



# Health Department Cluster Response Planning Activity



**T**his document is an outline that health departments can use for planning their HIV cluster response program. This is not a comprehensive guide but can be a helpful framework for identifying current resources (including financial, staff, partnerships, etc.), assessing strengths and areas of opportunity, and identifying key stakeholders involved in a range of cluster response activities. For example, health departments may find this document useful as a conversation starter to guide internal planning and the alignment of HIV cluster response activities across the surveillance, partner services, prevention, and care programs in their jurisdiction. The aim of the following 4 steps is to provide a roadmap of broad considerations for cluster response planning and addressing gaps in policies or programming. Health departments may pick and choose which portion(s) of this resource are most applicable to their current stage along the spectrum of planning and/or implementation of cluster response activities. An accompanying list of external resources appears at the end of this document to supplement each step within the outline.

**STEP 1****Assess the Current Landscape for Jurisdictional Cluster Response: Where Are We Now?**

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**Community Context**

What avenues have you used to meaningfully involve community? What key stakeholders were involved? What plans do you have for ongoing engagement?

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**Policies/Structures**

What current policies, laws, or structures exist in your jurisdiction that support or impede cluster response activities (e.g., HIV criminalization, data sharing and data privacy laws)?

**STEP 1****Assess the Current Landscape for Jurisdictional Cluster Response: Where Are We Now?****Existing Resources****Internal (Health Department):**

How integrated is your program with prevention, surveillance, care, partner services, STD, HCV, etc.?

How are cluster response activities funded?

What are the duties of partner services (PS) staff? Will PS staff be responding to clusters? If so, what training is needed? If not, who will contact cluster members?

What training have other staff had in this area?

What health department staff in HIV and other programs (e.g., drug user health, emergency preparedness) support your cluster response activities?

Has your health department had discussions yet about cluster response planning?

Does your jurisdiction have a current HIV cluster or outbreak response plan?

**External:**

What partners, formal and informal, have you engaged outside of the health department in cluster response planning (e.g., local health departments, subgrantees, CBOs, correctional facilities, local community or advocacy organizations, syringe services programs, HIV medical providers, federal partners, partners in different geographic regions within your state)?

What current partners could be mobilized to help respond to an ongoing HIV cluster (e.g., testing and PrEP providers, funded partners serving priority populations based on local epi data, etc.)?

What other partners do you need to include in responding to a cluster?

**STEP 2****Plan and Address Gaps*****Based on the resource and context assessment in Step 1:***

What are your jurisdiction's strengths? How can you leverage them?

What gaps or areas for growth remain? Which gaps are highest urgency and have the greatest potential impact\* on cluster response activities?

***Consider:***

- What other collaborators (e.g., from the community, external partners, health department programs) need to be involved to address these gaps?
- Has your program considered how to integrate routine cluster response into existing programming?
- Has your program considered how to integrate stigma reduction into cluster response activities?
- Does your program have enough surveillance, DIS, and prevention staff capacity to:
  - implement routine cluster response activities?
  - to respond to a prioritized cluster or outbreak?
- Do current staff need additional training or capacity building?
- Since many cluster response activities happen at the local level, how will the state health department work with the local health department(s)?
- Are there materials (communications templates, program protocols, local definitions/prioritization criteria for cluster response, internal policies, partner MOUs, data systems) to support the cluster response activities that need to be developed?

\*see next page for definitions of urgency vs. impact

**STEP 3****Taking Action**

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Based on the areas of highest urgency and impact from Step 2, prioritize action steps to improve readiness for cluster response activities on the next page(s). **Urgency** refers to how quickly the problem/need is required to be addressed. To assess urgency, consider:

**FEASIBILITY**

The health department has the ability and resources—or can acquire them through capacity building assistance (CBA) providers—to address the need successfully. The health department is likely to address the need within a reasonable amount of time.

**IMPACT**

Successfully addressing this need is expected to make a meaningful difference in the health department's cluster response approach and design of their cluster response program.

**IMPORTANCE**

Addressing this need is consistent with internal health department priorities or funder priorities. For example, prioritizing this need will help meet a deadline for a CDC requirement or strengthen a component that is of particular importance within the health department.

**STEP 3****Taking Action**

Please identify one broad goal:

**Action Steps**

What will be done?

STEP 1:

**Timeline**

By when?  
(Day/Month)

**Responsible  
Party**

(Staff/Partners)

**Status**

(in progress, complete,  
not started)

STEP 2:

STEP 3:

Please share any challenges that you anticipate with implementing these steps and list any technical assistance or other needs (from **CBA providers, CDC, or other partners**) that would be helpful to complete the action steps above.

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**STEP 4****Evaluate**

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As you plan and implement cluster response activities, consider how to build in monitoring, evaluation, and learning (MEL) processes to your activities.

Key planning team discussion questions may include:

- If a cluster is detected, what information will you need to gather and how will you measure the outcome(s) of your jurisdiction's response?
- How will you know if things are working as they should?
- Will you assess staff time and resources invested in cluster response activities?
- Who are the program monitoring and/or evaluation stakeholders? Who will be responsible for communicating outcomes to necessary stakeholders?
- How will you use outcome data to learn from implementation and adapt your response?
- How can cluster detection and response data and "lessons learned" help with future resource allocation or addressing gaps in your jurisdiction's overall HIV prevention programming?



## RESOURCE BANK

### Cluster Response Planning

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A selection of helpful resources to inform each section above are listed below. Each includes a brief description of the source and utility of each resource for cluster response planning or implementation.

