

CDC-RFA- PS19-1904:

Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration

Attachment C
Program Guidance
for Component 1:
National Training



Updated September 2018



**Centers for Disease
Control and Prevention**
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

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Component 1: National Training

Overview

Training and education of the HIV prevention workforce continues to be a critical strategy in the effort to reduce HIV-related infections, health disparities, and mortality, while improving long-term outcomes for persons with HIV. An important step in achieving expected outcomes involves obtaining the services of competent and highly skilled training service providers. During the fifteen-year period from 2002 to 2017, the Capacity Building Branch (CBB) has diffused more than 30 behavioral, biomedical, and other HIV prevention interventions and strategies to more than 45,000 members of the HIV prevention workforce representing more than 11,000 community-based organizations, health departments, and health care organizations. The primary method of diffusion for these interventions and strategies has been through face-to-face trainings and online eLearning modules.

Successful applicants will collaboratively develop and deliver a comprehensive training program to increase the HIV prevention knowledge, skills, and competencies of interdisciplinary staff (e.g., professional, technical, clinical, and managerial) within Centers for Disease Control and Prevention (CDC) funded programs and their local partners. Training includes utilization of existing and newly developed training packages for CDC-supported high impact prevention (HIP) interventions, public health strategies and topics of national importance. As directed by CDC, national training may also include supplemental topics such as social determinants of health, recruitment, retention, adaptation of interventions and evaluation. Training curricula, products, and materials must be culturally, linguistically, and educationally appropriate to meet the capacity building needs of CDC funded programs and their local partners as they serve people with HIV (PWH) and populations at greatest risk for HIV infection. Trainings may address, but are not limited to, the topics listed in Appendix 1.

Note: To prevent duplication of services and leverage existing federally funded training, the development and delivery of training should occur in communication, coordination, and collaboration with the AIDS Education Training Centers and the National Network of STD/HIV Prevention Training Centers.

As a supplement to PS19-1904, Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration, this training guidance is provided to support applicants in preparation of applications. It includes some additional tasks, tips, and information that could be used for consideration when preparing applications. Examples, if any, will be provided in bulleted lists below the activity.

Activity-Specific Guidance

Component 1: National Training Required Activities

1. In partnership with CDC, annually develop and implement a work plan for developing and delivering training based on a review of existing training, an assessment of training needs, and CDC priorities for the HIV prevention workforce.
 - a. In partnership with CDC and original researchers, examine existing and new HIP interventions, public health strategies, and topics of national importance, their theoretical underpinnings, their implementation, and ways in which revised or newly developed competency-based training can meet the capacity building needs of the HIV prevention workforce. CDC will prioritize HIP interventions, public health strategies, and topics of national importance for training dissemination.

Anticipated tasks may include, but are not limited to, the following:

- In partnership with CDC, use the [National Commission for Health Education Credentialing](#) competencies and existing documentation to identify competencies and sub-competencies for the target audience. Work in partnership with CDC-identified subject matter experts to identify proficiency levels for training content. Develop a competency-based model for each training product.
- In partnership with CDC, develop competency-based curricula for educational trainings that includes relevant learning activities, experiential learning, and supporting materials following adult learning principles.
- In partnership with CDC, develop specific, measurable, achievable, realistic, time-based (SMART) learning objectives, tools to assess achievement of learning outcomes, and tools to evaluate learner satisfaction with courses and educational sessions.

- b. Use evidence-informed models for instructional design and adult learning techniques to develop and deliver all training.

Anticipated tasks may include, but are not limited to, the following:

- Develop learning products based on sound instructional design methodology, adult learning theory/techniques, and innovative application of instructional technology in accordance with [Web Content Accessibility Guidelines \(WCAG\) 2.0](#), [Department of Health and Human Services \(HHS\) 508-compliance guidelines](#), CDC-approved software (e.g., Lectora, Adobe Captivate), and CDC guidance and input.
- Apply principles of instructional systems design to conduct analysis, design, development and evaluation tasks required for training products and services.
- Follow instructional design project planning guidance and style guides from CDC for all educational training materials developed for CDC.
- Use appropriate methods and technology to develop and disseminate all training.
- Develop all training products incorporating the 8 CDC Quality Training Standards (see Appendix 2).
- Develop training products using format and templates provided and/or approved by CDC.

