

Implementing Mini-Training for Your Planning Council/Planning Body

Emily Gantz McKay



HRSA/HAB Expectations for RWHAP PC/PB Training

The Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB) expects every Ryan White HIV/AIDS Program (RWHAP) Planning Council/Planning Body (PC/PB) to provide its members:

1. **Orientation** when they first join the PC/PB – so they understand their legislatively defined roles and responsibilities and those of the recipient, as well as how their PC/PB operates. This orientation should be provided just before or immediately after they are appointed to the PC/PB.
2. **“Ongoing, annual membership training”** – which currently must be mentioned in the annual letter of assurance (planning councils) or letter of concurrence (other Part A planning bodies) that accompanies the annual Part A application [2019 Part A Notice of Funding Opportunity (NOFO), p 17]

As the *Part A Manual* explains, orientation and training are necessary for:

“ensuring that members understand their roles and responsibilities, expectations for participation, how work is done and decisions are made, and policies and ground rules, and have skills that make them comfortable participating actively in meetings (e.g., understanding of Robert’s Rules of Order). All planning councils need such training, but there may be additional needs for consumers and for other planning council members without prior experience in community planning.” [p 123]

The *Part B Manual* (updated 2015) notes that orientation and training are important “retention measures...to help consumer members stay engaged and participate fully.” [p 78]

Why Training Matters

Training for PC/PB members, committee members, and potential members is important because:

- The RWHAP is complex, with many components and requirements
- PC/PBs play a unique role as diverse HIV community planning bodies – but their value depends on member knowledge, skills, and continuing engagement
- Part A planning councils decide how millions of dollars in Part A and Part A Minority AIDS Initiative (MAI) funds are used; they:
 - Decide what service categories receive funding and how much is allocated to each
 - Identify or help develop needed service models and specify targeting of funds to particular subpopulations of people living with HIV (PLWH) or specific locations (through directives)
- Other RWHAP planning bodies recommend funding and service models

Understanding a Complex Program

Training helps members understand the RWHAP and its complexities, including:

- A complicated system of HIV care – including RWHAP-funded and other services
- 28 “fundable” medical and support service categories
- Diverse subpopulations of PLWH that need different services and models of care
- Hugely increased amounts and types of data for decision making over the past decade – for example, information generated from client-based data systems on client characteristics and service utilization, as well as epidemiologic data, needs assessment findings, clinical quality management (CQM) data, and estimates of unmet need and of HIV-positive unaware individuals
- A growing focus on understanding and use of performance measures and clinical outcomes data – for all PLWH, RWHAP clients, and subpopulations
- Numerous federal, state, and local requirements that must be met

Special Challenges for Consumers and Other “New Community Planners”

- Some PC/PB members do planning as part of their job – this is true for most members who represent HIV service providers
- Others have no prior experience in HIV community planning or other health planning
- New planners often have different and greater training needs, since they need to learn community planning concepts and terminology as well as specific expectations related to RWHAP community planning
- RWHAP PC/PBs typically have strict annual calendars and deadlines – especially Part A programs with annual competitive funding applications
- New members face special challenges during their first planning cycle:
 - “Learning the program” often takes more than a year – but members are expected to help make decisions immediately
 - Veteran members may dominate the process or want to move quickly, without the clarifications and discussion needed by newer members
 - Experienced members may not feel the same need for training – especially if it requires additional time beyond committees and full PC/PB meetings

Importance of Multiple Mini-Training Opportunities and Strategies

No one approach to training works equally well for everyone:

- People learn in different ways
- Long training sessions may try to cover too much – with low retention after the first few hours
- People learn best through multiple exposures to the same information
- Learning happens best when the information is used immediately – through a training exercise or real PC/PB or committee work
- Scheduling special training sessions can be difficult – it’s often easier and attendance is often better if training is done at or around scheduled meetings
- Providing training to potential PC/PB members makes them better prepared once appointed, and helps people affected by HIV and the broader community better understand the planning process and its importance