### Assess the Current Landscape for Jurisdictional Cluster Response

**Sero's Network Empowerment Project:** The Network Empowerment Project was created by the [Sero Project](#) to facilitate the creation and strengthening of networks of people living with HIV (PLWH). Relevant community engagement resources include: (1) a directory of [Global, National, and State-Level PLWH Networks](#); (2) [The Denver Principles](#); (3) [Meaningful Involvement of People with AIDS \(MIPA\)](#); (4) [HIV Communication: Using Preferred Language to Reduce Stigma](#); (5) [Establishing Ground Rules](#) which includes suggestions for ground rules and facilitation techniques; (6) [HIV is Not a Crime Frequently Asked Questions](#); and (7) [Criminal Law 101: Legal Literacy for Non-Lawyer Advocates](#) which contains a list of legal terms and definitions as well as an assessment of various paths and factors to consider to examine or reform state laws.

**Big Ideas: Policy Action Can Increase Community Support for HIV Cluster Detection:** This issue brief from the HIV Policy Project of the O'Neill Institute for National and Global Health Law discusses some of the common policy-related concerns related to HIV cluster response implementation, and suggests ways to address community concerns around these activities.

**NASTAD's Stakeholder Engagement Tool:** Part of NASTAD's Online Stigma Toolkit, this resource includes a worksheet for identifying stakeholders and additional information about community engagement.

NASTAD's policy statement on [HIV Criminalization: National HIV/AIDS Strategy Imperative: Fighting Stigma and Discrimination by Repealing HIV-specific Criminal Statutes](#)

**United States Department of Justice Civil Rights Division Best Practices Guide to Reform HIV-Specific Criminal Laws to Align with Scientifically Supported Factors** suggests approaches to reform laws to remove HIV-specific penalties or, if keeping them, how to align them with current science. This document can be particularly useful once a health department has assessed their laws and has determined the need to modernize them.

**Tackling Criminal Transmission of HIV: The Role of Public Health:** This presents Iowa's experience modernizing their HIV laws and includes slides about the role of public health and steps they can take to modernize laws, principles for modernizing laws based in public health, and lessons learned from the health department.

**State Strategic Plan:** Adapted from the Coalition Plan to Repeal HIV Criminalization in Iowa, this includes specific goals and strategies to changing law for community advocates and is a document that health departments could share with their community advocacy partners.

**CDC's HIV Cluster and Outbreak Detection and Response Site:** Tools include a Communication Toolkit and a PowerPoint presentation HIV Data in Action that can help explain to partners and stakeholders how HIV data, including molecular data, are used to improve public health. Additional helpful tools that can be used or adapted for community engagement include: (1) [Advancing HIV Prevention through Cluster Detection and Response](#) which includes five key facts about molecular analysis and has a visual on how health departments can work with the community to support cluster response activities; (2) [HIV Molecular Cluster Fact Sheet](#), a two-page fact sheet geared towards health departments that describes molecular clusters and is useful for both internal and/or external stakeholders; and (3) the [Molecular HIV Surveillance Questions and Answers](#) web page has detailed information about molecular HIV surveillance and how it can be used to improve HIV prevention in the US.

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**RESOURCE BANK****Cluster Response Planning**

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**Plan and Address Gaps**

[CDC's HIV Cluster and Outbreak Detection and Response Guidance](#): A collection of CDC resources and guidance related to HIV Cluster Response, including a “communication toolkit” and adaptable example materials.

[Detecting and Responding to HIV Transmission Clusters: A Guide for Health Departments](#): CDC's current comprehensive guidance on HIV cluster detection and response.

[Sample Cluster and Outbreak Detection and Response Plan Template](#): Part of CDC's cluster response guidance document above, this template can be used to develop an outline for a jurisdiction-specific protocol.

[Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs](#): Additional guidance when working with clusters among populations of PWID.

[Community Response Planning for Outbreaks of Hepatitis and HIV among People who Inject Drugs: A Case Study from LENOWISCO Health District, A Rural Community in Virginia](#): This resource from NACCHO describes the process four health districts in southwest Virginia used, along with the Virginia Department of Health, to organize a regional tabletop exercise to plan for the development of a comprehensive community response plan. The document includes several attachments including: (1) [Hepatitis and HIV Community Response Plan \(CRP\)](#) with a detailed process based on an Incident Command System organizational structure for investigating increases in hepatitis B, hepatitis C, and HIV and roles and responsibilities for staff; (2) [Appalachian H.E.A.R.T. \(HIV/Hepatitis Emergency Action Response Table Exercise\) Situation Manual](#) which includes details about the half-day tabletop exercise that health departments could adapt and apply to cluster response planning. It can be considered for use by health departments looking for guidance and tools to engage communities in preparing and responding to clusters that demand an ongoing sustained response; and (3) a sample [Town Hall meeting flyer and Town Hall Meeting press releases](#).

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**Take Action**

[CDC CBA Tracking System \(CTS\)](#): To request TA from CDC-funded CBA providers.

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**Evaluate**

[CDC PS18-1802 Evaluation and Performance Measurement Plan \(EPMP\)](#): Requirements for evaluating health department activities funded through PS18-1802.

[Framework for Program Evaluation in Public Health](#): Additional detail about the recommended CDC program evaluation framework that the 18-1802 EPMP is designed around.

[The Community Toolbox](#): This set of resources from the Center for Community Health and Development at the University of Kansas includes general resources about planning community public health programs, including a toolkit about [evaluating](#) initiatives.