Quick Reference Handout 2.1: What is RWHAP Part A HIV Community Planning?

What is community health planning?

"Community health planning is a deliberate effort to involve the members of a geographically defined community in an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community as a means toward improving its health status. That public process must provide broadly representative mechanisms for identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts."[1]

What is Ryan White HIV/AIDS Program (RWHAP) Part A HIV community health planning?

RWHAP Part A planning is a very special type of community health planning. It shares many of the same purposes and characteristics as other types of community health planning, but is unique in its structure, decision making role, and level of consumer participation.

RWHAP Part A planning councils:

- **Are established according to requirements in the RWHAP legislation,** which also specifies their membership composition and duties
- **Are established by the Chief Elected Official (CEO) of the recipient jurisdiction** (usually the Mayor or the Chair of the County Board of Supervisors), who also appoints the members
- **Plan for a specific geographic area**—the counties and municipalities included in the federally defined Eligible Metropolitan Area (EMA) or Transitional Grant Area(TGA)
- **Operate publicly**—provide prior notice of meetings, hold meetings that are open to the public, and make minutes and other meeting materials available to the public for inspection and copying
- **Include representation** of numerous clearly specified categories of members
- **Have membership (including consumer membership) that reflects the demographics of the local HIV epidemic,** including race/ethnicity, age, and sex
- **Provide for strong decision-making participation by consumers**, with at least one-third of voting members required to be consumers of RWHAP Part A services who are "unaligned", meaning that they are not officers, employees, or consultants to any entity that receives RWHAP Part A funding
- **Have clearly defined planning functions**, some carried out solely by the planning council and others in collaboration with the recipient, among them needs assessment, integrated/comprehensive planning, decision making about service priorities, the allocation of funds to specific core medical and support service categories, and helping to ensure coordination of RWHAP Part A services with other services.

What is special or unusual about RWHAP Part A Planning Councils?

Other federal health and human services programs sometimes require some form of community planning, but planning councils are different because:

- They are decision-making bodies, not advisory groups.
- Membership of other planning bodies may include consumers, but they are rarely required to be such a high proportion of voting members as required for planning councils (33%).
- Almost none have such specific legislatively required duties as planning councils, including decision-making authority over how millions of dollars in service funds are allocated.

Community Planning Requirements for EMAs versus TGAs

Historically, RWHAP legislation required all Part A jurisdictions, called Eligible Metropolitan Areas (EMAs), to have a planning council. In the 2006 reauthorization, the requirements for funding under RWHAP Part A were changed, and some EMAs were redesignated as Transitional Grant Areas (TGAs), reflecting a smaller number of people diagnosed and living with HIV. EMAs—the RWHAP Part A programs with the largest numbers of persons living with HIV (PLWH)—were required to maintain planning councils. Newly eligible TGAs were designated as a result of that legislation, and CEOs in those new TGAs were given the option of either establishing a planning council or deciding not to do so, *"if the official provides documentation to the Secretary that details the process used to obtain community input (particularly from those with HIV) in the transitional area for formulating the overall plan for priority setting and allocating funds from the grant...."* [§2609(d)(1)(A)].

In the 2009 reauthorization, pre-existing TGAs were required to maintain planning councils until the end of Fiscal Year (FY) 2013. In the absence of reauthorization, HRSA/HAB wrote a letter in December 2013 to provide guidance to Part A recipients. The letter noted that *"PCs provide a significant and unique venue for the required involvement of and input from people living with HIV/AIDS."* The letter indicated that *"All TGAs that have operating PCs are strongly encouraged by DMHAP to maintain that structure."*[2] Since that time, the annual RWHAP Part A Notices of Funding Opportunity (NOFOs) have referenced that letter. HRSA/HAB has encouraged TGAs that use planning bodies that are not planning councils to make them as similar as possible to planning councils in both membership and duties.

Increasing Complexity of Planning

RWHAP planning has become more complex over the years, reflecting advances in treatment and greatly increased data to guide decision making. In 1990, when the initial legislation was passed, effective treatment for HIV disease was not available, and planning councils allocated funds primarily for meeting the emergency needs of areas and subpopulations hardest hit by the epidemic. Very limited data were available about service quality or results. Today, effective treatments can provide PLWH with nearly normal life spans and prevent sexual transmission of the virus. Data can be generated on HIV epidemiology, clients, services, service quality, and clinical outcomes, including HIV care continuum measures related to diagnosis, linkage to care, retention in care, use of antiretrovirals (ART), and viral suppression. A key focus for planning councils/planning bodies (PC/PBs) is obtaining, analyzing, and using these data for sound decision making about service priorities, allocations, and systems of care. Recipients and PC/PBs need to work together, and PC/PB members need orientation and training to prepare them for their roles.

Community Planning Principles

At the 2016 National Ryan White Conference on HIV Care and Treatment, a planning institute identified seven suggested principles for RWHAP community planning efforts.

RWHAP planning:

1. Is community-based, including diverse stakeholders
2. Requires consumer input to needs assessment and decision making
3. Is a collaborative partnership between the Part A planning council or TGA planning body and the recipient
4. Is designed to meet national goals for ending the epidemic and strengthen performance along the HIV Care Continuum
5. Is an ongoing, cyclical process
6. Requires data from multiple sources, gathered through varied methods
7. Uses data-based decision making[4]

RWHAP Part A planning councils provide an innovative model of data-based community planning and decision making that includes strong consumer involvement and can be adapted to meet changes in the epidemic, advances in treatment, and changes in the organization of services and the financing of care and treatment.

Community Planning is a Continuing Priority

HIV community planning remains a HRSA/HAB priority. In a 2016 HIV.gov blog on the evolution of RWHAP HIV Care, Dr. Laura Cheever, Associate Administrator, HIV/AIDS Bureau, HRSA, identified five RWHAP fundamentals, two of which are especially relevant to community planning:

- *"A planning process with broad community participation by affected communities is using new data tools to make wise decisions about the use of funds."*
- *"…technical assistance and training has developed hundreds of best practices to break down disparities, including peer training to involve consumers in care teams, data systems development that supports a robust client-level data system, planning body preparedness…,"*[3] and other benefits.

References

1 John Steen, "Community Health Planning," American Health Planning Association, 2008. See http://www.ahpanet.org/Community_Health_Planning_09.pdf

2 Transitional Grant Areas and Planning Councils Moving Forward, December 4, 2013 letter from Steven Young, Director of the HRSA/HAB Division of Metropolitan HIV/AIDS Program, to RWHAP Part A recipients. Available at: https://hab.hrsa.gov/sites/default/files/hab/Global/transitionalgrantareasplanningcouncilsmovingforward.pdf.

3 Laura Cheever, MD, SCM, The Evolution of Ryan White HIV/Care, HIV.gov blog, published August 23, 2016.

4 Planning Bodies 101: Strengthening the Healthcare Delivery System through Planning: a three-part planning institute at the 2016 National Ryan White Conference on HIV Care and Treatment. Available at: www.careacttarget.org/sites/default/files/supportingfiles/1_6660AllPresenters%20%281%29%20%281%29.pdf.