

MAPS IX: Advancing Rapid HIV Testing in Labor and Delivery

MAPS (Mapping AIDS Prevention Strategies) is a series of CityMatCH-developed community tools for action planning



Overview: MAPS IX is a skills building opportunity that asks participants to work through a fictitious case study. The case study is set in Rapid Falls, NW (Nowhere) and focuses on the implementation of rapid HIV testing in hospital labor and delivery units. The case is from the point of view of local public health professionals who have formed a collaborative team to work toward the elimination of mother-to-child transmission of HIV in the urban community of Rapid Falls.

Relevance: In order to achieve maximum reduction in mother-to-child transmission of HIV, women who present in labor with unknown HIV status should be offered rapid testing with appropriate counseling and follow-up care. MAPS IX allows participants to examine a typical city's current stage of city-wide implementation and think strategically in order to further the implementation process.

Critical Skills for Public Health Professionals: The sphere of influence for public health professionals sometimes does not extend to hospital practice and policy. However, if public health is to achieve the elimination of mother-to-child HIV transmission within a city, hospitals must implement rapid HIV testing in labor and delivery and be equipped to appropriately respond to positive preliminary tests. Therefore, public health professionals must possess the skills list below.

- (1) **Relationship Building**—Ability to leverage existing relationships and build new ones with persons who have connections, exert influence or are empowered to shape hospital practice and policy.
- (2) **Community Action Planning**—Ability to plan, initiate and successfully carryout a community action-planning process for city-wide implementation of rapid testing in labor and delivery.
- (3) **Powerful Persuasion**—Ability to “make the case” for rapid HIV testing in labor and delivery to hospital officials.

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Process: MAPS IX has six steps—outlined below—designed to be administered in a three hour block. Meeting participants will be pre-divided into three teams of six to 10 individuals. Each team will be seated at round tables. Ideally, four facilitators will be present along with one session coordinator to play the following roles:

- **Primary Facilitator**—able to clearly introduce the exercise to the whole group, provide technical assistance throughout the exercise as needed, eloquently pull together the real-life significance and challenges seen in the exercise, and herald a motivating call-to-action for further implementation of rapid HIV testing in labor and delivery.
- **Small-Group Facilitators**—able to lead one of three small working-groups through their assigned activity, keep the conversation focused and productive, provide perspective, insight and technical assistance in areas the small group may need help, and give input in large group conversations about lessons learned and key take-home points.
- **Session Coordinator**—able to systematically organize and deliver the session’s materials when needed, meet any needs of the Primary and Small-Group Facilitators, answer or find answers to any logistical questions from participants, and, in general, assure a smooth running exercise.

Part 1: Ensuring a Common Knowledge Base

A selected presenter will deliver a presentation on rapid HIV testing in labor and delivery to ensure everyone is working with the same language, knowledge and understanding. (45 minutes).

Part 2: Large Group Overview of the Case

The Primary Facilitator will present the MAPS IX Exercise to the whole group, briefly explaining its Overview, Relevance, Critical Skills and Process. (10 minutes).

Part 3: Case Study

After Step I, teams will be given the case and their group-specific exercise. As a group, they will read through the case and work collaboratively to complete their exercise. (50 minutes).

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Part 4: Presentations

MAPS IX asks each small group to present their work to the full group after completion of their exercise. To facilitate timely completion, presentations along with follow-up questions and feedback should be limited to 15 minutes for each group. (45 minutes total).

Part 5: Wrap-Up

The MAPS IX Primary Facilitator will draw together the relevance of the subject matter after Part 4 is completed. The importance of the matter should be stressed and a call to further action in each of the participating cities should be given. After this, the Primary Facilitator will transition the meeting into Part 6: Local Action Planning. (5 minutes).

Part 6: Local Action Planning

After the presentations, city-teams who were previously mixed within and throughout the larger group, will come together to consider how they can advance implementation of rapid HIV testing in labor and delivery within their individual cities. (25 minutes).

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The Case

The Rapid Falls, NW (Nowhere) Perinatal HIV Urban Prevention Collaborative (UPC)—comprised of the participants in this room—met recently to plan future prevention activities. During the meeting, the team decided to focus significant attention on local hospitals for the implementation of rapid HIV testing in labor and delivery.

The team’s vision was big: “Rapid HIV testing for women with unknown HIV status implemented in every labor and delivery unit city-wide.” But they faced a significant problem: the public health professionals on the UPC team did not have a great deal of influence in local hospital policy. In fact, after a lengthy discussion, they determined that their relationships with local hospital officials, particularly those providing obstetrical services, could be summed up as, “Inadequately influential relationships with some hospital officials.” Not a promising picture.

Prevention of perinatal HIV infection has been the focus of the team for over four years, with effort given to targeting community obstetrical providers in both public and private sectors. Since the introduction of OraQuick and its accompanying CLIA waiver, team members have begun offering rapid testing in mobile van outreach programs and in some community-based organizations. Additionally, through a long-standing referral linkage between one of the community-based organizations and a local hospital, a partnership was struck to implement rapid testing in the local hospital’s labor and delivery unit.

