

Allotting Resources for HIV Prevention

The Problem

When the Centers for Disease Control (CDC) announced it would distribute money to the states for HIV prevention programs, it included a pivotal condition: To a considerable degree, the amount of money a state received would depend on how well the state engaged all concerned parties in agreeing on the state's HIV prevention plan.

For the Colorado Department of Public Health and Environment, CDC's condition raised two questions. The first was straightforward: how to comply with CDC's demands, thus securing for the state as much funding as possible for HIV prevention?

The second question was more complicated, raising issues of centralization versus decentralization in allocating resources for HIV prevention. Who should be guiding HIV prevention? The state health department? Community-based organizations? Or those who are infected or affected by it?

State health department personnel were inclined to believe that they were the best ones to ensure that HIV prevention programs were effective. A range of opinion existed in the department about how much control it should retain. Local health departments, which get much of their funding from the state, also tended to believe that public agencies should hold prevention funds fairly close, again in the name of effectiveness.

But organizations of gay men, advocacy groups for the poor and people of color, and support organizations wanted the state health department "to let go, to stop controlling how HIV prevention would be done," in the words of one observer.

The Process

In January, 1994, the state department of health received the CDC directive and assembled a coordinating committee of interested parties. Its purpose was to design a community planning process and to convene a group to develop a statewide plan for preventing the spread of HIV.

To mediate the community planning process, the coordinating committee hired the National Civic League, an organization fostering community-based problem solving, and CDR Associates, a Colorado-based conflict resolution organization.

The statewide planning group was called Coloradans Working Together: Preventing HIV/AIDS. The acronym became CWT. Its first meeting was held on July 10, 1994, and the process design phase had done its job. A total of 110 participants showed up, including

- persons with HIV, some who also had AIDS
- gay men
- representatives of the African-American, Latino, and Native-American communities
- HIV prevention specialists from community-based organizations, local health departments, and the state health department
- doctors, nurses, and other health care specialists
- public health educators, case managers, and social workers
- members of various religious organizations



It is important for citizens and government to know how to resolve disputes without litigation or resorting to violence. Ohio is most fortunate to have a commission which helps us learn how to utilize dispute resolution techniques. As a public official, I believe these programs are vital to making Ohio a safer and better place in which to live.

Senator Merle Grace Kearns of Ohio

Mediator Michael Hughes chronicled the progress of the meetings. The July meeting focused on process. An August meeting concentrated on data. Three presentations provided a sense of the degree of HIV infection in Colorado, an evaluation of HIV prevention organizations, and a review of strategies in use to stop HIV transmission.

A first meeting in September brought hard questions about the process, data, the mediators, and the true intentions of the state health department and the CDC. The meeting focused useful discussion on ground rules for the process so that by a second meeting in September the CWT group was ready for substance in a serious way. In that meeting and in subsequent meetings in October, November, and December, the group worked to articulate 14 core needs that a statewide HIV prevention should address. In Hughes' words, "through painstaking negotiation ...the group not only wrote and revised the core element of the plan—word by word—but came to understand, listen to, and respect one another. On December 3, Coloradans Working Together came to consensus in the State of Colorado's 1995 HIV prevention plan."

There are several reasons why a group of this diverse makeup could find common ground on matters such as needle exchange, comprehensive health education, condom availability, and abstinence education.

One reason is that the group forged a shared vision and purpose. Another is that the process was open. No one was excluded. A third reason was that CWT designed a flexible process in which facilitators interrupted only to summarize, bring a discussion to a close, and check for consensus.

The group's ground rules fostered an atmosphere of respect and honesty. Finally, Hughes writes, there was "time to heal wounds. It is difficult to do justice to the depth of grief and fear that permeated CWT's work. CWT members struggled to ensure that their work would do justice to those whose lives have been irreversibly changed by the virus."

The Result

The process resulted in a three-year plan for statewide HIV prevention. The three-year plan was successfully completed. In years two and three, the plan became increasingly decentralized and successfully brought to Colorado more than \$3 million annually in CDC funds for statewide prevention programs, according to Robert Bongiovanni who runs the HIV Prevention project for the state health department.

A new plan, now in effect, guides \$3.7 million a year in CDC funds for HIV prevention in Colorado. The CWT group that charts and approves the plan now has representatives of 28 coalitions and, more than ever, "matches the face of Colorado's HIV epidemic," in Bongiovanni's words.



During my eight years as governor of Wyoming, working with state policy issues and with other Governors, I became a true believer in the necessity of governors, their staffs, and other public officials operating as consensus builders. Given the complexity of the issues, the speed of change, and the diversity of the many constituencies, new tools and skills are required to forge lasting agreements on public policy. What PCI is about, therefore, is essential to enhancing government effectiveness and efficiency.

*Former Governor Mike Sullivan of Wyoming
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