NOTE: All training curricula, products, and materials are the property of CDC, and all final source files will be transferred to CDC upon completion of each developmental project. Regardless of the format of the training, CDC must have the ability to update, change, and refine the training as needed at a later date.

- c. Use state-of-the-art and interactive technology (e.g., multi-device formats, social media applications, gamification) in the development and delivery of all training.

Anticipated tasks may include, but are not limited to, the following:

- In partnership with CDC, design and prepare graphic materials to convey or support educational concepts, illustrate information/communication messages, and provide visual appeal to CDC materials. These include, but are not limited to, culturally appropriate graphic illustrations, infographics, stock photography, and data visualizations.
- Provide images, photographs, font packages, software, and tools for design and development of graphics in an editable format. CDC will approve all images and graphics. All images and graphics should reflect populations at highest risk for HIV.
- Collect, store and provide consent forms for all photographs.
- Work closely with CDC content developers, instructional designers, health educators, and staff to design graphics or find images that are culturally appropriate and represent communities living with or at high risk for HIV. Provide layout and formatting to ensure graphic elements are incorporated appropriately within documents.
- In partnership with CDC, develop scripts for audio and video productions as necessary. Record audio and video segments for use in training products based on approved CDC content. Produce, direct, and edit audio and video segments.
- Ensure all audio and video products adhere to WCAG 2.0/Section 508 guidelines.
- Collaborate with CDC staff to develop audio and video materials for accuracy and clarity, ensuring all products are written in plain language in a style suitable for the intended audience. Products must be consistent with the [Plain Writing Act of 2010](#) and [CDC's Clear Communication Index](#).
- Provide CDC with audio and video files to post or embed on the web and into instructional products.
- Use CDC approved audio and video components for learning activities.
- As needed, develop high-impact design and custom 3-D animation, infographics, multimedia animation, design elements, medical illustrations, and photography images of training products.
- Consult with CDC on digital graphic design and photography for key audiences.
- Develop digital media content for instructional products.
- Edit video, audio clips, and transcripts for posting in learning products or online.
- Provide photography services (e.g., photo shoots) to collect photographs that do not exist in stock photography. These may include, but are not limited to photographs that visually reinforce learning for the HIV prevention workforce and represent its diversity. Edit photographs as needed.

- d. In partnership with CDC, engage intended audiences in the development of training curricula, products and materials.

Anticipated tasks may include, but are not limited to, the following:

- Conduct at least one pilot training with intended users.
- Compile feedback and information from pilot training and submit to CDC for review.
- In partnership with CDC, use information obtained during pilot training to revise curricula as needed.

- e. Submit all developed training curricula, products, and materials (e.g., PowerPoint presentations, implementation manuals, storyboards, learning guides, outlines, etc.) for CDC review and clearance. Additionally, they should be carefully reviewed prior to CDC submission to ensure that they contain scientifically sound, grammatically correct, and clear language. Training curricula, products, and materials should be fully 508-compliant (<https://www.hhs.gov/web/section-508/index.html>), formatted, and edited. All training curricula, products, and materials are the property of CDC, and all source files should be transferred to CDC upon completion of each developmental project.

Helpful considerations include, but are not limited to, the following:

- In partnership with CDC, develop materials for instructional and informational products for accuracy and clarity, ensuring that all products are written in plain language in a style suitable for the intended audience. Products must be consistent with the [Plain Writing Act of 2010](#) and [CDC's Clear Communication Index](#).
- Collaborate with CDC to adhere to the CBA Provider Network (CPN) and CDC branding guidance and apply to all developed materials.
- All training materials should be developed in CDC approved software.

NOTE: All training products developed with CDC funding must be 508 compliant. Section 508 refers to the section of the Rehabilitation Act of 1973 that requires federal agencies to make their electronic and information technology accessible to people with disabilities. All applicants should review the General Services Administration site <https://www.section508.gov/>.

