top-most slide in the left column. From there, you can replace the logo in the bottom right corner of the master slide with any logo you wish, and it will automatically appear on all slides.

You also need to change the large logo on the title slide in this location, modifying the second slide in the left column.

This will change the logo on both the title slide and the thank you slide at the end.

When you are done changing the logos, close Master View by clicking the big red box with a white “X” all the way on the right end of the Slide Master tab.

This will bring you have to Normal View for editing.



Instructions for Customizing the Slide Deck

Title slide



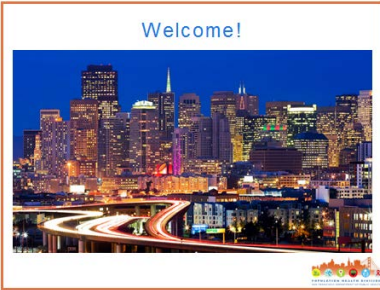
This one's easy! Change this slide up to match your jurisdiction.

Welcome slide

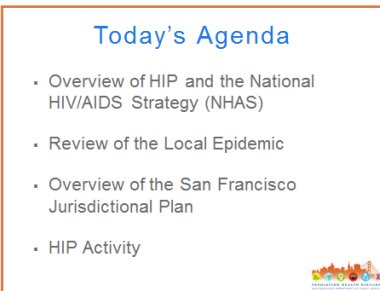
This is the slide we have on the screen while introducing the training, the trainer(s) and setting the overall tone for the day.

TO CUSTOMIZE:

Find a nice photo of your own city/county/state, and replace ours.



Agenda slide



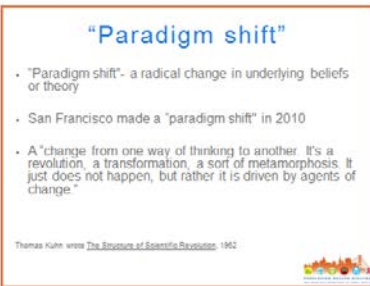
We always find it helpful for training participants when we start with an overview of what to expect from the day.

TO CUSTOMIZE:

Replace the 3rd bullet point with your own jurisdictional plan.

Overview of HIP and the NHAS

Slide 4



This section may need to be slightly modified in order to best reflect your own jurisdiction's understanding and practices related to HIP and the NHAS, though it can largely be used as-is, with the notable exceptions below.

TO CUSTOMIZE:

Slide 4: Replace the 2nd bullet point with an explanation of when your jurisdiction made the paradigm shift to a HIP focus – or a note that you are currently undergoing this paradigm shift.

Slide 16: You will need to develop the content for this one on your own. What is your experience implementing the NHAS so far? For us, we released a recent set of Jurisdictional Plans specifically designed to bring us into alignment with the NHAS. Then we explained the goal and primary focus of those Plans, and our overarching goal to reduce HIV infections by 50% in San Francisco in 2017.

Slide 17: Again, this entire slide should be modified to reflect your own jurisdictional strategies. We found it helpful to talk clearly about what is being scaled up, scaled down, continued, or launched. This slide identifies your priorities for specific interventions in this HIP era. This section is of course unique to San Francisco and will need to be completely replaced with information about your own epidemic. Our presentation is based on the columns of the CDC's HIV Treatment Cascade [<http://aids.gov/federal-resources/policies/care-continuum>] Ideally, your HIV surveillance staff will already have a presentation similar to this, or will be able to assemble one that you can paste into this slide deck. (Note that if you paste in slides you can select "Use Destination Formatting" at the time of pasting, and with a little tweaking, an external presentation should seamlessly fit into your slide deck as if it was built there originally.)

through Slide 18



Review of the Local Epidemic

Slide 19



TO CUSTOMIZE:

