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MONDAY, SEPTEMBER 21

Building an Effective Ending the HIV Epidemic Plan

Introduction: Linda Seiter | Moderator: Adam Reilly

Presenter: Sara Semelka



ALL TOGETHER NOW: BUILDING AN EFFECTIVE ETE PLAN

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September 2020



A BIT ABOUT ME

Sara Semelka

she/her
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LEARNING OBJECTIVES FOR THE DAY

Sharing the Getting to Zero Illinois process with ...

- Building crucial alliances with partners to ensure an effective, impactful ETE plan rooted in community, accountability and efficacy
- Navigating the creation and maintenance of intergovernmental partnerships
- Creating, evaluating and examining community engagement activities in attempts to go beyond transactional, extractive community encounters and move into co-creation
- Coordinating workgroups across sectors to create an actionable plan
- Securing funding to support the work of ETE plan creation

WHERE WE'RE FROM





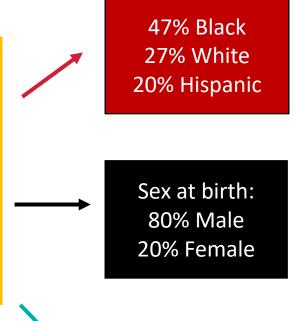
- Medicaid expansion state
- Republican governor from 2015
 - 2018, Democratic governor inaugurated in January of 2019
- Home to ~12.7 million people.
 Biggest population concentration is in Chicago, (2.7 million); suburban area around Chicago is home to about 8.5 million people; small towns and rural areas are home to the rest of the 1.5 million Illinoisans



ILLINOIS HIV PREVALENCE, 2018

Estimated 42,500 people living with HIV (36,413 diagnosed)





12% 20 – 29 y/o 20% 30 - 39 y/o 68% 40+ Since 2009, HIV diagnoses in Illinois down 21%, or an average of 2.4% per year.

New diagnoses among 20-24 year olds significantly increased.

New diagnoses among Hispanic/Latino MSM up 53%.

In 2018, the HIV diagnosis rate among Black males was 2 times higher than the rate among Hispanic/Latino males and nearly 8 times higher than the rate among White males.

OUR PLAN

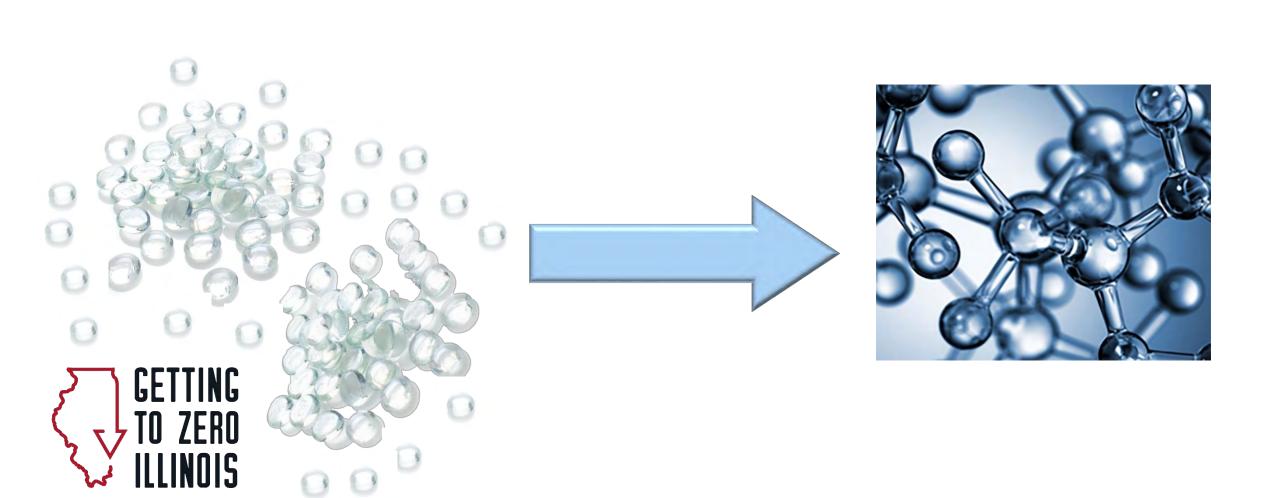




LESSONS LEARNED ALONG THE ROAD



STRUCTURE



STAFFING



GETTING TO ZERO



TIMELINES

Planning Analysis Engagement Drafting Synthesis GETTING Editing Feedback

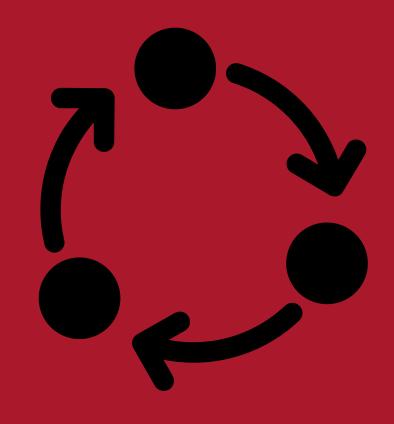
POLL QUESTION

What area do you think will provide the greatest challenge when it comes to creating a plan?

