



## **MEETING SUMMARY**

<b>Date:</b>	August 21, 2019	<b>Location:</b>	Chrysalis Center (Hartford, CT)
<b>Start Time:</b>	10:30 a.m.	<b>End Time:</b>	11:50 a.m.
<b>Participants:</b>	Page 3 shows attendance		
<b>Chair:</b>	Laura Aponte	<b>Recorder:</b>	Matt Marcarelli

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### **Meeting Accomplishments**

- Participants approved by consensus the July 2019 meeting summary.
- Participants received a status report on the implementation of the Needs Assessment Focus Groups.
- Participants reviewed results from the HIV Workforce Survey pilot study and identified any outstanding issues with the survey questions.
- Participants identified an approach to conduct committee work following the August meeting.

### **Welcome & Introductions**

Laura Aponte (NAP Team chair) welcomed participants to the meeting and asked everyone to introduce themselves by name and organizational affiliation or town. Ms. Aponte explained that the August 21, 2019 NAP Team meeting represented her fourth meeting as co-chair of the Data and Assessment Committee (DAC) and as the NAP Team leader. She added that she is involved with the HIV Funders Group and has also been a CHPC member for multiple years. Ms. Aponte welcomed the new faces in the crowd and encouraged them to embrace the opportunity to lead and/or contribute.

Ms. Aponte outlined the importance of creating an environment of acceptance and respect, and organizing the discussion to produce results. The NAP Team: a) completes special projects such as needs assessments, focus groups, and briefing papers that help the CHPC develop its plan and achieve its goals; and b) uses a consensus model of decision-making (not voting) to include all voices and perspectives – including public participants in the process.

### **Review of July 2019 Meeting Summary**

Participants reviewed the July 2019 summary. The NAP Team approved by consensus the July meeting summary without changes.

### **Needs Assessment Focus Groups**

Ms. Aponte gave an update on the Needs Assessment Focus Groups. She explained that the CHPC co-chairs were in the process of conducting outreach to organizations with the greatest affiliation with the priority population, young and recently diagnosed PLWH. Three organizations – Optimus (Bridgeport), APNH (New Haven), and the Waterbury Health Department – have agreed to host focus groups. The first focus group will be hosted by the Waterbury Health Department on August 22. Optimus will host the second focus group on August 30. APNH is working with the CHPC co-chairs to schedule a third focus group, which will take place sometime in late September.

CHPC co-chair Blaise Gilchrest will facilitate all groups, and Ms. D'Angelo will take notes and record all sessions. Participants will receive incentives in the form of gift cards and refreshments. Results from the focus groups will complement the data gathered through last year's HIV Needs Assessment Survey.



**HIV Workforce Survey Production**

Mr. Marcarelli provided background information about the HIV Workforce Survey. In 2017, members of Connecticut’s HIV workforce completed a survey to identify their demographic information as well as other details about their jobs, such as title, salary, and years in the workforce. In early 2019, the NAP Team began production of the survey’s second iteration, using a survey created by the Black AIDS Institute as a starting point. Between March and June, the NAP Team worked to refine the survey questions and the HIV Funders Group provided input on the tool.

During the week preceding the August 2019 CHPC meeting, NAP Team members and CHPC Executive Committee members were asked to complete a pilot version of the survey on SurveyMonkey. Eight individuals responded to the survey. Each section of the pilot survey included three “user experience” questions to give respondents an opportunity to share feedback on the survey questions:

1. How easy or difficult was it to understand the questions from this section of this survey? (choose one – very easy, somewhat easy, neutral, somewhat difficult, or very difficult)
2. How comfortable or uncomfortable did you feel answering the questions from this section of the survey? (choose one – very comfortable, comfortable, neutral, uncomfortable, very uncomfortable)
3. Do you have any additional feedback or thoughts that will help us improve this section of the survey? (open-ended)

Mr. Marcarelli walked the group through results from each section of the pilot survey. The group discussed respondents’ feedback on the user experience questions and addressed any issues that were identified. The group offered several suggestions for ways to improve the survey questions (see table below). Mr. Marcarelli recorded all suggestions, which he and/or Ms. Aponte will share with the Executive Committee and HIV Funders Group. Mr. Marcarelli will incorporate these suggestions into the final version of the survey once he secures approval from the Executive Committee and HIV Funders Group.

QUESTION(S)	SUGGESTIONS
<b>Section 1: Q1-Q14</b>	Include a “prefer not to answer” option for some of the more sensitive demographic questions, as some respondents may not feel comfortable sharing this information.
<b>Q6</b>	Replace the fill-in-the-blank sexual orientation question with a multiple choice question to simplify the process of analyzing the data.
<b>Q8</b>	Instead of asking respondents to write in the name of their agency/organization, use a multiple choice question to have them identify the type of agency/organization. This will help preserve the anonymity of the survey.
<b>Q12</b>	Have respondents choose <b>up to 4</b> ways they would like to receive information and updates, rather than forcing them to choose all 4.
<b>Q13</b>	Specify a timeframe (e.g., past 6 months or past year), as some respondents may have used a resource in the past that they do not use currently. Also, include a “none” option in case a respondent has not used any of the resources listed.
<b>Section 2: Q18-Q28</b>	Some of the questions in Section 2 – such as questions 22, 23, and 24 – may only pertain to workers who interact with clients/patients directly. Consider including a N/A option for these questions.
<b>Section 3: Q32-Q41</b>	Depending on the types of workers who will be surveyed, some of these knowledge-based questions may be overly technical. Consider reducing the number of acronyms and technical words so that we can reasonably expect all respondents to understand each statement. Also, consider replacing some of the numerical values with more general terms (e.g., most, many, more/less than half, majority, etc.), since some respondents may not know the precise figures.



QUESTION(S)	SUGGESTIONS
Q48	Consider rephrasing this question to avoid biased responses, and to ensure that the answer choices make sense for the question asked. For example, we may instead consider the following wording: "I recommend that patients/clients who use outdated medications switch to newer, less toxic medications as recommended by the HHS HIV/AIDS Treatment Guidelines."
Q50	Provide specific examples of harm reduction strategies in case some respondents are not familiar with the term.
Q51	This question is too general. Consider asking something more specific, such as, "As part of my client-centered services, I discuss the impact of access to healthcare, food, and stable housing to build a realistic care plan."
Q52	Place an age range on "Youth" since this term may have more than one definition. Also, consider rephrasing this statement to make sure that the answer choices align with what is being asked.
Q54	This question may yield biased responses, since people are inclined to rate themselves positively. Instead, ask if the respondent finds it challenging to conduct sexual health assessments when there are cultural or other differences between themselves and the client/patient.

**Next Steps**

The NAP Team aims to complete data collection for the HIV Workforce Survey before mid-November and have results available by the end of December. The NAP Team will share the survey results at the first CHPC meeting of 2020.

The NAP Team will complete the following next steps to finalize the survey instrument and initiate the data collection process:

- Update the Executive Committee with any input from the pilot survey;
- Coordinate a final review of the survey instrument with the DPH resource team, who will provide a green light to proceed with data collection; and
- Coordinate with the HIV Funders group for data collection. The funders will help disseminate the survey to all of their employees and community resource partners.

**Adjournment**

Ms. Aponte adjourned the meeting at 11:50 a.m.

**Meeting Attendance**

Laura Aponte; Samuel Bowens; Jahmyia Boyette; Alison Campbell; Belinda Clark; Doel Colón; Cynthia Hall; Kristine Mazon; Erika Mott; Angel Ruiz; Pamela Studley