- f. In partnership with CDC, contributes products to an electronic library of all final training curricula, products and materials.

Anticipated tasks may include, but are not limited to, the following:

- In collaboration with CDC staff, ensure accurate understanding of CDC’s services, which include accreditation of educational activities, learning management systems ([Training and Continuing Education Online](#) and [CDC TRAIN](#), both of which are non-traditional learning management systems (LMSs) and cannot be modified), and promotion of training through [CDC Learning Connection](#), to help them consider these services early in the training development process.

- g. As directed by CDC, routinely exchange information regarding updated and new training with other members of the CPN, particularly the regional TA providers.
- h. Use feedback from CDC-funded programs, their local partners, and other CPN members to inform continuous improvement of training.

Anticipated tasks may include, but are not limited to, the following:

- In collaboration with CDC, directly funded organizations, their local partners, and other CPN members, use data collected from training assessments to review, recommend edits, and revise curricula.

- i. Conduct a timely post-training activity (e.g. conference call, email) to determine status and challenges related to organizational implementation of HIP interventions and public health strategies.

- j. Conduct monitoring, evaluation and reporting activities as described in the funding opportunity.

Anticipated tasks may include, but are not limited to, the following:

- Conduct formative (pilot tests, usability tests, needs assessment, etc.) and summative evaluation of training programs/activities to determine the overall success of training programs in accomplishing training goals and provide recommendations for areas of improvement. This will include quantitative (surveys) and qualitative (focus groups) data collection methods to gather information, and data metrics from electronic training tools and systems, if appropriate.
- In collaboration with CDC, design new or improve existing data reports to assist with conveying evaluation data from learning management systems in a clear and concise way to HIV course designers and developers.

- k. In partnership with funding recipient under Component 4, promote CBA program and services.
- l. Participate in post-award CPN meetings, conference calls, and other activities to enhance communication, coordination, and collaboration among all CPN members.

To apply for Component 1: National Training, applicants must also select either Track A: Electronic Learning (eLearning) Training Center OR Track B: Classroom Learning Training Center. For selected track, implement all activities as described below.

Track A: Electronic Learning (eLearning) Training Center

ELearning refers to all types of training, education, and instruction that occurs on a digital medium, such as computers and smartphones. Designed specifically to support distinct learning objectives through a variety of instructional strategies, eLearning requires active engagement and interaction by the learner to meet objectives and achieve intended outcomes. ELearning as an instructional technique provides many benefits including cost reduction to organizations, availability to learners at the moment of need, and consistent messaging. Funding recipients are required to demonstrate a proven ability to produce eLearning products that achieve intended learner outcomes while adhering to [Web Content Accessibility Guidelines \(WCAG 2.0\)](#). All applicants are expected to comply with CDC eLearning course development standards as outlined in [CDC's E-Learning Essentials Guide](#).

Activity-Specific Guidance for Track A: eLearning Training Center

The activities (and guidance) that follow are specific to eLearning and should be considered in addition to the overall Component 1 activities to demonstrate eligibility for fulfilling the requirements of Track A. Examples of anticipated tasks, if any, will be provided in bulleted lists below the activity.

1. In partnership with CDC, maintain and/or update content for existing asynchronous web- based training modules and related materials using CDC-approved software (i.e., Lectora, Adobe Captivate) for HIP interventions, public health strategies, and/or topics of national importance to reflect the most advanced science and practice. Use updated content to develop and/or revise related web-based implementation and promotional materials (e.g., guidelines, forms, checklists, etc.).

Anticipated tasks may include, but are not limited to the following:

