

**Nassau-Suffolk HIV Health Services Planning Council
STRATEGIC ASSESSMENT & PLANNING COMMITTEE
UNITED WAY OF LONG ISLAND, DEER PARK, NY**

January 10, 2024

Members Present

Jacqueline Ponce-Rivera, Co-Chair
George Marzen, Co-Chair
Susan Baldrige
Eileen Bryant
Cathy Martens
Johnny Mora
Victoria Osk
Colin Pearsall
Joseph Pirone
Sofia Porres
Denise Ragsdale
Stephen Sebor
Claire Simon
June Tappan
John Van
Crissy Witzke

Members Absent

Wendy Abt
James Colson
Arthur Brown
Angie Partap
Patricia Ross
Denise Ragsdale
Erik Rios
Scott Petersen

Guest

Ernest Burke

Staff

Georgette Beal
JoAnn Henn
Myra Alston
Nancy O’Keefe
Katie Ramirez

Absent

I. Welcome and Introductions

Ms. Rivera, Co-Chair, began the meeting at 10:05. A moment of silence was requested to remember those who are struggling, this was followed by introductions.

II. Approval of September 6, 2023 Minutes

Ms. Osk made a motion to accept the minutes as read. Ms. Martens seconded the motion.
12 approvals 3 abstentions 0 Opposed

III. 2023-2024 Integrated Plan (IP) Pillars and Strategies

The planning body that is responsible for updating and implementing the NYS Integrated Plan (IP) meets quarterly. At the last quarterly meeting a template was developed based upon the four pillars of *Diagnose, Treat, Prevent, Respond*. Ms. Simon introduced the template which includes ranked goals and strategies to assist the different regions and planning groups with implementation of activities as they relate to the strategies and align with the EIHA (Early Identification of Individuals with HIV/AIDS) Plan. Some of the goals were filled in for HAB. Some of the goals may not apply to our region as they may be NYC or NYS specific. For

example, prevention is not covered under RW Part A, although we are required to collect that information.

Throughout the year, there will be meetings to discuss progress and monitor how goals and objectives are being met. The next planning body meeting is scheduled for February 26, 2024. A copy of this template will be sent out to the entire committee and will be revisited at the March SAP meeting. Ms. Beal stated it was a good process to go through as the information will be helpful for the PSRA process, updating the EIHAA Plan, and the EMA's grant application which will be competitive this year.

IV. 2024 Consumer Survey

The Consumer Survey is usually completed every three years. The last survey was done in 2019. Thanks to funding from Nassau County we are able to administer the survey this year. These funds need to be used within a specific period of time. The deadline to complete the survey is May 31, 2024. This year we will be working with a consultant. The consultant compared consumer surveys from other regions, to learn what questions are being asked. Suggestions included in the draft of the survey will be reviewed for clarity and relevance. Once the survey questions are approved, a timeline will be established.

As done previously, funded providers and peers will be asked for assistance with helping clients complete the survey. The goal is to receive 500 completed surveys. This survey should be filled out by anyone living in Nassau or Suffolk County with HIV/AIDS or their caregiver. This survey should be filled only once per person and all information will be kept confidential. The purpose of the survey is to help with the decision-making as to where the funds should go part of the PSRA process.

Summary:

In the phrase, *someone living with AIDS*, *living* will be removed, wherever noted. The amount of the incentive to complete the survey will be increased to \$25. Grammatical errors were corrected.

Question #1 instructs how to create a unique identifier, so that names do not need to be written, additional gender identities will be added (see Question #9). Respondents are asked for Date of Birth as well as their age. Age bands may reveal specific issues for specific age groups.

Question #9- The wording has been changed to, *What is your current gender identity?*

The choices have been expanded to include:

- Cisgender Male
- Cisgender Female
- Intersex
- Gender queer/gender fluid
- Non-binary person/non-conforming
- Two Spirit
- Another identity _____
- Choose not to disclose

Question#10 has been rewritten as- *What was your sex assigned at birth?*

Question #11 has also been rewritten as, *Who are your sexual partners.*

The consultant's two suggested questions regarding sexual activity and the number of partners will not be included. Members questioned the relevance and wording.

