

## **CAPACITY BUILDING ASSISTANCE LEARNING COLLABORATIVE: CBALC High-Impact HIV Prevention Strategies for Community Health Centers**

HIV continues to be one of the greatest health challenges worldwide. In the United States, there are about 1.2 million people living with HIV with an estimated 56,000 new HIV infections reported each year. The nation's current HIV prevention efforts are guided by the National HIV/AIDS Strategy (NHAS), along with the Center for Disease Control's (CDC) goal of **High-Impact Prevention (HIP) to reduce new HIV infections and increase access to care.**

HIV places heavy burdens on some of the most vulnerable populations, including racial and ethnic minorities, sexual minorities including men who have sex with men (MSM), the homeless, and those with substance addiction, injection drug users (IDUs) and other health or mental health problems. Although prevention has improved over the years, only 25% of HIV infected individuals are receiving the optimal care to treat the infection and prevent its spread, demonstrating the need for high impact approaches to manage and prevent the spread of HIV.

Cicatelli Associates Inc. (CAI) in association with Clinical Directors Network, Inc. (CDN) and other partners have developed a **Capacity Building Assistance (CBA) initiative for healthcare organizations (HCOs)**, which critically examines current organizational practices and ways to position health care organizations through **Technical Assistance (TA)**, information sharing, partnership building, and strategic planning to better address the needs of the community, and enhance their capacity to accomplish the three core goals of HIP.

The CBA initiative facilitates collaborative learning and training activities that will engage HCOs in the community and increase the effectiveness of their HIV prevention and management strategies, using tools and best practices specifically tailored for their respective organizational frameworks and the communities they serve. *This CBA initiative represents an innovative opportunity, developed based on national mandates and CDC recommendations for promising strategies to achieve a higher level of impact with HIV prevention at the community level.*

The National HIV Prevention Progress Report (2013) highlights three major preventive goals in support of the highest- impact prevention strategies: **1) prevention of new HIV infections, 2) improve access to HIV Care and Health Outcomes, and 3) Reduce HIV-Related Health Disparities.**

The CAI-CDN Capacity Building Assistance Learning Collaborative (CBALC) aims at achieving these three goals by targeting Community Health Centers, which serve a variety of federally designated Medically Underserved Area/Populations across the country.

The CBALC initiative's sites are Community Health Centers that provide care for patients from communities with some of the highest HIV and HCV incidence in the country.

**The specific aims of this project** are to:

- 1) **Needs Assessment:** gain a better understanding of the scale of patients, access to care, current CHC practices, available resources and challenges in order to develop tailored capacity building approaches.
- 2) **Capacity Building:** enable and equip clinicians and staff to combine their skills and knowledge for implementing evidence based HIP strategies in CHCs using a participatory design approach, and support CHC administration in identifying viable funding programs and statewide resources to enhance current practices.
- 3) **Education and Technical Assistance:** enhance utilization of self-directed resources through virtual webinars and collaborative training.
- 4) **Dissemination:** Facilitate sharing of tools and resources developed during implementation, readiness for change across participants, gauge interest in larger initiatives and potential public health impact for prevention strategies.

Participating Health Centers will receive curricula designed to meet their specific needs. CHCs will identify **Learning Collaborative Facilitators (LCF)** as liaisons who will serve as the primary contact and coordinate staff participation. The **CBALC** Curriculum will provide targeted training for the LCFs, increased access to resources for participants, and enduring training resources for all health centers and other community service providers.

*Teams will participate in a year-long structured program of internal face to face meetings, virtual training webinars, an online clearinghouse of curriculum based, skill-building resources, and regular team assignments, all designed to build strategies for increasing access to new patients, implementing feasible screening and testing strategies, improving medication adherence and patient retention, initiating a center specific counseling forum, and managing and tracking HIV positive patients in their system.*

The initiative will incorporate 5 components: 1) **Participation**: stakeholders determine the core capabilities to be explored and assessed, where staff participate in the collaborative development of tools and assessment measures, and interpretations for developing improvement plans; 2) **Customization**: Curricula, tools and resources will be tailored by each organization or group of organizations, to meet their particular strengths and weaknesses; 3) **Ownership**: participation and customization will increase ownership and empowerment within the organizations, leading to greater applicability of lessons learned from the assessment process and enhanced sustainability; 4) **Communication**: the goal will be to establish strong channels of communication and foster understanding both within and between organizations; 5) **Continuous Learning**: as part of the implementation plan, iterative assessment of progress and creation of action plans will provide infrastructure for addressing issues and allowing organizations to identify solutions for immediate and positive results.

Key project facilitators will include:

- 1) **Webinars**: Webinars will function as the first part of a “flipped classroom” learning model style requiring participants to watch informative videos while the main learning collaborative (teleconferences) will focus on problem solving and application. The main goal for the webinars will be online-skills building and strategies for individualized project management.
- 2) **Teleconferences**: Engage participants in discussion and peer learning, incorporating “bottom-up” structures (from small group to large organization) to inform methods for improvements and encourage active learning.
- 3) **Evaluation**: evaluation will help in bringing resources to scale and will be integrated into each of the aforementioned five components of the initiative. Progress in achieving specific learning and capacity building efforts and comparative analysis of pre- and post-CBALC outcomes will be critical for making evidence based decisions and plans for future and ongoing initiatives.

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*The full initiative summary and related resources are available at:*  
<http://www.cdnetwork.org/capacity-building-assistance-high-impact-hiv-prevention>