- Create learning products based on sound instructional design methodology, adult learning theory, and innovative application of instructional technology in accordance with WCAG 2.0/508-compliance guidelines, responsive design guidance, and CDC guidance (e.g., [CDC's ELearning Essentials, Quick-Learn Design Toolkit and Quality ELearning Checklist](#)).
- Review and develop instructional materials for accuracy and clarity, ensuring that all products are written in plain language in a style suitable for the intended audience. Products must be consistent with the [Plain Writing Act of 2010](#) and [CDC's Clear Communication Index](#).
- Develop e-books as needed to replace or complement educational reference tools and manuals. E-books should be developed in accordance with [HHS and CDC Section 508 guidelines](#), responsive design guidance, CDC branding guidance. The funding recipient will assist CDC with posting/hosting the e-book in appropriate places (e.g., iTunes store).
- Use appropriate and interactive technology in the development and delivery of all training.
- Conform and adapt product design and delivery approach to fully use applicable LMSs such as CDC TRAIN using SCORM (Shareable Content Object Reference Model), hypertext markup language (HTML) 5 Experience, Application Program Interface (xAPI), and future programming features as appropriate.
- Develop WCAG 2.0/508-compliant eLearning, PDF documents, videos, widgets, podcasts, and other multimedia content as needed in consultation with CDC when developing eLearning courses.
- Coordinate with CDC accreditation and learning management systems (Training and Continuing Education Online and CDC TRAIN) staff to ensure effective launch and maintenance of the courses.

2. As directed by CDC, develop new content including asynchronous web-based training using CDC approved software (i.e., Lectora, Adobe Captivate) for a minimum of three HIP interventions, public health strategies, and/or topics of national importance per budget year. Use new content to develop web-based implementation and promotional materials (e.g., guidelines, forms, checklists, etc.).
 - a. Pilot test new content with intended audiences, revise, and finalize content for 508-compliant web-based training modules, implementation materials, and educational/promotional materials.
 - b. Conduct User Acceptance Testing (UAT) with intended audiences, and revise, and finalize 508-compliant web-based training modules.
 - c. In consultation with CDC, establish and implement requirements for acknowledgement or confirmation of completion for web-based and blended training, and, as appropriate, secure professional continuing education units for HIP intervention and public health strategy trainings.
 - d. In partnership with CDC, place, launch, and update 508-compliant, web-based training modules and related materials on an existing CDC-approved web-based LMS. All training curricula, products, and materials are the property of CDC, and all source files should be transferred to CDC upon completion of each developmental project.

Anticipated tasks may include, but are not limited to the following:

- Coordinate and facilitate webinars using CDC approved webinar technology (e.g., Adobe Connect) to facilitate broader participation in training and education sessions. This may include logistics such as equipment set up, promotion, management of participant dialogue and coordination with presenters, as needed. If requested, recording and captioning webinars for access/use after the event and for use as a learning activity.

NOTE: All final deliverables (training curricula, products and/or materials are the property of CDC and all final source files will be transferred to CDC upon completion of each developmental project. CDC must have the ability to update, change and refine the training as needed at a later date.

3. As directed by CDC, update and transition existing content from classroom training to asynchronous web-based training using CDC approved software (i.e., Lectora, Adobe Captivate) for a minimum of three HIP interventions and public health strategies and/or topics of national importance per budget year. Use updated content to develop web-based implementation and promotional materials (e.g., guidelines, forms, checklists, etc.).

Anticipated tasks may include, but are not limited to, the following:

- Coordinate and facilitate webinars as needed using CDC approved webinar technology (e.g., Adobe Connect) to facilitate broader participation in training and education sessions. This should include training logistics such as equipment set up, promotion, management of dialogue by participants, and coordination with presenters, as needed. If requested, recording and captioning webinars for access/use after the event and for use as a learning activity.

NOTE: All final versions of training products are the property of CDC and all source files must be delivered to CDC upon project conclusion.

4. As directed by CDC, collaborate with Track B funding recipient to develop new or revise eLearning elements for existing blended training (i.e., asynchronous and/or synchronous web-based training and in-person classroom training) for HIP interventions, public health strategies and/or topics of national importance. For example, develop a blended training for an electronic health (eHealth) approach to implementing a HIP intervention that uses a web-based, multi-device, and instructor-led approach that can simultaneously reach large numbers of persons.
5. In partnership with CDC, post and maintain an up-to-date national eLearning training schedule to a CDC approved LMS for web-based training registration and information for logistical coordination.

Reference <https://www.effectiveinterventions.cdc.gov> for example of the Training Events Calendar.

