

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

March 2, 2022

Members Present

Ilvan Arroyo, Co-Chair
Eileen Bryant
William Doepper
George Marzen
Vanessa Okeke
Colin Pearsall
Scott Petersen
Joseph Pirone
Jacqueline Ponce-Rivera, Co-Chair
Felix Ruiz
Claire Simon
June Tappan
Katelin Thomas
John Van
Crissy Witzke

Members Absent

Wendy Abt
Hector Alcala
Susan Baldrige
Arthur Brown
James Colson
Nashon Clark
Clara Crawford
Erik Rios
Victoria Osk

Guests

Patricia Ross

Staff

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

I. Welcome and Introductions

Mr. Arroyo, Co-Chair welcomed everyone. After introductions, a moment of silence was requested for us to remember those living with HIV/AIDS and those whom we have lost, as well as the people in Ukraine.

II. Approval of January 12, 2022 Meeting Minutes

Ms. Bryant made a motion to accept the January 12, 2022 minutes as read. Mr. Doepper seconded the motion.

3 Abstentions 0 opposed 12 approved. Motion carried.

III. Integrated HIV Prevention and Care Plan

The deadline for submitting the updated Integrated Plan 2022-2026 is December 9, 2022. It’s important to ensure that the needs of the Nassau-Suffolk region are addressed in the plan. Goals and objectives specific to the EMA will be determined.

A worksheet to help list and describe goals for how the region will diagnose, treat, prevent, and respond to HIV was shared for incorporation into the NYS Integrated Plan. Since there is not a required format for submission of Integrated HIV Prevention and Care goals, the format shared with the committee was used as an example. It should be noted that the EIHAA Plan was reviewed at the January meeting. Prevention providers were invited to attend this meeting as a follow up to EIS presentations at the November SAP meeting. Some of the goals and objective from EIHAA will be included in the Integrated Plan worksheet. The objectives and goals cover a five year period, the duration of the Integrated Plan. Key activities and strategies as well as key partners were identified. These partners are not limited to health departments, medical care providers, and health care organizations. They may also include correctional facilities, community partners such as community based organizations, after-school programs, boys and girls clubs, food pantries and soup kitchens.

With the suggested goal of diagnosing 250 persons, increased testing is needed. Access to and availability of home tests would be helpful. Committee members agreed that universal testing is crucial. Getting the word out is challenging. Urgent Care Centers have been resistant, private physicians are hesitant to mention HIV testing to patients for fear of offense or some may be woefully unaware that they are required to offer testing. Stigma is still an issue and can be very real barrier. Education is key. Normalizing HIV testing can help to reduce the stigma and increase the number of people getting tested. HIV testing should be the norm. It is a normal part of care, just one of the tests routinely given at doctor visits, not a specific test targeted for a specific group of people. Universal testing does not pass moral judgement. As Mr. Pearsall noted, infection is infection. COVID has showed us that risk is universal and has changed awareness.

Mr. Arroyo suggested looking at the issues as a business model. Testing is a way for doctors to generate revenue; submitting test codes, pre and post-test counseling, offering PrEP. There is also the downside of possible lawsuits if not offered. Prevention providers, RW Part A providers, and the Council plan to continue outreach efforts to promote universal testing and increase public awareness on the importance of getting tested and treated.

To increase public awareness, visibility is needed. Unlike NYC, Long Island does not have the same level of public messaging about HIV/AIDS, such as posters, public service announcements, and billboards. Having such information at high traffic areas, crossroads, railroads station, on buses will increase visibility and awareness as people travel throughout Long Island. Ms. Bryant, a spokesmodel, spoke on behalf of the HIV Stops With Me campaign. This national social-marketing campaign aims to prevent the spread of HIV and reduce stigma associated with the disease. The campaign features real HIV positive people talking about real issues; united by their goals of ending HIV stigma, supporting linkage to care, building self-esteem and a sense of community among people living with HIV.

To address the goal of increasing linkage to care and ongoing HIV care and treatment, it is important to determine key points of entry and key partners. If an individual is diagnosed at an urgent care center, hospital or by a private physician, we need to determine how they are being connected to care, to ensure they have access to wraparound services and are maintained in care.

Prevention is realized through increased access to PrEP. This can be accomplished through increasing the number of those trained to prescribe PrEP which will result in more PrEP prescriptions being written.

To increase our capacity and implementation of activities for detecting and responding to HIV clusters and outbreaks, more involvement of health department staff, community organizations and members is needed. We need to determine what regional data is available. More coordinated data is needed to identify clusters and outbreak areas. Discussion to continue at the May SAP meeting.

IV. Preparation for 2022 PSRA for FY23-24

PSRA meetings are tentatively scheduled to begin in July. Part of the PSRA process, community forums are a valuable resource for learn about the RW Part A services needed and being utilized in the region. Pre-COVID, there were several in-person meetings hosted by various agencies, inviting consumers to participate provide feedback about services. COVID interrupted it for a year, and last year the forums were conducted virtually; one for each county and one entirely in Spanish. Unfortunately they were poorly attended. For the next PSRA process, decisions need to be made on how best to conduct the forums and gather the information. Some CAB meetings are meeting in person. There may the opportunity to speak before or after an existing meeting. Agencies will be contacted to confirm and help plan

Other suggestions included:

1. Changing the questions to a checklist format and using a QR code to answer a limited number of questions.
2. Enlisting the help of peers and providers to distribute and help complete questionnaire.
3. Mail questions with an enclosed stamped envelope.

The PSRA process is still expected although the grant is multi-year. There is some flexibility with scheduling and planning these Community forums.

V. Announcements/Adjournment

Mr. Pearsall informed the committee that Project Safety Net has opened its community center in Patchogue and is available for meetings. It can accommodate about 20 people with social distance. Contact him, if interested.

A motion was made by Mr. Doepper and seconded by Ms. Tappan to adjourn the March 2, 2022 SAP committee meeting. All in favor-motion carried.