Success Factors for Mini-Training – including Consumer Mini-Training

Short training sessions conducted during or around regular committee and PC/PB meetings, can be very successful in increasing knowledge, skills, and member participation. The following actions by trainers contribute to training success:

- Provide for active learning during the training – discussion and an exercise or activity to check and apply knowledge
- Link training to real PC/PB work and decision making – so new knowledge is used for something practical and important
- Provide participants concise written information ahead of time so they can read and discuss it – and be ready to participate
- Focus on less experienced members rather than those who already know the topic – for example, identify 1-2 participants that are clearly interested but not experienced, and watch them to be sure information is clear, and make sure all participants are encouraged to share their perspectives or ask questions
- Use plain language, avoid jargon, and explain new terms – many planning bodies provide placards to raise when they need to remind trainers or participants about use of jargon or overly technical terms
- Recognize differences in literacy levels – and remember that limited education does NOT mean limited intelligence

Suggested Steps to Implement Ongoing Mini-Training

Following are some logical steps that can help in planning and implementing ongoing mini-training activities:

1. **Assess training needs at least annually** – for all members, consumer members, committee members, and potential members. You can do this through written training needs assessments or through a discussion during a meeting. Be sure to ask for clarification when needed and take good notes. If the assessment is oral, ask for “votes” for the most important needs and preferred topics.
2. **Identify “Teachable Moments”** – mini-training opportunities that fit into your annual work plan and calendar. For example, mini-training sessions can be included in all of the following:
 - As part of all data presentations
 - During consumer and other committee meetings
 - Before or after PC/PB meetings
 - As part of interactions with existing consumer or other groups
3. **Develop an annual training plan and calendar** that combines mini-training with orientation, retreats, and other training. Consider having one plan for current members and another for the consumer committee. These can be simple, done in chart form, with topics and summary content organized by month and by venue (e.g., a particular committee, full PC/PB, new member orientation, annual retreat).
4. **Develop guidelines and tips for effective mini-training.** To “institutionalize” mini-training, document what works for your planning body. You almost certainly will want to use multiple trainers – PC/PB members, planning body staff, recipient staff, and external

experts. They will do a better job for you if they understand your expectations and have some suggestions to guide their preparations. The following can be particularly helpful:

- **A mini-training “tip sheet”** – Develop a 1-2 page summary that builds on and localizes the “Success Factors” listed earlier and give it to trainers to use in their preparations. Content might include reminders like the following:
 - Learn about this planning body – check our website, read a few relevant documents, learn about the committee structure, and get a sense of who we are and how we operate
 - Be ready to provide examples appropriate to the group you are training
 - Include at least one quick activity so participants can check their own knowledge and practice new skills
 - Use plain language and explain specialized terms or acronyms
 - Make it a discussion, not a speech – throw out quick questions and encourage dialogue
 - Don’t try to cover too much – it’s better to fully cover key points than to hurry through content that isn’t discussed and won’t be remembered
- **Examples of effective presentations and activities:** Save PowerPoints, exercises, and handouts from several successful mini-training sessions and provide them to trainers, especially those who haven’t helped you before.

5. **Find, assign, and prepare trainers – using your tips and calendar.** Remember, PC/PB staff and members are important trainers, but others can help. Once you know your training topics, look for potential trainers who understands the topic and enjoy working with diverse groups. Be sure to consider:

- Recipient and other public health department staff as well as staff of other local agencies
- PC/PB and committee members and former members
- HIV service providers, including individuals who do not serve on the planning body
- Experts from universities, nonprofit organizations, and the private sector

In recruiting trainers for mini-sessions, emphasize the importance of the planning body and its work. You should not need to pay anyone, but invite the trainer to stay for the meeting, and depend on PC/PB leadership to ensure that s/he is treated with appreciation and respect.

6. **Implement, assess, debrief, and improve your training.** Ask PC members to assess sessions in writing or through discussion. Ideally, a committee such as Membership will be working with staff to coordinate training and it can take charge of debriefs, assessment, and identification of needed refinements.