Track B: Classroom Learning Training Center

Classroom learning remains a proven method of sharing skills and knowledge. It provides the opportunity for learners to actively engage in the learning experience, generates opportunities for face-to-face interaction, and provides a safe learning environment for discussion, problem-solving, and open exchange of ideas. The use of adult learning principles in the classroom helps to enhance the overall learning experience for the learners. CDC developed Quality Training Standards that must be met to be considered a quality training. These standards set a foundation and level of quality for training development in any format and for any audience taking a training. (Appendix 2)

The activities (and guidance) that follow are specific to classroom learning and should be considered in addition to the overall Component 1 activities to demonstrate eligibility for fulfilling the requirements of Track B. Examples of anticipated tasks, if any, will be provided in bulleted lists below the activity.

Activity-Specific Guidance for Track B: Classroom Learning Training Center

1. In partnership with CDC, maintain and/or update content for existing classroom training curriculum and related materials for HIP interventions, public health strategies, and topics of national importance to reflect the most advanced science and practice. Use updated content to develop and/or revise related implementation and promotional materials (e.g., guidelines, forms, checklists, etc.).

Anticipated tasks may include, but are not limited to, the following:

- Remain aware of any changes and/or updates to HIP interventions and public health strategies.
- Create reusable templates and reference documents to inform future implementation.
- Include relevant didactic learning activities, experiential learning, and supporting materials that follow adult learning principles. Classroom curricula must follow current CDC standards (e.g., use an established instructional design model to develop curricula; ensure that the model selected addresses the basic steps for curriculum development; determine the target audience for the curriculum and their characteristics) to insure standardized delivery of training information.

2. As directed by CDC, develop new classroom-based training packages for a minimum of three HIP interventions and/or public health strategies and/or topics of national importance per budget year.
 - a. All training packages must meet 508-compliance requirements and should include:
 - Training of Facilitators (TOF) curriculum (e.g., trainer’s manual, participant’s workbook, and PowerPoint slides) to teach how to implement HIP interventions, public health strategies, and/or topics of national importance;

- Training of Trainer (TOT) structured agenda for walkthrough of how to deliver TOF curriculum, and
- Implementation and promotional materials (e.g., guidelines, forms, checklists, factsheets, videos, and posters).

Considerations for curriculum development include, but are not limited to the following:

- Select a design model appropriate for the given curricula
- Select and use a variety of techniques to define and sequence the instructional content and strategies
- Select or modify existing instructional materials
- Develop new instructional materials
- Design instructional methods that reflects an understanding of the diversity of the learners
- Evaluate and assess instructions and impact

- b. Pilot test with intended audiences, revise, and finalize content for 508-compliant classroom-based training packages.

Anticipated tasks may include, but are not limited to, the following:

- In the process of developing curricula, validate all materials by training and subject matter experts. These individuals should review materials and comment on their validity from both an instructional and content perspective. During the validation process, it is often helpful to pre-test specific (new) activities or training approaches. The overall purpose of every pilot course is to validate the material presented in the curriculum.
- Pilot-test training materials with the intended audience prior to final release. Pilot courses allow those who are subject matter experts, members of the intended audience, and experienced trainers to provide feedback regarding learning activities and skill attainment of the intended audience taking the course.

- c. In consultation with CDC, establish and implement requirements for acknowledgement or confirmation of completion for classroom based and blended training, and, as appropriate, secure professional continuing education units for HIP intervention and public health strategy training.

Anticipated tasks may include, but are not limited to, the following:

- Develop pre-course requirements, pre and post-course assessments and skills development activities.
- Develop attendance and completion standards and policies.
- Coordinate with CDC accreditation and learning management systems (Training and Continuing Education Online and CDC TRAIN) staff to ensure accreditation of events (as appropriate) and registration of attendees.

3. As directed by CDC, annually deliver at least 150 classroom-based and/or blended trainings for existing and/or new HIP interventions, public health strategies, and/or topics of national importance throughout the U.S. and its territories. This activity includes promotion, scheduling, dissemination of training materials, securing appropriate training space, provision of experienced trainers, and pre- and post-course communication with trainees.