In order to move ahead, three working groups were formed on the UPC team to address important issues and report back to the group. These were their assignments.

Group #1: **Relationship Building**—Perform an assessment of the team’s existing relationships and degrees of separation from persons who have connections, exert influence or are empowered to shape hospital practice and policy.

Group #2: **Community Action Planning**—Develop a plan for a community action-planning process for city-wide implementation of rapid testing in labor and delivery.

Group #3: **Powerful Persuasion**—Develop a presentation that will “make the case” for rapid HIV testing in labor and delivery to hospital officials. Why should they do it?

It was time to get started...

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Quick Facts on Rapid Falls, NW

- Rapid Falls is a large, urban community located in an essentially rural state.
- The metro area is an intersection of several interstate highway systems.
- Rapid Falls has a metro-area population of 4,141,176.
- 1,041,359 residents are females between the ages of 15-44.
- The estimated number of females ages 15-44 living with HIV & AIDS is 7,156.
- Based on previous anonymous seroprevalence done some years ago, Rapid Falls incidence is believed to be about 1 to 1.5%
- The Rapid Falls metro area averages 71,541 births annually, with a high incidence of preterm/low birth weight infants and mothers with inadequate or no prenatal care.
- The community (and region) has a small, but chronic and growing problem with IV drug use and traffic.
- 18 area hospitals serve the community.
- 1 or possibly 2 (the team is not 100% sure) hospitals in the metro have already implemented rapid HIV testing in labor and delivery.
- HIV testing policy in the state could best be defined as “Opt-In” (i.e. women receive HIV counseling during prenatal care and are offered an HIV test).
- The Rapid Falls perinatal HIV Urban Prevention Collaborative (UPC) is comprised of approximately 20 members. The vast majority of team members are based in the health department. Approximately half of these health department employees have primary responsibility for maternal and child health issues; the other half hold primary responsibility for HIV/AIDS prevention and treatment. Additionally, a handful of team members are located in HIV/AIDS community-based organizations.
- The community has a long history as a haven for new immigrants—both legal and undocumented—and increasingly has attracted immigrants from regions/countries with high prevalence for TB and HIV. These individuals, who speak multiple languages, have been attracted by work in the community’s reemerging agriculture, food preparation (i.e. poultry and meat-packing), and construction industries.

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Group #1's Challenge:

Relationship Building—for the Rapid Falls UPC team, perform an assessment of existing relationships and degrees of separation from persons who have connections, exert influence or are empowered to shape hospital practice and policy.

To do this: Blend the real-life knowledge and experience of the members in your small group with the “Quick Facts on Rapid Falls, NW” to answer the questions below. Be prepared to present your work to the full group following the exercise. (Note: the questions listed on this page are just a starting point. Feel free to add, omit, and/or amend questions as your working group sees fit.)

1. What connections currently exist between the Rapid Falls, NW UPC team and persons who have connections, exert influence or are empowered to shape hospital practice and policy?

2. What additional connections are needed?

3. Should the Rapid Falls UPC team expand their membership to include key influential hospital officials/staff members? Will these individuals want to join the UPC team?

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Group #2's Challenge

Community Action Planning—Develop a strategy for a community action-planning process for city-wide implementation of rapid testing in labor and delivery.

To do this: Blend the real-life knowledge and experience of the members in your small group with the “Quick Facts on Rapid Falls, NW” to answer the questions below. Be prepared to present your work to the full group following the exercise. (Note: the questions listed on this page are just a starting point. Feel free to add, omit, and/or amend questions as your working group sees fit.)

1. Who should be involved in the community action-planning process?

2. How will you invite participants? Motivate them to participate? Keep them motivated throughout the planning?

3. What will the skeleton/structure of the planning process look like?

4. Ultimately, what will make for a successful community action-planning process?

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Group #3's Challenge

Powerful Persuasion—Develop a presentation that will “make the case” for rapid HIV testing in labor and delivery to hospital officials. Why should they do it?

To do this: Blend the real-life knowledge and experience of the members in your small group with the “Quick Facts on Rapid Falls, NW” to answer the questions below. Be prepared to present your work to the full group following the exercise. (Note: the questions listed on this page are just a starting point. Feel free to add, omit, and/or amend questions as your working group sees fit.)

1. How can you clearly “make the case” for rapid HIV testing in labor and delivery from the point of view of hospital officials/key hospital staff—why should they do it?

2. How will you create the opportunity to “make the case?”

3. What are the key data needed?

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Team Questions

Back in your own UPC team, consider the following questions for your community's implementation efforts.

1. How are the circumstances faced in Rapid Falls similar to your community? How are they different?
2. What opportunities are currently available for further implementation of rapid HIV testing in labor and delivery in your community?
3. Can you "make the case" for hospitals to implement rapid HIV testing in labor and delivery with your local data?
4. What are the key data needed?
5. The case study assumed an existing relationship with fictitious hospital officials/or key staff. Are there relationships among your team members that can be leveraged in a similar manner?
6. How can you take the next step in your community?