- A. Community engagement
- B. Analyzing gathered data
- C. Drafting/writing/editing the plan
- D. Something else (feel free to write it in the chat!)



BUILDING ALLIANCES





WHAT WORKED – WHO

Bringing city and state governments together

Getting buy-in from other key players

- Health departments
- Hospital systems



Use existing relationships to:

- Get and find champions
- Get others excited

WHAT WORKED – HOW

Present at community group meetings, made ourselves available to show up at *their* spaces, present and answer questions

Regularly-scheduled calls and posting notes on Basecamp kept people in the loop whether they could join or not, which sustained momentum



Doing one-on-one outreach, met people where they are at, demonstrating how contributing to an ETE plan will support their values and align with their goals

LESSONS LEARNED

- If at first you don't succeed try, try again!
 - Building alliances will take a long time and is always ongoing. There are staff turnovers, new leadership and political shifts that will allow you to keep working to build relationship
- If you don't have the relationship, find someone who does!
 - We still don't have strong relationships in the southern half of the state, and we are working on building those up this year.



INTERGOVERNMENTAL PARTNERSHIPS



THE IMPORTANCE

- What are the benefits of governmental partnerships?
- Defining the partnerships who is doing what
 - Lay out responsibilities from the outset
 - Who is dedicating staff to the effort?
 - Who is contributing resources/money?
 - Who is taking the lead on staffing workgroups, administrative tasks, convening meetings?
- Planning bodies
 - What it looks like in Illinois
 - CAHISC
 - IHIPC



THE CHALLENGE

- What do you do if your relationship with a governmental agency/department is adversarial?
- What if the relevant governmental agencies do not get along with each other?





COMMUNITY ENGAGEMENT



WHAT WORKED

- Attending USCA, listening and networking with other EHE planning folks
- Reviewing the Denver Principles and MIPA practices
- Using our champions to connect with communities
- Planning
- More planning
- Organizing materials and creating tools





LESSONS LEARNED

Where did we fall short?

Engagement of trans women

• Downstate engagement

Data analysis





What does it take?

- Investment!
 - Time (a lot)
 - Money (not as much as you might think)

GTZ-IL LEADERSHIP



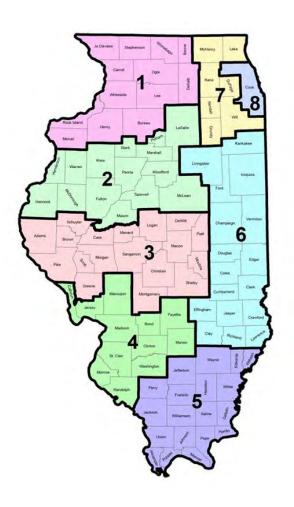
COMMUNITY ENGAGEMENT





TOWN HALLS

- One in each of Illinois' eight regions, and two in the Chicago area
- 320 participants in total
- 100 pages of typed notes



COMMUNITY ENGAGEMENT

FOCUS GROUPS

Black gay, bisexual or same-gender-loving men

Transwomen of color

People re-entering communities from the justice system

People living with HIV that are 50+ years old or long-term survivors



Spanish-speaking

Latino Men

Mothers living with HIV

COMMUNITY ENGAGEMENT

SURVEY





Online and on paper

In English and in Spanish

24 questions about yourself and Getting to Zero ideas

Open for 24 weeks

408 total responses







POLL QUESTION

What community engagement methods would or have made the most sense in your process?

- A. Survey
- B. Focus groups
- C. Larger listening sessions or town halls
- D. Something else (please share in the chat!)



LANGUAGE ACCESSIBILITY



Plan to add money and time to your process if you are going to publish not only your plan, but supporting materials and engagement materials (focus group fliers, surveys, etc.) in languages other than English.



We had materials translated into Spanish. We did not plan on that from the outset, and had to get creative with grant funding. We lucked out, but it's better to plan from the beginning!