Anticipated tasks may include, but are not limited to, the following:

- Demonstrate training capacity.
 - Maintain an active roster of trained/qualified trainers, several per intervention and public health strategy, who can deliver continuous/uninterrupted trainings throughout the U.S. and its territories.
- Demonstrate and maintain capacity and expertise in training planning, coordination, marketing, and logistics.
 - Prioritize training needs.
 - Develop a training plan.
- Develop and maintain a roster of consultants/collaborators/partners needed to adequately respond to training needs.

4. As directed by CDC, collaborate with Track A funding recipient to develop new (or revise) classroom-learning elements for blended training (i.e., asynchronous and/or synchronous web-based training and in-person classroom training) for HIP interventions, public health strategies, and/or supplemental topics. For example, develop a blended training for an electronic health (eHealth) approach to implementing a HIP intervention that uses a web-based, multi-device, and instructor-led approach that can simultaneously reach large numbers of persons.

Anticipated tasks may include, but are not limited to, the following:

- Develop learning products based on sound instructional design methodology, adult learning theory/techniques, and innovative application of instructional technology in accordance with Web Content Accessibility Guidelines (WCAG) 2.0/508-compliance guidelines, CDC-approved software and CDC guidance and input.
- Apply principles of instructional systems design to conduct analysis, design, development and evaluation tasks required for training products and services.
- Follow instructional design project planning guidance and style guides from CDC for all educational training materials developed for CDC.
- Use appropriate methods and technology to develop and disseminate all training.
- Develop all training products incorporating the 8 CDC Quality Training Standards (Appendix 2).
- Develop training products using format and templates provided and/or approved by CDC.

NOTE: All training curricula, products, and materials are the property of CDC, and all final source files will be transferred to CDC upon completion of each developmental project. Regardless of the format of the training, CDC must have the ability to update, change and refine the training as

5. In partnership with CDC, post and maintain an up-to-date, national, classroom-learning training schedule to an existing CDC-approved LMS for web-based training registration and also the information for logistical coordination.

Anticipated tasks may include, but are not limited to, the following:

- Ensure necessary training capacity to manage and maintain the national training schedule and training logistical coordination.
- Reference <https://effectiveinterventions.cdc.gov> for example of the Training Events Calendar.

Appendix 1

Notice of Funding Opportunity

PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration Component 1: National Training

Purpose: To develop and deliver a comprehensive training program to increase the knowledge, skills, and competencies of interdisciplinary staff (e.g., professional, technical, clinical, and managerial) within CDC-funded programs and their local partners. Training includes use of existing and newly developed training packages for CDC-supported high impact HIV prevention (HIP) interventions, public health strategies, and other topics of national importance, such as recruitment, retention, adaptation, evaluation, and social determinants of health. Training curricula, products, and materials must be culturally, linguistically, and educationally appropriate to meet the capacity building needs of the HIV prevention workforce as they serve persons with HIV (PWH) and populations at greatest risk for HIV infection.

Note: To prevent duplication of services and to leverage existing federally funded training, the development and delivery of training should occur in communication, coordination, and collaboration with the AIDS Education Training Centers and the National Network of STD/HIV Prevention Training Centers.

As directed by CDC, trainings may address but are not limited to the following HIP interventions, public health strategies, and other topics of national importance:

Clinical HIV Testing: For HIV testing providers in public and private clinical settings, including those working in hospital emergency departments, urgent care clinics, inpatient services, substance abuse treatment clinics, public health clinics, community clinics, correctional healthcare facilities, and primary care settings.

- a. Routine HIV testing of all patients aged 13-65 years according to current CDC recommendations
- b. Routine, early HIV testing for all pregnant women according to current CDC recommendations
- c. *Testing Together* (couples HIV testing)
- d. *Social Network Strategy for HIV Testing Recruitment* and other recruitment methods for HIV testing
- e. Integration of HIV testing with screening for sexually transmitted diseases (STDs), hepatitis B virus (HBV), hepatitis C virus (HCV), and tuberculosis (TB)
- f. Integration of HIV testing with other programs and services in clinical settings
- g. Assessing and improving performance of HIV testing programs based in clinical settings
- h. HIV testing technologies for clinical settings
- i. Leveraging existing third-party billing systems for reimbursement of eligible costs associated with HIV testing in clinical settings
- j. *Personalized Cognitive Counseling* for repeat testers in clinical settings
- k. Referrals to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) services; STD, viral hepatitis, and/or TB screening; and other prevention and essential support services, as needed

Persons with HIV (PWH): For the HIV prevention workforce serving PWH throughout the stages of HIV medical care from initial diagnosis to achieving the goal of viral suppression.

