INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER

Webinar: Data to Action: Translating Contributing Datasets into Actionable Integrated Plan Objectives

January 27, 2026

Transcript

Great. Hello, everyone. Thank you so much for joining us today. My name is Julie Hook from the Integrated HIV/AIDS Planning Technical Assistance Center or the IHAP TAC. My colleague, Rich Baker, and I will be presenting on data to action, translating contributing data sets into actionable integrated plan objectives. We'll write an overview of Sections 3, 4, and 5 of the 2027, 2031 Integrated HIV Prevention and Care Plan Guidance and How Your Needs Assessment Data Informs Your Integrated HIV Prevention and Care Plan. We'll also be joined by representatives from Alaska and Virginia who will discuss their process for using data from their needs assessment to inform their situational analysis and goal development process for their integrated plans. We'll have time for some discussion and questions, so encourage people to add questions into the Q&A feature of the Zoom. The HIV/AIDS Planning Technical Assistance Center, IHAP TAC, is a HRSA-funded TA center, and we offer training and technical assistance and facilitation of peer sharing to Ryan White Parts A and B recipients and their planning bodies on all aspects of integrated planning. This webinar is part of our Integrated Planning Webinar and Office Hours Learning Series, where we are reviewing and discussing the guidance section by section, highlighting jurisdictional efforts for integrated planning, addressing emerging and ongoing questions, and facilitating peer engagement and learning.

By the end of this webinar, we hope that you'll be able to identify at least two data inputs for Section 3, which is contributing data sets and assessments, be able to describe how to synthesize data into Section 4, Situational Analysis, to inform integrated planning goals and objectives, which is Section 5, and identify at least one strategy for presenting data and findings to planning body council members and a wide range of stakeholders. In the chat, please let us know who you are, what jurisdiction or organization you're from in your role. If you have a question now or during the presentation, please add it to the Q&A feature in the Zoom.

If you have joined us before, you've seen this slide where we highlight that integrated planning is an ongoing iterative process, meaning that it's cyclical and lessons learned can feed into the subsequent stages and inform improvements. It also means that jurisdictions do not start over in stage one, but rather reorganize or update plans based on previous planning and goal achievements. Given the ever-changing jurisdictional landscapes like staffing, funding, or policies, some may find themselves modifying their existing processes or refining their current integrated plan, while others may require more intensive efforts to restructure and rebuild planning processes. Stage one is Organize and Prepare. Where are we now? What do we need to do or have to put into place to develop our plan? Stage two: Prioritize Activities and Develop the Plan. Where do we want to go? Looking at our needs and gaps in services, what resources or services do we want to prioritize? Stage three: Implement the Plan. How will we get there? What are the steps we need to put into place to achieve our goals? Stage four: Monitor,

Evaluate, and Improve. How we track and evaluate our progress towards goals and objectives. Will we need to make adjustments based on what we're seeing in our evaluation? And if so, what are those adjustments? And finally, stage five: Communicate and Share Progress. How will we share progress to ensure transparency, build awareness, and share back with the community and other stakeholders?

As part of stage one, Organize and Prepare, jurisdictions conduct a needs assessment where they collect and analyze information about the number, characteristics, and needs of people with HIV, whether they're in care or not, and those that can benefit from HIV prevention services like PrEP and PEP. The needs assessment helps to identify current resources available to meet identify needs and determine where those gaps are in HIV prevention and care services, as well as where there are disparities in access to care A needs assessment is an important first step in developing responsive prevention and care service delivery system that is reflective of your jurisdiction's local needs, gaps, and barriers. Needs assessment, data, and methodology will provide the foundation of section three of your integrated plan, which is the contributing data sets and assessments section, and will inform both section four, the situational analysis, and section five, goals and objectives. Additionally, reviewing findings from needs assessment with your jurisdiction's planning body and community members supports collaboration to prioritize resources with the overall goal of improving health outcomes. Integrated plans should include a description of your needs assessment process, data collection methodology, and datasets use. This section should include a data-driven description of the HIV epidemic in the jurisdiction, available prevention, care, and treatment services, barriers for clients accessing those services, and gaps in the service delivery system. The submission of a joint prevention and care plan addresses requirements for planning, community engagement, and coordination established by the Ryan White legislation, as well as programmatic and community engagement requirements established by both HRSA and CDC through guidance.

