

1. What are the strengths and weaknesses/limitations of our community that will support our success with achieving improved linkage, retention and VLS goals and Ending the epidemic in Suffolk County?

Regional Group Traits, Structure, Leadership

Strengths

Limitations

Collaboration
 Experience
 Organizational structure
 Quality agencies
 Increased peer/consumer involvement
 Longevity of program/staff
 Diversity
 Faith based involvement
 Innovative practices
 Same people sitting at table
 Having a planning council
 PLWA leadership on committees
 Wealth of knowledge

Lack of services for undocumented
 Language barriers
 Not enough diversity at management level
 Limited ability for direct staff to attend meetings
 New people in continuum
 Change in support structures (do more with less)
 Consumer support groups

PLWHA and Psycho/Social Issues

Limitations

Stigma
 Language barriers
 Socio-economic disparities
 Food deserts
 Bi-lingual providers
 Segregation

Data

Strengths

Limitations

Targeted evidence-based

Executive buy-in for data collection, sharing, and committee participation

City State Support	
<u>Strengths</u>	<u>Limitations</u>
<p>DACs Big health systems and CBOs</p>	<p>Competition for funding Transportation Geographic constraints Housing Access to education Pockets of poverty Public schools</p>
Regional Services, Networks and Systems	
<u>Strengths</u>	<u>Limitations</u>
<p>Abundant services Geographical “isolation”- fosters retention and collaboration Networking Strong quality/qualitative outcomes Comprehensive programming Flexibility with guidelines Modifying programs based on feedback CAB participation Health education and outreach CAB participation</p>	<p>Awareness of services available amongst general population Lack of awareness about the epidemic Access to resources Staff knowledge of social services LGBTQ progress Lack of substance abuse treatment options</p>

2. What opportunities can be leveraged within Suffolk County to help us achieve linkage, retention and VLS goals across the region to contribute to ETE? What are the threats to our success?

<u>Opportunities</u>	<u>Threats</u>
<p>Government support Peer certification program Community education & outreach Public awareness Testing initiatives for unreached populations Media attention of LGBTQ concerns Social media ETE meetings/strategizing New programs Revising old programs Engaging new players Community events Substance abuse providers HIV being classified as a chronic condition Consumer voice during planning PrEP/PEP education & initiatives Additional support for populations in need Data and information sharing Provider involvement Funds/grants Create a one-step resource place Public schools Services for long-term survivors AHA Referral system CM programs Cultural awareness Big healthcare systems</p>	<p>Targeted & reduced funding Political stance/outcomes Cultural beliefs Resurgence of STI's in certain populations Increase of heroin use Increased use of hook-up apps Stigma (associated with HIV, PrEP etc) Low health literacy Co-health comorbidities Chronic poverty/food insecurity Aging population (not enough services for demand) Loss of focus on specialty care Increased threat of violence High overdose rate Racism and sexism Emerging populations and viability to respond Isolation of specific geographic communities Taxes/cost of living Competition between agencies Providers leaving network- no replacements Heroin epidemic Lack of staff & training Lack of basic needs being met Employment-loss of benefits Salary vs. cost of living Segregated populations Job availability Housing Legal issues Financial limitations for AHA</p>

Critical Issues

- Increase government buy-in
 - Insurance
 - Maintain funding
 - Foster collaboration vs. competition for funding
 - Maintain focus on outcomes
 - Address social determinants of health (food, housing, education)
- Continue to maintain collaborations
 - More comprehensive understanding of services offered
 - Improved follow-up procedures post-linkage
- Congress/politics (local)
- Deadlines for meeting ETE goals
- Aging HIV population
- Perception of HIV by young population
- Sexual education failure
- Impact of other health issues on success (i.e. mental health, smoking, etc.)
- Private practitioners
- Insurance
- Urgent care & ED system/collaboration
- Providers doing away with the “number game” and working and to assist people them in care
- Breaking down barriers to get into the public school system for early prevention education
- Better data collection and reporting to help justify increased funding needs in the region