- a. Linkage to, re-engagement in, and retention in HIV medical care
 - Linkage to medical care, treatment, and prevention services
 - Existing and newly established formalized collaborative partnerships
 - ARTAS and other strategies
 - Re-engagement with care for PWH who are currently not in care
 - Retention in medical care, treatment, and prevention services
- b. Antiretroviral therapy (ART) early initiation and medication adherence for HIV viral suppression
 - Medication adherence services that support direct observation, maintenance on ART, and overall achievement of viral suppression. Includes use of CDC-approved medication adherence interventions: *Partnership for Health (Medication Adherence)*; *HEART*; *Peer Support*; *SMART Couples*
- c. HIP behavioral interventions for persons with newly and previously diagnosed HIV
 - *CLEAR*; *ConnectHIP*; *Healthy Relationships*; *Partnership for Health (Safer Sex)*; *Project START+*; *PROMISE for HIP*; *WILLOW*; *TWIST*
 - *Social Network Strategy* and other recruitment methods for behavioral interventions
- d. Perinatal HIV prevention services
- e. Essential support services for PWH
 - *HIV Navigation Services*
 - Screening and active referrals for healthcare benefits, behavioral health, and other medical and social services (e.g., housing, mental health services, substance use treatment services, employment, transportation, and other social services)

Nonclinical HIV Testing: For HIV testing providers in nonclinical settings or sites where medical, diagnostic, and/or treatment services are not routinely provided, but where select diagnostic services, such as HIV testing, are offered. Examples of nonclinical settings where HIV testing may be offered include, but are not limited to, CBOs, mobile testing units, churches, bathhouses, parks, shelters, syringe services programs, health-related storefronts, homes, and other social service organizations.

- a. Targeted HIV testing in nonclinical settings according to current CDC guidance
- b. *Testing Together* (couples HIV testing)
- c. *Social Network Strategy for HIV Testing Recruitment* and other recruitment methods for HIV testing
- d. Integration of HIV testing with screening for STDs, HBV, HCV, and TB
- e. Integration of HIV testing with other programs and services in nonclinical settings
- f. Performance of HIV testing programs based in nonclinical settings
- g. HIV testing technologies for nonclinical settings
- h. Leveraging existing third-party billing systems for reimbursement of eligible costs associated with HIV testing in nonclinical settings
- i. *Personalized Cognitive Counseling* for repeat testers in nonclinical settings
- j. *Rapid HIV Testing Online Course (RHT)* (online nonclinical testing course)
- k. Referrals to PrEP and post-exposure prophylaxis services; STD, viral hepatitis, and/or TB screenings; and other prevention and essential support services, as needed

Prevention with HIV-Negative Persons: For HIV prevention workforce serving HIV-negative persons at risk for HIV infection.

- a. Increase awareness of, access to, and adherence to PrEP
 - Screening for PrEP eligibility
 - Linkage to and support for PrEP
 - Support adherence to PrEP
 - Increase consumer knowledge, access, and use of PrEP
 - Enhance provider knowledge and support for PrEP
- b. Risk reduction HIV behavioral interventions for HIV-negative persons
 - *d-up: Defend Yourself!*; *Many Men, Many Voices*; *Popular Opinion Leader*; *PROMISE for HIV*; *Safe in the City*; *Sin Buscar Excusas/No Excuses*; *Mpowerment*
 - *Social Network Strategy* and other recruitment methods for behavioral interventions
- c. Essential support services for HIV-negative persons at risk for HIV infection
 - *HIV Navigation Services*
 - Screening and active referrals for healthcare benefits, behavioral health, and other medical and social services (e.g., housing, mental health services, substance use treatment services, employment, transportation, and other social services)

Integrated HIV Activities: For health department jurisdictions seeking to integrate HIV prevention programs, services, and activities to allow for maximum impact of federal HIV prevention funding, strengthen implementation of CDC’s HIV approach, align resources to better match the geographic burden of HIV infections, and improve data collection for public health action.