Jurisdictions can use existing jurisdictional HIV plans and other documents to satisfy integrated plan requirements as long as the submission addresses the broader needs of the geographic jurisdiction, applies to the entire CDC and HRSA HIV funding portfolio, and includes updates to existing activities. This section should include both graphic and narrative data to describe the needs of people and communities disproportionately impacted by HIV within the jurisdiction. Section three should include a description of the data used and how collected. It will also include an epi snapshot, which is a summary of the demographic factors influencing health, geographic, behavioral, and clinical characteristics of people with HIV and people who could benefit from HIV prevention in the jurisdiction. Additionally, it should include an HIV Prevention Care Treatment Resource Inventory, which includes all HIV prevention and care provider information, funding sources, and provided services. And finally, it will include a summary of all activities and findings used to inform the integrated plan goals and objectives. Using data from the last five years, the epi snapshot is a summary of the demographic factors influencing health, geographic, behavioral, and clinical characteristic of people with HIV, those that are newly diagnosed, those who do not know their status, and those who could benefit from HIV prevention in the jurisdiction.

Jurisdictions should also include both written summaries and visual representations of the data, including a visual of the HIV care continuum. An example from HIV.gov is here on the slide. The

resource inventory provides a complete picture of who is currently doing what and where across the entire jurisdiction. It identifies gaps, revealing where services are lacking, especially in geographic areas or for populations disproportionately impacted by HIV. And finally, it acts as a foundation for demonstrating how the jurisdiction will leverage and coordinate different funding streams to avoid duplication of effort and prevent service gaps. The resource inventory must include provider information, funding sources, and services provided, including those providing substance use prevention and treatment services. It should detail the services and activities offered by the agencies, specifically noting where people and communities disproportionately affected by HIV are served. However, the funding amounts are not required. The IHAP TAC has a resource inventory compiler tool that can support aggregating this data. If you'd like a copy, please email us at IHAPTAC@jsi.org. And finally, the resource inventory isn't just a list. It should include an assessment of strengths and gaps across the HIV prevention and care continuum and address the geographic landscape, occurrences of HIV clusters and outbreaks, underuse of new HIV prevention tools, areas where jurisdictions may need to build capacity for service delivery, and areas where there may be duplicative services. Now I'll pass it off to Rich to discuss more about the needs assessment and how to use that data to inform the integrated plans, situational analysis, and the development of goals and objectives.

Thanks, Julie. So the next thing we're going to talk about is the needs assessment process. And needs assessment, as we've discovered and covered in previous webinars, is a mixed-method approach that's used to identify and analyze barriers across the HIV care continuum and addressing the needs of folks who are vulnerable to HIV. So some examples of what your needs assessment might cover under the testing and prevention domain is things like access to testing, prevention services, PrEP, both oral and injectable, as well as substance use services. Thinking in the scope of linkage and care retention, you want to be looking at access to HIV treatment, care maintenance, and case management. Thinking about health outcomes, what types of health outcomes you're looking to review, maintenance of viral suppression, management of any HIV comorbidities, as well as PrEP retention. Something we focus a lot on is thinking about getting folks onto PrEP, but there's not as much focus on PrEP retention, so this might be an area that your needs assessment looks at. And then lastly, structural and supportive needs, so thinking about access to housing and health insurance as potential factors that you might want to be looking at through your needs assessment and thinking about how you take all of this information and translate it into what your priorities and ultimately your goals and objectives look like.

So once you've developed your needs assessment and you've gone through this process, you want to be thinking about how you're going to communicate that information out to your planning partners. So something that you're going to want to be thinking about is how you're going to translate epidemiological as well as the needs assessment data trends into a clear, compelling narrative to guide the planning process. So to do so, you're going to want to be thinking about how you can focus on disparities experienced by people in communities disproportionately impacted by HIV. One method for how you might want to do this is mapping the gaps, which is an opportunity to take a look at where are there high incidence or high rates of HIV in certain communities and taking a look at what types of resources are available within that community to try to assess where there might be service gaps that need to be filled with additional services or

resources. And importantly, you want to be thinking about how you can use the findings from the needs assessment, such as quotes, themes from focus groups, to illustrate what those barriers look like. So the data tells one part of the story in terms of who's connected to care, where we're seeing the highest rates of diagnosis, but it's important to be thinking about your needs assessment as some of that contextual anecdotal evidence used to explain why some of those barriers and some of those situations exist.