Changing the format of Question #12 from yes or no to individual choices of Latino, Latina, Latinx, Hispanic when asked, *Would you describe yourself as.*

With reference to race, Question #13 remains unchanged.

Question #14, rewritten as, *Are you able to access your HIV services in your preferred language?* Yes or No

Question 15 *How do you believe you were infected with HIV ?* has been changed to *Do you know how you may have acquired HIV?* to avoid negative connotations. The choice, *Men having sex with men and injection drug use* has been removed since that wording appears separately and respondents are asked to check all that apply. Replace *another* with *opposite* as in *Heterosexual (sex with person of another sex)*

Question 16, adding, *Check all that apply* in regard to job status question. *Disabled/cannot work*, to be divided into two separate choices, change *cannot* with *unable* Adding *Volunteer* as a choice

There was some discussion as to the relevance of asking the level of education, Question #17 It was explained that education is a socio-economic determinant of health. The more information we have about people the better able we are to provide the necessary services; we may discover groups who are disproportionately impacted and why. The education question will remain. If a client is uncomfortable with answering a specific question, it can be skipped. The survey will be set up in such a way, that a missed response does not prevent completion of the survey. Experience has shown that if given the option to decline as an answer choice, the majority will choose that option. It should be noted that the more information is gathered, the better the results. incomplete or partially answered surveys are not very helpful. *Decline to answer* has been removed from most questions.

The next section focused on living arrangements and household members, the household may include persons whose income is legally/financially responsible for you, such as a spouse or parent. It may also include individuals for whom you are legally/financially responsible, such as a child under the age of 21. For the sake of consistency, the following questions refer to one year. For example, question #18 has been rewritten as (*see italics*), *Are you now or have been homeless in the last year?* The three choices are: Never, Currently, *been homeless in past year, but not currently homeless.*

Question #19's format is comparison columns; Please check the most appropriate box in each column to tell us about your current and *previous* housing situation. The choices remain unchanged, with one exception. *Sober house* has been changed to *recovery house*.

The question about present sources of income remains unchanged.

Question #22, in reference to total household income, the choices are for individual income at 100%-500% of FP to be revisited for clarity and consistency perhaps using only the highlighted \$ ranges.

Two additional questions were suggested. The committee liked the questions, but recommended changing the order and formatting to: *Within the last year (12 months), have you been concerned about where your next meal would from? (Check all that apply)* with *Yes* or *NO* answer format. *During the last 12 months, was there a time when, because of lack of money or other resources,* The eight choices regarding food insecurity would also have a *Yes* or *No* format.

The next section is about health insurance.

The following Question #23 *Please choose the situation that best describes your health insurance.* (check all that apply). Regarding person insurance options, the changed/added choices are:

- ✓ I purchased my own insurance
- ✓ I have insurance through work
- ✓ I have insurance through a family member

There was also the option for client, to fill in *Other*

Question #24, was about specific insurance plans. Acknowledging that not every client may know what the Health Insurance Exchange is but would recognize the name of their insurance company. It was suggested that *What insurer did you choose* be inserted and Health Insurance Exchange removed.

Medical to replace *HIV/AIDS services* for the sake of consistency, regarding transportation questions. *Check all that apply* was added to the question about who pays for your medical transportation?

The following Questions focus on Primary Medical Care:

No response was removed as a choice when asked, *After you were diagnosed with HIV, how long was it before you decided to go for medical care?*

Other questions include some new wording.

Where do you currently get your HIV/medical care?

What is the name of your HIV Specialist/doctor? Please use their last name.

Experience has shown that the majority who complete this survey are Long Term Survivors (LTS), not the Newly diagnosed. It is important to have questions about aging. These questions can be empowering as consumers are being educated by health care experts as to what to expect as they age. Change the format of questions about aging from Likert scale to Check all that apply. The meeting was beginning to go over the allotted time. It was decided that staff would review the remaining questions and send out the revised survey draft to the committee.

V. Announcements/Adjournment

There were no announcements.

Ms. Martens made a motion to adjourn the January 10,2024 SAP meeting. Ms. Rivera seconded the motion. All in favor-Motion carried.