- a. HIV partner services
 - *Partner Services* for persons with newly diagnosed infection and those with previously diagnosed infection
 - Collaborate and coordinate with STD programs and HIV/STD surveillance programs to use data to maximize the number of persons identified as candidates for partner services
 - Partner with non-health department providers, including CBOs and private medical treatment providers, to identify more opportunities to provide partner services
- b. Data-to-Care activities
 - Use surveillance and other data sources to identify PWH who are potentially not receiving HIV medical care or other prioritized groups, such as persons not virally suppressed or experiencing virologic failure, to support the HIV care continuum
 - Continuum of care analysis to quantify the percent of HIV-positive individuals linked to care, retained in care, and virally suppressed
- c. Integrated HIV prevention and care planning
 - Partnerships to conduct HIV prevention and care planning (e.g., HIV planning group)
 - Integrated HIV Prevention and Care Plan development
 - HIV prevention and care networks for increased coordination of, availability of, and access to comprehensive HIV prevention, treatment, and support services
- d. HIV transmission clusters and outbreaks
 - Implementing prevention interventions and strategies in transmission clusters and risk networks

Structural Interventions: For health department jurisdictions seeking to build capacity to address the social, economic, and political environments that shape and constrain individual, community, and societal outcomes related to HIV prevention and care. Structural interventions are designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to affect environmental or societal change.

- a. Social determinants of health
 - Development of interventions that address fundamental causes of HIV-related health disparities
 - Use of social media, educational, and social marketing resources that decrease stigma and discrimination associated with HIV status, race/ethnicity, sexual orientation, gender identity, and immigration status
- b. Condom distribution
 - Promotion and provision of condoms in partnership and coordination with multiple entities
- c. Syringe services programs (SSPs)
 - Comprehensive SSPs: Services important in supporting PWID such as improving access to sterile injection equipment; risk reduction counseling; HIV, viral hepatitis, STD, and TB testing; hepatitis A and hepatitis B vaccination; linkage to care and treatment; the provision of naloxone; and referrals to substance use treatment.
 - Determination of Need: Support for health departments seeking to build or expand SSPs by demonstrating the jurisdiction or an area is at risk for, or experiencing, a significant increase in HIV/HCV infections due to injection drug use
- d. HIV prevention social marketing campaigns and social media strategies
 - Social marketing, educational, and informational campaigns and messages, including prioritizing the use of those developed and tested by CDC
 - Use of social media strategies and technology for HIV prevention messaging
- e. Increasing accessibility, acceptability, and availability of HIV prevention programs and services through use of non-traditional venues for service provision, re-design of physical/environmental structure, and policy/procedural changes
 - Use of structural approaches to increase HIV testing and linkage to care for those who test positive
 - Use of structural approaches to increase retention in medical care and adherence to ART
 - Use of structural approaches to increase initiation, uptake, retention, and adherence to PrEP

Appendix 2

CDC Quality Training Standards

**CDC QUALITY
TRAINING
STANDARDS**

Setting the Bar for Training Excellence

In January 2018, education leaders from across the Centers for Disease Control and Prevention (CDC) finalized eight science-based training standards. They serve as a measure of quality for any trainings developed or funded by CDC and provide training developers with guidance for developing quality training.

A quality training is one that meets all eight standards

- 1 TRAINING NEEDS ASSESSMENT** informs training development
- Training includes **LEARNING OBJECTIVES**
- Training content is **ACCURATE AND RELEVANT**
- Training includes opportunities for **LEARNER ENGAGEMENT**
- Training is designed for **USABILITY AND ACCESSIBILITY**
- TRAINING EVALUATION** informs improvement
- Training includes opportunity for **LEARNER ASSESSMENT**
- Training includes **FOLLOW-UP SUPPORT FOR THE LEARNER**



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