And as a call to action, you really want to be thinking about how you can use this data-informed community engagement process to develop that shared vision for HIV priority setting. So as you'll remember, when Julie introduced the cycle of integrated planning, ongoing community engagement is a really key critical component of effective integrated planning. So as we're thinking about the needs assessment and taking that needs assessment and putting it to action, you want to be thinking about who did you speak with, what did they share with you. And not only from the time that we're asking the question to get the information to develop the plan, but also be thinking about this as a way that you can share this information back out to establish a foundation for which the plan is going to sit on and also to get some mutual buy-in from community stakeholders that are involved with implementation further down the road. So as we go through, we're going to share a few additional jurisdictional spotlights, and the first one here is Oregon. So in the 2022 to 2026 Oregon Plan, they synthesized 40-plus existing data sources that were collected between 2020 and 2022, plus some new primary data from underrepresented voices. And this included surveys, focus groups, and planning-body engagement using Oregon's integrated HIV/STI surveillance database to monitor those comorbidities. And what they did with all of this is they analyzed the strengths and gaps across all of these services using these key documents in order to demonstrate what the statewide coordinated statement of need actually is.

So taking a look at where we've done assessments in the past and thinking about, "Is this information still relevant? Can this be used for the purposes of integrated planning?", is a really important thing to be thinking about as you're developing your plan. Not everything has to be a start from scratch, fresh approach. You can take a look at some of the work that's been done over the last couple of years, especially if there are certain areas where the data is a little bit more niche that you're looking to try to get more information about.

Next slide. So moving forward, we're going to talk a little bit about section four, which is the situational analysis. And the situational analysis is really a detailed summary that synthesizes all the information from the community engagement, which is section two, as well as your contributing data sets, which is section three. And this is what's really going to inform the goals and objectives of your integrated plan.

Thinking about the situational analysis is kind of the thesis of your overall planning process. It's, where did we identify-- based off of all of these community-engaged processes and data review, where are the most significant needs? And how can we organize our resources and services to be able to address those needs over the next five years? So thinking about what some of the required components look like, that requires an overview of the strengths, challenges, and identified needs across the entire HIV prevention and care spectrum. You also want to be

thinking about an analysis of the structural and systemic issues impacting those communities that are disproportionately impacted by HIV.

So to get an understanding of what those service gaps actually look like, you're going to want to be thinking about what makes up your service needs. And where you're getting that information is through your epidemiological snapshot, the unmet need that you've identified through your needs assessment process, data on people who are living with HIV and who are unaware of their status, as well as your assessment of the service needs and barriers. Again, this can be through a variety of community engagement activities as well as your needs assessment process.

So this gives you a sense of what your service needs are. And then you want to take a look at what you have for inputs, which is your available services. So taking a look at that provider resource inventory and figuring out, where do we have a concentration of services? Where do we potentially need more services? And also taking a look at the provider capability and capacity within those services. So ensuring that when you're taking a look at the full spectrum of the continuum of care, that you have diagnostic resources, testing out in the community, community outreach co-located with your treatment, depending on what your community is telling you for where you have different needs. And all of that helps you determine where your gaps are in order to determine where you need additional services to be input.

So mapping, like I mentioned, is a great way to be able to do this, to take a look at where there's need out in the community, and also taking a look at where those services are available. So it's one strategy that you're can take to do this. Other than that, you can also take a look at really doing a deep dive into your provider capacity, taking a look at that treatment and prevention inventory to ensure that you're addressing where you have gaps.

And then the situational [our?] analysis is going to be organized underneath the four EHE strategies to ensure a comprehensive integrated plan. So similar to the way that we've structured several elements of the integrated planning process, your situational analysis should be organized under the four pillars of EHE as well, which is where your goals will also be organized. So the first one being diagnosed, which is diagnosing all people with HIV as early as possible. Treat people with HIV rapidly and effectively to reach sustained viral suppression. Prevent new HIV transmissions by using proven interventions, including PrEP, and then respond quickly to potential HIV outbreaks. So these are your four primary areas that you're going to want to be thinking about as you develop your situational analysis to have enough information that backs up each one of these four domains and using this as the starting point for what you're thinking about in terms of developing goals and objectives.