- (Slides 20-25) You will need information on the demographics of those infected with and at risk for HIV in your jurisdiction, with special focus on those groups that have notable disparities in infection rates.
- (Slides 26-28) You will need information about the rates and trends of people who are infected with HIV vs. diagnosis. Particularly, which populations have high rates of undiagnosed infection, and which populations are more likely to test for HIV *long* after infection?
- (Slides 29-31) You will need information about rates of linkage to care, and retention in care – ideally within 3 months of diagnosis, 3-6 months after linkage, and 6-12 months after linkage.
- (Slides 32-36) You will need information about treatment policies and rates in your jurisdiction, as well as average length of time

through Slide 47



- from diagnosis to treatment, highlighting disparities if possible.
- (Slides 37-41) You will need information about rates of viral suppression, including community viral load information if you have it. Again, highlighting any notable disparities is always helpful.
 - (Slides 42-43) If you are able to create your own version of the CDC HIV Treatment Cascade that highlights the rates of drop-off for each category within your own jurisdiction, this is a good place to present it. We have found that because San Francisco usually looks quite different from the national epidemic, this is an important thing for our providers to see and understand.
 - (Slide 44) Since these slides contain so much data and not everyone finds this easy to digest, we have found it helpful to include a text-based summary slide that simply restates the most important takeaway messages from the data slides.
 - (Slide 45) Of course, you'll want to put in your own acknowledgements and contact information
 - (Slide 46) If there are published reports or other resources that your HIV prevention providers can use for program planning or grant development after the training is complete, it's helpful to share them and include actual hyperlinks. We've found this cuts down on data requests for already overburdened HIV epi staff!


Jurisdictional Plan(s) Overview

Slide 48

Overview of the San Francisco Jurisdictional Plans, 2012-2016

What is it?

- 5-year plan (2012-2016) required by CDC
- We call it the "SF, San Mateo, Marin HIV Prevention Strategy"
- The Strategy outlines "the vision" for HIP in the SF Jurisdiction
- The Strategy meets the CDC requirement to develop a Jurisdictional Plan which focus on HIP
- Jurisdictional Plan is developed collaboratively with the HIV Prevention Planning Council, other community stakeholders, and DPH
- It is updated annually, as needed



Again, this section is unique to San Francisco, and our Jurisdictional Plans. You'll need to customize for your own situation. We found it helpful to provide an overview covering the following points, which you also may want to do when customizing:

- 1) What is the Jurisdictional Plan, and how did it come about?
- 2) Have there been any recent updates to the official Plans(s)?
- 3) What is the main philosophy or logic behind the Plan strategies?
- 4) What are the priority populations of focus for your jurisdiction, according to the Plan(s)?
- 5) What are the priority interventions for your jurisdiction, why, and what does that mean?

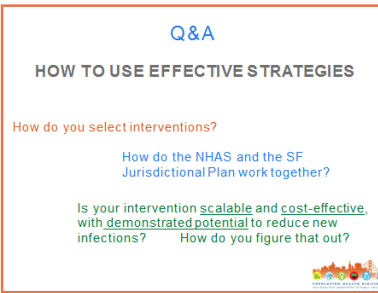
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Future priorities: Integration

- Substance use and mental health
- Viral Hepatitis
- STIs
- Overdose Prevention



Q& A time

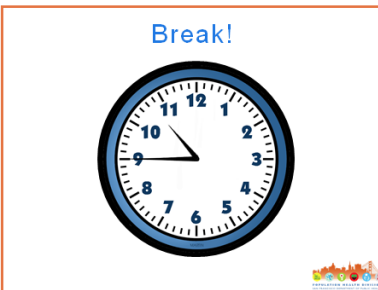


After all this conceptual information about the Jurisdictional Plan(s), we found it helpful to have an open Q&A session where we encouraged people to talk about their actual program planning and connection to these HIP strategies. We put a few guiding questions on the slide but kept it open. Ultimately, the goal was to get them talking amongst themselves about how and why they do what they do.

To CUSTOMIZE:

You may wish to use this slide as-is though you need to replace the reference to the SF Jurisdictional Plan in the blue guiding question. Or, you may wish to come up with your own set of guiding questions.

Break!



After all this information (which took us a little less than two hours to present), everyone needs a BREAK! We took 10 minutes with the promise of returning to an interactive activity.

Group Activity



After break, we returned to an activity where we asked the group to consider two case studies of intervention designs, and conduct a SWOT Analysis (http://www.cdc.gov/phcommunities/resourcekit/evaluate/swot_analysis.html) of each intervention, given everything that had been presented thus far. We found our providers to be engaged, thoughtful, and excited [MB1] to work with each other through some issues related to the paradigm shift to HIP during this activity.