TOOLS WE USED





- Focus group organizing chart
- Focus group flyer
- Focus group sample email
- Town hall flyer
- Town hall role list
- Town hall check list
- Town hall full meeting facilitator guide
- Town hall small group facilitator guide

CHALLENGES





Tight timelines

- Did 7 outside-of-Chicago town halls all in one month
- All focus groups done within 6 weeks
- All data analysis done in one month

Organization

 All focus groups done within 6 weeks, all 7 were done in conjunction with community partners (hooray!), which required a <u>lot</u> of coordination. Money, consent forms, invoices, audio recordings, email lists were all over the city

WORKGROUP CREATION



WHAT WORKED



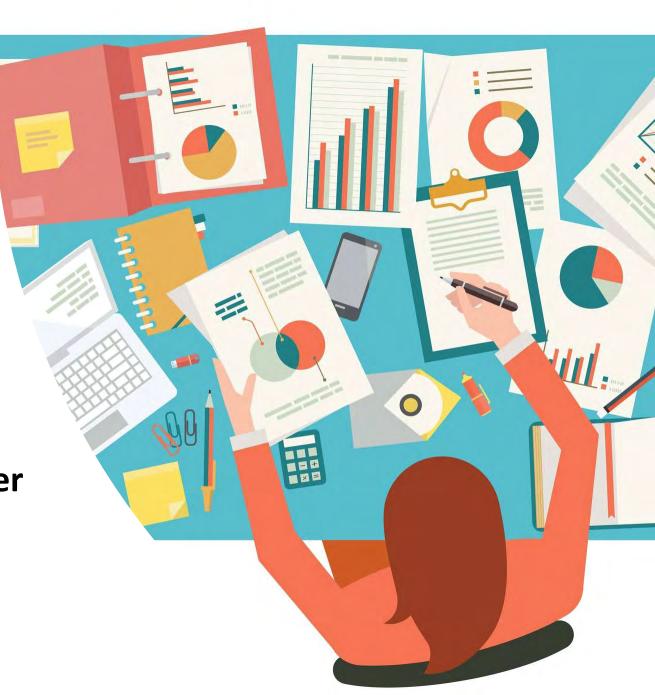
- Building from the core group using connections and suggestions
- Reaching out individually
- Following up. Many times.
- Casting a wide net
- Providing support



TOOLS WE USED

- Flyer to recruit co-chairs
- Flyer to recruit members
- Kickoff slide deck for workgroups
- Recommendation template
- Timeline and accountability tracker







CHALLENGES

- Creating and maintaining momentum
- Group editing
 - This is time consuming and takes a lot of support
 - Set a process up upfront, lay out clear expectations and establish open lines of communication
- At first, we struggled with how to let group leaders take true ownership – what to leave on their plates and what to take off
 - You're going to provide a lot of support for the unsexy stuff: calendar invites, Doodle polls, conference lines, sending out agendas, sending out notes

HOW THE PLAN CAME TOGETHER

Committees met throughout the summer of 2018

Community feedback on the recommendations was collected in the fall of 2018

A smaller editing team created a draft plan released on World AIDS Day 2018

Community feedback was gathered on draft plan to develop the final version, released May 2019



THE PRODUCT – WWW.GTZILLINOIS.HIV



GUIDING PRINCIPLES

We cannot end the epidemic unless we make progress for all populations impacted and tackle injustices:

- Eliminating Stigma
- Dismantling Racism
- Prioritizing Trauma Prevention & Trauma-Informed Care
- Practicing Cultural Humility
- Focusing on Data to Achieve Outcomes





OUR STATE GTZ PLAN INCLUDES ...

5 guiding principles

6 domains

22 goals

78 strategies



...TO END THE HIV EPIDEMIC IN ILLINOIS

10 FOCUS AREAS FOR 2019-2020

- Strengthen peer workforce
- Expand HIV testing
- Increase PrEP linkages
- Deepen cultural humility
- Root interventions in evidence-based research • Boost ARV usage

- Build social communities
- Integrate health care programs
- Improve STI screening
- Assess and monitor our goals



UPDATE FOR 2020

- Workgroups take a lot of work
 - A lot of work
- We will likely cut down the number of workgroups
- Each group will need to find their own rhythm, cadence and ways of working
- There are alternatives to workgroups that we are exploring:
 - 30-minute project-specific check-ins
 - One-on-one consultations with GTZ staff or partners a few times twice per quarter
 - Quarterly 2-hour meetings
 - Monthly email check-ins on project goals ...
 - Monthly video call check-ins on project goals





SECURING FUNDING



WHAT WORKED



- Starting small
- Leveraging existing funding relationships and board members
- Funder breakfast
- Creating a funding pool
- Being organized, showing the intersectionality, demonstrating our broad and deep alliances

CHALLENGES





- It can be a tough sell to get money for :
 - Administrative tasks
 - Unrestricted dollars
 - Planning
- Quantifiable deliverables
- Timelines
- Connecting HIV to larger/broader health issues, as well as non-health issues that factor into social determinants of health

WHAT OTHER QUESTIONS DO YOU HAVE?



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Getting to Zero Illinois www.gtzillinois.hiv