So to provide another jurisdictional spotlight, I mentioned mapping before and a couple of slides back, but Texas did a really great example of this in their 2022 to 2026 plan. What they did was they geocoded the residents at the time of HIV diagnosis down to the exact census tract level to analyze some of those factors influencing health and HIV risk. So by doing that, the geocoding allowed them to compare key indicators across national and state levels as well as levels in neighborhoods of people with new HIV diagnoses. So some of those key indicators that they looked at were poverty level in that community, percentage of individuals who didn't complete high school, unemployment rates, as well as lack of health insurance. So taking a look at this

could be used as a way to try to figure out what types of resources and where the community need actually existed to be able to more effectively and efficiently determine what resources need to go into which communities, so another example of how mapping really came of use in this Texas example. We also have a jurisdictional spotlight for West Virginia. West Virginia did a really great job in terms of presenting their situational analysis in a really community-accessible forum. So as I mentioned, one of the big challenges of integrated planning is doing it in a way that is still accessible to community members so that you can sustain that community engagement. West Virginia took a look at what they pulled together for their situational analysis and organized it as a SWOT, so that's a strengths, weaknesses, opportunities, and threats. And they organized this by each EHE strategy. So taking a look at where their barriers to care were, where they had assets, what opportunities did they have available to them, and where were some of the challenges that they saw as threats? And again, they attached this to each one of the different pillars of the plan as a way to make this more accessible so that community members have a better understanding, a more visual representation of what the situational analysis actually looks like. One quick note on that is they also detailed a really strong-- had a really strong, robust monitoring and implementation plan, which we're going to get to in a couple of slides, and it's an area that's a key area of focus for this planning cycle.

Which brings us next to the goals and objectives. So this goals and objectives section is thinking about how you can develop data-oriented, data-driven goals in collaboration with community members to guide your HIV services over the next five years. So your goal should be pretty broad-reaching and address the priority areas that you've identified within your situational analysis. And again, you're going to want them to be organized by the four EHE strategies of diagnose, prevent, treat, and respond. You want to ensure that your goals address any barriers or needs that you've identified throughout the planning process. So, again, this is another reminder of why active community engagement is such an important component of the integrated planning process. I do want to note that jurisdictions may submit other updated plans to satisfy this requirement so long as the goals recover the entire HIV prevention and service area. So it's come up before that a lot of really effective great work went into EHE planning. And there may be opportunities to take a look at some of the goals that were developed in EHE plans, for example, and mirror them into the integrated plan. That's something that you absolutely can do. You just want to be conscious of ensuring that the goals are applied to the needs of your broader community that you're representing. So if you're developing a statewide plan, you want to ensure that the goals are speaking to the needs of that full state and not just a specific service area.

So thinking about how you develop those goals, importantly, you're going to want to be thinking about how your goals can be smart. So as what we mean by smart is specific, measurable, achievable, relevant, and time-bound, and then also trackable via your performance measures. This is something that you want to be thinking about from the beginning. You don't want to get to a point where you've developed goals that you find out later on are very difficult to track with the data that you have, or maybe you didn't assign specific outcome measures. It's going to be very difficult to track that progress and to be able to communicate that progress back out as well as to your contract managers. So, for an example, I want to share a specific trend that was

identified in the sample situational analysis, which is that viral suppression rates are lower among men who have sex with men aged 18 to 25 relative to other age groups.

So if we as a planning community identify this as a trend through our situational analysis, a potential smart objective that we've developed to address that would be to improve HIV health-related outcomes among men who have sex with men aged 18 to 35 by launching Rapid Start ART initiatives at five community health centers serving this population by the year 2029. So, again, thinking about how we can make these goals tailored and specific, and giving ourselves baseline measures as well as outcome measures to be able to ensure that we can report on this over time.

And I've mentioned this before, and now here is the map again. This is the stages of the integrated planning process, and it's really important that objective development and refinement occurs with community members, advisors, and implementation partners. You don't want to be in a situation where you've developed a set of goals and objectives that you're just presenting to your community planning members. You want to be thinking about how to engage them and involve them from the beginning in terms of sharing what you've learned through your EPI profile, through your needs assessment, thinking about where the gaps and challenges exist, and involving them in the development of the goals and objectives, as well as the refinement of that language as we get this plan closer and closer to the finish line because importantly, these are the community members, the organizations, the funded organizations that are going to be involved with implementing this plan. So it's important to get that buy-in early on and sustain it long-term.

