

POP Implementation

POP mobilizes care teams to address biases and stigmas that harm health experiences and outcomes of people in our care, including ourselves. POP is centered around two primary initiatives. One focuses on preparing the care team to consistently and comfortably offer HIV screening as part of general care. The other helps care teams become intentional about practices that support systematically marginalized populations by creating affirming care environments. It also opens everyone up to talk more freely about all of their care needs.

If we can create care settings where:

- HIV screening is part of general health screenings, HIV gets reframed as a chronic health condition like diabetes and hypertension.
- Everyone is affirmed through reflective practice, people in our care do not have to check part of who they are at the door.

POP Commitments

We Care.

We are committed to affirming care for all, especially those who are systematically marginalized.

We Screen.

We comfortably and consistently screen everyone for HIV because we want long, healthy lives.

We Affirm.

We work in partnership with those in our care, treating them as people and not just health problems.



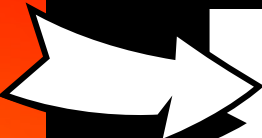
Routine HIV Screening

Description: POP promotes Centers for Disease Control and Prevention's (CDC) recommendation that everyone 13 to 64 years old be screened for HIV. Through routine screening, HIV can be caught early and be treated like other manageable, chronic conditions (diabetes, hypertension, etc.) and not some frightening disease. We can also increase the number of individuals who are diagnosed early, reduce stigma surrounding the disease, and effectively link those we serve into care and services.

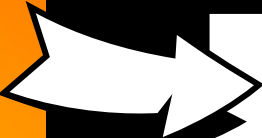
Aims: Promote practices and commitments, positioning all members of care team as heroes; justify integration of routine HIV screening into general care; coach providers to consistently offer an HIV screening and comfortably give results; and build internal leadership to keep routine HIV screening a thriving practice.

Process: Leads care teams through three modules, using videos that feature actual members of care teams, providing mindsets as well as scripts supported by promotional materials. Can be used for onboarding new staff.

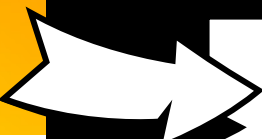
Affirming Care



Description: Through affirming care, people are viewed as whole people and not distinct medical problems to be solved. Care teams can create environments where people do not have to check part of themselves at the door, allowing for open dialogue about all aspects of a person's health. Through intentional reflective practice to deepen awareness of and examine implicit biases, mindsets and behaviors can be modified for care that serves all people, especially those that are systematically marginalized.



Aims: Enhance a human-centered culture; establish cultural norms and practices around reflective practice and team feedback; and provide introductory content, deepening awareness around bias and impact to systematically marginalized individuals.



Process: Leads care teams through three modules, using films created by systematically marginalized individuals that spark open dialogue and illuminate practice changes. Additional modules available for ongoing use.

Institutional Commitments

Conduct Full Implementation

For POP to be successful, the initiatives must be fully completed. The institution must commit to full implementation and broad institutional support of the initiatives.

Report Activities

The institution must agree to track and report on care setting activities as requested by PHIMC, including HIV screening, satisfaction of people in care, and provider response. PHIMC staff will work with institutional representatives to determine appropriate data collection and reporting mechanisms.

Create Time and Space

Time in morning huddles, staff meetings, and/or all-staff gatherings is important for the implementation of POP initiatives. Inclusion in new staff orientation is critical for keeping POP practices alive. Space on care setting walls is needed for hanging materials.

Maintain Plans for Clinic Flow and Linkage to Care

Develop and implement a plan that details to staff where HIV screening fits into the clinic flow and how newly diagnosed individuals will be directly linked into care. This plan must be clearly communicated to PHIMC and the POP Champions within the care settings prior to implementation of the Routine HIV Screening initiative.

Institutional Commitments

Support POP Champions

Champions from within the care teams are central to the implementation of POP. These may include receptionists, medical assistants, physician assistants, nurses, administrators, and physicians who will be trained by PHIMC to support implementation and keep program messages at the forefront of care setting activities. Institutions must commit to identifying a Lead Champion, supporting their training provided by PHIMC, and providing incentives and space to perform this leadership role.

Establish and Maintain Communication Systems

Management decisions will impact the implementation of POP, routine screening, and affirming care. New ideas will emerge from care teams during the implementation of POP that can positively impact routine HIV screening and affirming care within the institution. Communication systems must be clearly established between institutional leadership and POP Champions and include PHIMC staff.

Create Implementation Infrastructure

POP Champions need institutional support to be successful and institutions need access to structures, such as committees and designated staff time, to continue to offer routine HIV screening and provide affirming care. Institutions implementing POP must identify what these structures are and how staff, POP Champions, and PHIMC can access them.