To conduct the activity, we had a paper handout that featured both case studies. We asked for volunteers from the audience to read the case studies (one at a time). After a case study was read, we asked people to list strengths, weaknesses, opportunities, and threats. A workshop facilitator took notes on a large piece of butcher block paper in the front, using the traditional SWOT "crosshatch" format. The facilitator for the activity often asked people to clarify what they meant or why they put something in one of the SWOT quadrants, but otherwise not much prompting was needed. We planned about 20 minutes for this activity.

TO CUSTOMIZE:

The sample case studies we used are also included with this packet.

You may wish to retain the core of the case studies but probably want to replace the San Francisco-specific pieces with information tailored to your own jurisdiction.

Summary Slide

A few last thoughts...

- Remember, this is the era of HIP.
- We have no control over funding decisions for any FOA unless it is released by us! We can only tell you what our approach to high-impact prevention is.
- Always follow any FOA instructions very closely. Plan ahead! Some things can't be done at the last minute.



Plan Ahead

After the activity, our training was pretty much ready to wrap up. Before providing information about available resources, we thought it was important to summarize key points and to give some general thoughts about community-based organization responses to any federal opportunity announcement (FOA) or other funding opportunity. Our training was not tied to any particular FOA but we knew that for our community providers, this information was probably most relevant to them as they prepared to develop a set of interventions and write a proposal in response to a funding announcement. This allowed us to make some general reminders.

This slide can be used as-is unless you choose to summarize other key points, of course.

Resources

Slide 60



Finally, we closed the training with a series of concrete resources for community-based organizations to use as they planned interventions and/or prepared to respond to a funding opportunity.

TO CUSTOMIZE:

- (Slide 60) This is a good place to put contact information for program and data staff of the health department, who may be able to provide information or guidance during intervention development. You may also wish to mention any parameters for requesting information or guidance (such as required turnaround time, or the protocol for requesting support, etc.)
- (Slide 61) Reminding people of where they can access the Jurisdictional Plan(s) and any updates to those plans is helpful, so they know exactly where to go after the training is complete
- (Slide 62) This reminds them that www.effectiveinterventions.org is a good resource. This slide doesn't need to be changed.

Through Slide 63



Closing Slide



This is just a nice thank you slide to close the presentation. If you followed the instructions in the Introduction to this document about changing the logo within the Master View, then this slide should already be updated.

Thank you! We hope that you find these materials helpful. Thanks again for all that you do to prevent HIV!

Scenario #1

You are thinking about a program that focuses on HIV prevention education for middle and high school students in San Francisco. You want to partner with the SFUSD and your program would place a health educator who is a registered nurse for one day each week in every middle and high school throughout the City. This health educator would conduct HIV prevention classes for students in cafeterias or other common areas, or in specific classes (based on the needs of the school). For the first 6 months of the program, your RN health educators would conduct needs assessments in each school to determine the best plan for implementation of the program in each school. Your main outcomes will be that no student has testing HIV-positive by 12th grade graduation, the last year of the program funding.

Scenario #2

You are thinking about a program that is designed to increase HIV testing rates among IDUs in San Francisco, with a focus on active IDUs who have not tested for HIV in the last 3 years (and do not already know they are living with HIV, of course). Your testing staff will be outreach workers who have at least 3 years' experience working with IDUs in SF. In addition to HIV testing certification, outreach workers will also be equipped to conduct hepatitis C testing, and provide information about syringe access and disposal sites. For the first 6 months of the program, outreach workers would partner with existing community organizations and businesses to provide on-site testing at times when IDUs frequent the location. After the initial start-up period, the plan is to expand to street-based backpack services, and potentially to a simple mobile van setup. Your main outcomes will be 5,000 HIV tests per year among IDUs who have not previously tested positive, and identification of at least 25 new HIV infections in the first year of the program. You will also track outcomes related to hepatitis C testing, and the numbers of HIV-positive IDUs who were initially linked to or re-engaged in HIV primary care services.