So the next thing that you're going to need to do, as I mentioned, is thinking about the developing the work plan. So the objectives are then integrated into the work plan, which outlines the specific activities, the responsible parties. So who's going to be carrying these goals forward, who's going to be monitoring the goals, what data sources that you have available to you in order to do so? It's important to be thinking about all of that now so that you don't find a situation where you've submitted the plan come June. And a couple of months later, you're looking at providing updates, and you realize that you don't have data measures to be able to carry that forward. Or you haven't assigned implementation partners for the specific goals that you've developed. So this is a good opportunity to start to look at what you have for data available to you and also determine if one of your goals is going to be requiring that you get access to new-- or we collect data differently in order to get the goal that you're hoping to achieve. One option that we have in terms of a resource that we are happy to share with you is that [inaudible] developed a work plan and monitoring table, which allows you to take all the different elements of your goals and your objectives and put them into a table that includes those baseline measures, those implementing partners, what your data sources look like to give you a way to be able to track this over time. Strongly recommend that you use some type of format. It is a requirement of the planning process that you detail your implementation and monitoring plan. This is one option that you have available to you in template format. If you're interested in receiving this template, please feel free to reach out to us. We'd be happy to share it with you.

So this is an overview of the timeline of your activities and where you might be at this point, recognizing that different jurisdictions may be at different points right now. But thinking from the beginning, it starts with community engagement. So that's developing your needs assessment strategy and partnership with your community. The next stage is gathering that data. So conducting the needs assessment, gathering the epidemiological data, and identifying all those other contributing datasets that are going to inform your planning process. Presenting your findings. This is a piece that I've mentioned several times, but I want to continue to reinforce. It's really important that you present what you learned through your needs assessment, through your [EPI?] profile, back to the community so that they have an understanding of where the needs are out in the community and can more meaningfully contribute to the development of goals and objectives that make sense for your jurisdiction. The next stage is drafting your situational analysis, which is a lot of data synthesis, taking a look at where you have gaps in some of your quantitative data, and using maybe some of the qualitative data that you've achieved and received through your needs assessment process to inform what some of those gaps actually are and why they exist. The next stage is developing your data-informed goal objectives. Again, as a reminder, organizing those smart objectives within the four [EHE?] strategies. And then the last piece is developing that work plan. But as I mentioned, I encourage you to be thinking about the work plan while you're developing goals and objectives because that'll give you a better understanding of ensuring that your goals are really following the smart format as closely as possible, and that will help you further down the line when you're thinking about implementing and monitoring.

So the last stage here is implementing the plan. This plan is due come June of this year, but it's important that we don't think about the integrated plan as a done-and-closed PDF once we've submitted it. We want to be thinking about how you can keep this integrated planning process alive. It should continue to evolve to meet community needs. So you may find out in a year or two from now, through your community engagement processes, that you might have missed something in your integrated plan, or circumstances might have changed in your community that require an update to the plan. It's important that you are engaging community to figure out where those updates might need to happen and that you're open to adjusting different elements of the situational analysis or of your goals and objectives to be able to meet the community-based needs or respond to any-- as well as any programmatic innovations that might have happened within your jurisdiction. You also want to establish a timeline and a process for goal review and progress reporting. So again, thinking about how you can ensure this plan continues to move forward is trying to identify some regular cadence that you share updates to the plan within your smaller planning work groups as well as the broader community who's been involved from the beginning of the planning process so that you can sustain that community engagement. And I am excited to pass it over to our jurisdictional spotlights who are going to give you a little bit more information about what's going on within their communities. And we are delighted to have Taylor Holsinger, who's the HIV prevention coordinator from the Alaska Department of Public Health's HIV and STD program, as well as Ashley Yocum, who is the care services planner from the office of epidemiology and the division of disease prevention at the Virginia Department of Public Health. So I think we will start with Taylor. If you wouldn't mind just talking a little bit about your goal development and situational analysis process, and then

we'll transition over to Ashley. And then we have a couple of questions for you before we open it up to questions from participants.

Great. Thanks, [Search?]. Again, my name's Taylor. I'm an HIV prevention coordinator way up here in Alaska. Yeah. I'll just touch a little bit-- we're still very much in progress for our needs assessment write-up and our situational analysis. But I will give you a rundown of kind of how we've been going about it. We are a very small program, so I'll preface - oh, my gosh - with that. There are four of us that work between prevention, care, and surveillance for HIV, which has its pros and cons. But I say that because one of the ways that that benefits us is we work really closely with each other and we work really closely with our community partners. So we're all very aware of what is going on in our state, with our community partners, with our grantees, with our service providers. And so it's maybe, quote, "easier," to write up that needs assessment and to fill out that situational analysis because we kind of already know what's going on with everything. But I'll just touch real quick our needs assessment. The way that we have written it out this year. We had quite a few assessments that were done since our last integrated plan, which I also helped develop. So I have a little bit of past experience with it.

