

MAPS VII: Reaching Incarcerated Women for Perinatal HIV Prevention

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



MAPS VII addresses a specific hard-to-reach population—incarcerated woman. A facilitator is needed to guide participants through a series of small-group and whole-group activities. A description of these activities follows.

Part 1: Getting Started

- 1. Getting Started – Human Likert:** Facilitator will ask participants to consider the following question and then line up along a wall according to the number on the Likert scale they most agree with.

“Mother to baby transmission of HIV/AIDS can be eliminated in the United States by the end of this decade.”

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Somewhat Disagree

- 2. Once Around:** After participants have self-identified a location along the Likert scale, the facilitator will ask each group to briefly introduce themselves and explain why they chose the number on the Likert scale that they did.
- 3. Group Sorting:** Facilitator will divide participants – according to their position on the Human Likert – into three evenly-numbered groups and ask groups to move to an assigned working table.

Part 2: Her Story

- 1. Introduction of the Issue:** The facilitator will express the following ideas, “We know that the prevention and elimination of perinatal HIV from mother to baby depends upon our ability to reach the hardest-to-reach women. Today, we’re going to take an in-depth look at one hard to reach population that is critical to the success of elimination efforts – incarcerated women.”
- 2. Telling her Story:** The facilitator will ask groups to list details that describe the lives of the incarcerated women they wish to reach. “What life circumstances do these women tend to share in common?”

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Part 3: Her Story

- 1. Whole Group Problem Determination:** Part 3 begins with the facilitator reconvening the whole group in order to identify a specific problem to map and later address. The determination of the problem should build upon the work completed in Part 2 so that a limited, defined population is selected and clearly defined. An example problem could be: perinatal transmission among HIV positive women in and out of jails.
- 2. Small Group Problem Mapping:** Once the problem has been determined among the whole group, the facilitator will explain the methodology behind problem mapping (e.g. precursors and consequences) and provide an example of a problem map around a different issue (e.g. teen pregnancy). After the problem map example, the facilitator will ask small groups to do a problem map for the problem determined.
- 3. Small Group Reports:** After the available time for Part 3 has expired, the whole group is reconvened by the facilitator and small groups report their findings from the problem map.

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Part 4: Moving Toward Action

- 1. Flip it Over:** The facilitator leads a new discussion, not focused on the problems, but on the solutions. Generally, they ask the whole group to answer the question, "What needs to happen so 'it' (the identified problem) is prevented?"
 - ✓ Education
 - ✓ Policy
 - ✓ Treatment
 - ✓ Surveillance
 - ✓ Testing
 - ✓ Outreach
- 2. Community Questions:** In order to move city teams toward action, the final step in Part 4 is conducted by traveling members of each city team. The facilitator asks teams to consider what every community must ask and know about perinatal HIV and incarcerated women in order to realize better prevention success. Once teams have considered this question, they are asked to begin an action planning process to better reach this population for HIV counseling, testing, and care.