But we had quite a few that we had conducted in the last couple of years. We had a qualitative assessment that the CDC helped us do during a cluster outbreak that we were able to utilize a lot of data from. We did focus groups with some of our HIV care clients, which is really interesting just about the care perspective and how they think and want to see prevention change in the state. And then we also, among other things - but these are kind of the top three - did a gaps analysis with our prevention and care community partners. So through our HIV planning group, we did this really cool, through mentee, like, "What services do you provide? What don't you provide?" So we were able to kind of flesh out where we're missing services. So we have all those in our needs assessment section. One thing that I've done a little differently than I did last plan is obviously type out all our needs assessments, but at the end, summarize it and then create a table. So similar to West Virginia. We have a table for treat, prevent, respond, what are our identified gaps? And then specific on the left, very specific things like case management services. And then we have bullet points on the right, kind of more specific of what was found throughout all of those needs assessments.

And so with that table, it's a little easier than when we switched to our situational analysis to take that information along with our EPI profile to create an overall analysis of what's happening in the state. And the way we have it laid out this time around, for now, we have a top section of overall situational analysis of the state. So obviously, we're a very rural state, and we have a lot of gaps in care outside of our Anchorage, Fairbanks, maybe Juno, a little bit, service providers. So we can say right up front, we know that's an issue. But we also have some really great strengths and partnerships with Tribal Health. So those things go in the forefront, just sort of a big background picture. And then I've separated out by pillar again. So we're really focusing on the EHE pillars for this. And then in that, I've taken needs assessment data, resource inventory, and EPI data, and created another table for each pillar around what are our strengths? So what are we doing really great? What do we know we're doing great? What have we heard we're doing great? And then what are some of the challenges? So that's what we got from our focus group, what we know from our patient interaction through our disease interventions, and just general awareness. And then through that, what are our identified topics of need? What can we

prioritize and focus on? And so that's all in our situational analysis and in a table format. So then when we go to our community partners again, so in our next HPG meeting, we can present them with that data. It's quick. It's easy to read. It knows where to highlight. And then we can, hopefully, with somewhat more ease than last time, create goals and objectives that match our situational analysis. So that is a snapshot of what we've been doing. Happy to answer questions when it's time.

Thanks, Taylor. It's really informative. I appreciate you sharing that. So we are going to switch over, and Ashley's going to give a bit of an overview of the same process in Virginia, and then we have a couple of questions for both of you.

Great. So hi, everyone. I am Ashley Yokum. I am the HIV Services Planner for the Virginia Ryan White Part B program. I do work on in Virginia, we're lucky that we have what we kind of call an integrated plan leadership team, which includes myself as well as our HIV and Hepatitis Prevention Program Evaluator, as well as our HIV Prevention Program Administrator. So I'm lucky that I do get to work in a team to develop this large plan. Virginia is a large state. We have five health planning regions, and throughout the state, we have various rural areas. We have urban as well as suburban. So we have a large we have a lot of regional differences as well as a lot of challenges and also successes. I'll also note that we've had some recent changes within our service delivery system within our Part B due to some funding challenges. And so we've seen a lot of changes with that within this past year. So I just want to highlight that slightly. As I talk about some of what we're doing right now, we are still going through our kind of needs assessment and community kind of engagement process. We regularly do needs assessment activities throughout the year, especially with our Part B. So we are required to do a public hearing every year. Ours is actually tomorrow.

So we're planning to use a lot of that information for the integrated planning process. We are also planning five regional town halls as well as a statewide town hall in February and early March to gather more information just on needs and get more information from our communities. We also regularly engage our community HIV planning group as well as, what we call, our Virginia Consumer Advisory Committee, which is a completely consumer-led advisory committee that we utilize within our Part B program. So we're regularly engaging with both of them as a part of our planning process. And so once we get all that information collected, we're also developing our resource inventory.

I'll note that I think in the past, we've been able to kind of depend on a lot of services and things being funded by the Virginia Department of Health because we have been very resource-rich. In developing our resource inventory this year, we are looking to ensure that we still have services that are available, but through external sources. So really partnering with other organizations that we do know serve the same people that we serve to help ensure that services are still accessible, even if it's not through us. So that is a change, I think, than what we've done in the past that we are trying to focus on.

And we are also utilizing-- as I said, we do a lot of needs assessment activities. So we are utilizing, within the last two years, any needs assessments or town halls or focus meetings that we have held. We are utilizing that information to then inform the upcoming integrated plan because a lot of the needs honestly don't change in Virginia. We hear a lot of the same things

year after year. And so we are planning to utilize that in addition to information that we are collecting now to help inform our planning process.

I think what we did last plan - and we will likely do this again - is when we build our situational analysis, we look at all the data that we've collected, and we try and piece out themes of what we're seeing from that information. So key needs that we're seeing as well as our strengths, some opportunities and things like that, and building all of that into our situational analysis. For our goals and objectives, a lot of what we're going to be-- what we're planning to do is we're keeping it very simple. We've had a lot of changes this past year.

And so we are planning to utilize our goals and objectives that maybe we weren't able to achieve in our previous plan and kind of build upon some of those for our next plan, as well as, honestly, kind of trying to keep things as they are currently. And so a lot of it is going to be maybe simpler, more simple goals, really focused on maintaining what we currently have in Virginia and building upon some of what we maybe weren't able to achieve from our previous plan. We've always focused ours on our goals and objectives on the goals of the national goals, I think is what they're calling it now. But we do make sure they're inclusive of EHE, but Virginia does not receive EHE funding. So a lot of our stuff is focused on the four national goals. I think something we're trying to do a little bit more this year is be a little bit more intentional with working in addition to our community HIV planning group, but really working with a lot of external stakeholders. As I mentioned, we're leaning on a lot of our external partners to be able to provide and fill in some of those service gaps that exist currently in Virginia, so we're planning to work more with those. The statewide town hall that we're planning to hold, we are hoping that we will be able to engage with a lot of our external stakeholders such as our programs that oversee our Medicaid as well as HOPWA and just other smaller nonprofit organizations that we know provide services and likely provide services to the people that we also serve now. I think that's a quick snapshot of what we're doing, but happy, obviously, to answer any questions.

All right. I know we've had a few questions that have come into the chat that are a little bit more specific to planning guidance, but I'm curious if anyone wants to pop any questions into the Q&A or the chat for Ashley and Taylor specifically before we address those. But while they're doing that, I'm happy to answer. Let me pull up the question. I think that there's a question from Participant One towards the beginning of the conversation, which was, "If time and resources are unlimited for data collection, what guidance can you give to prioritize the most valuable data sets or collection strategies?" So what we would recommend for that is really looking at what you already have to determine where those gaps might exist, so looking at any previous needs assessment work that you've done over the last couple of years, again, you want to be thinking about the most current data as possible. But that could then determine and drive your priorities and your modalities, so for example, community forums or focus groups might provide some additional information about specific communities and sometimes can be organized a little bit quicker than survey-based formats and things like that. So I just wanted to quickly get that answer in for Participant One, but I think I did just see a chat that came in. It says, "Does anyone have any tips or tools they could recommend, including AI solutions, to effectively synthesize these diverse data sources?" Ashley or Taylor, any ideas on what you all might be doing in your jurisdictions? I know Taylor, you don't have quite as many inputs given your smaller size, but.

Yeah. I don't have any good solutions for 40-plus sources. Like I mentioned, pretty much every part of the needs assessment or every one we've done, I've been a part of. So it's a little bit easier for me to synthesize and summarize those needs, so unfortunately, I can't help.

I would say at least the best tool that we've honestly used is just summarizing themes, so we don't go and try to pull every single thing that we see from our needs assessments or town halls or engagement activities. We try to pull out themes, so for example, in the previous one-- for our previous plan, we noticed that there are themes, if you will, of focusing on people who were aging with HIV, focusing on expanding PrEP options throughout the state, expanding comprehensive harm reduction, focusing on housing and transportation for both people with HIV as well as those vulnerable to HIV. And so that was really at least our most effective way of synthesizing all of that information was to kind of pull out different themes that we were seeing. And then we used that to build upon our situational analysis and develop goals and objectives that would hopefully address those themes that we were seeing. So I don't know if that's helpful or not.

Yeah. Thank you, Ashley. I think the only thing that I would add to that is ensuring that you're thinking about, again, thinking about the accessibility of the plan. You don't want it to become something that becomes several hundred pages worth of a document because it loses accessibility to the community and to folks being able to actually understand kind of where that key area of focus is. So identifying themes is a really great way. A lot of times it's useful as you're doing the thematic analysis to reference the different sources so that if someone is looking to go and do a deeper dive, they know where you were able to pull some of those themes. That's a really important thing to be thinking about in your contributing data sets section, but not going too deep into the narrative is important. Another area that you might want to take a look at is also thinking about what things have evolved or changed in recent years. So again, some of the key themes of HIV work are kind of they sound static, but there's elements to it. There's nuances to it that have evolved as the world around us evolves. So thinking about, for example, a great example of that is the role that telehealth has had over the last couple of years and how that might have changed treatment access, prevention services. So thinking about what has evolved in the last five years and finding to identify where there might be gaps related to that. I do want to share a quick response because I scrolled up and I noticed that there is a question related to the work plan. So in case you're not following in the chat, Jodonis gave a really great response. And also Juli Powers is one of our TA leads for the IHAP TAC team added onto it. I just want to reiterate so folks who might not be reading can hear that the programs may use frameworks in planning, monitoring, and evaluating their activities such as a logical framework, but it's not required that you do so for integrated plan submission. What is required for the integrated plan submission is that work plan, the monitoring and implementation work plan. So we shared a couple of slides back when I was presenting a template that you could potentially use, but it's up to you on how you choose to organize it. But essentially, the work plan is how you're going to implement the plan over the five-year period. So it acknowledges and identifies different baseline measures, where your data sources are, and who you're implementing partners are going to be. That is a requirement with this plan, which is why you heard me say several times throughout the presentation, is to be thinking about that work plan at the same time as you're developing your goals and objectives because it'll save

you some time and effort when you get to that phase in the process. Just taking a look to see if there's any other questions. Julie, have you seen any other questions come in?

Yes. There's a question from participant two in the Q&A, and I don't know if it's specifically related to what Ashley or Taylor was talking about, but how does your statewide town hall get facilitated? How do we ID providers when we don't know who or where they are? well, I can talk a little bit about this. We are lucky in that as we are the Virginia Department of Health, we do fund a lot of our providers. And so we're able to kind of ID them. I would say possibly working with your state health department or whoever administers the HIV prevention and care funds, if those are the providers you're looking for, to advertise a town hall. For ours, ours are getting facilitated-- well, our statewide one will likely be facilitated by someone at VDH, likely one of us on our integrative planning team. But we've actually developed workgroups for a lot of our sections of our plan. And I forgot to mention that earlier. And so we actually have a community engagement workgroup. And so some members of that workgroup - and that workgroup includes VDH staff as well as members from our community HIV planning group - some of them have volunteered to facilitate some of the more regional-focused town halls that we're holding. But the statewide one will likely be facilitated by us, since it will likely include additional stakeholders that may be external to, say, our service delivery network.

Thanks, Ashley. We are just about running up on time, so I want to quickly pivot so we can share a couple additional IHAP TAC upcoming events. Our evaluation was just shared in the chat by Caitlin, but you can also scan it on your phone here if you'd like. We always appreciate your feedback in trying to determine how we can best deliver content to you and to understand what it is that you need. We do have an upcoming event coming up next month. So for those of you that have been following along on our off months from webinars, we have been facilitating office hours, which is an opportunity for you to connect with peers in a relaxed setting. There is no didactic presentation. It is come with the questions that you might have to get community-sourced answers. They've been really, really useful in terms of resource sharing. So if you haven't had an opportunity to attend one of our office hours and you have pending questions that you'd like to get input from other jurisdictions across the country, you have an opportunity to do so on February 24th from 3:00 to 4:00. The session will not be recorded. It is, again, a free-form conversation to answer your questions, and we will provide answers where possible, but really, it's to learn from each other. And of course, if you haven't already, please sign up for our mailing list in order to gain access to when we're hosting events, to request tailored assistance, for tailored technical assistance, and identify potential resources that might be of use to you.

And before we close out, I just want to say thanks again to Ashley and Taylor for joining today and sharing the work of your jurisdictions. We can present the kind of dry side of things, but it's really useful to hear what different states and cities are doing to actually put this advice and this guidance to work. So we appreciate you coming on and sharing what Virginia and Alaska are up to. So thank you very much. And I think that will conclude this webinar. Thank you all for joining us today