

Wisconsin Statewide Action Planning Group
Technical Assistance for HIV Planning

June 2021

Assessment and report provided by HealthHIV

BACKGROUND

In February 2021, HealthHIV began an assessment process to evaluate the effectiveness of the Wisconsin Statewide Action Planning Group (SAPG) structure, bylaws, responsibilities, and function. The process included documentation review, implementation of a comprehensive assessment, and a formal presentation to the SAPG membership to discuss improvements to the planning group's membership, structure, and policies/procedures.

Logistics & Responsibilities

HealthHIV is a technical assistance (TA) provider for the Integrated HIV/AIDS Planning TA Center (IHAP TAC), funded by the Health Resources and Services Administration's HIV/AIDS Bureau. HealthHIV assists state and local health departments, HIV planning groups, AIDS service organizations (ASOs), community-based organizations (CBOs), and healthcare organizations improve community engagement, organizational development, program integration, integrated HIV prevention and care planning, high-impact prevention, clinical integration in prevention, public-private partnerships, and much more.

HealthHIV created and tailored the HIV planning body assessment tools then fielded and analyzed data from members of SAPG. With support from SAPG leadership, HealthHIV managed the engagement and communication with SAPG members during the six month assessment process.

Objectives

The goal of the HIV planning body assessment was to assess the effectiveness of the planning body structure, bylaws, policies, and procedures, and how SAPG's operations allow it to achieve its goals for Ending the HIV Epidemic in Wisconsin. The key objectives of the assessment process were to:

- Assess the effectiveness of SAPG's structure, membership, community engagement, and tracking to improve health outcomes.
- Identify opportunities for best practice application and share recommendations to improve the SAPG's operations.
- Present implications and findings from assessment with full SAPG membership to encourage consideration, adaptation and/or implementation of recommendations.

DOCUMENT SCOPE

The following report provides a summary of the information gathering process, as well as the data and recommendations for SAPG structure and process improvement. While HealthHIV may have identified areas for TA, this assessment did not include delivery of follow-up TA. HealthHIV will facilitate TA to SAPG at their request.

INFORMATION GATHERING

HealthHIV implemented information gathering activities via key SAPG stakeholders, including the State Health Department Co-Chair, Community Co-Chair, and Community Co-Chair Elect. HealthHIV conducted numerous calls with these stakeholders to discuss the scope of activities, outline objectives and intended outcomes, review requests for documentation, gain clarification on SAPG policies and procedures, and ensure full cooperation and clear communication with SAPG members regarding the assessment. SAPG documentation was collected remotely via email, and included:

- Wisconsin Integrated HIV Prevention and Care Plan 2017-2021
- Member application form
- Member selection process
- New member orientation materials
- Membership handbook
- Recent meeting agendas

HealthHIV also implemented two assessment modalities simultaneously between February and April 2021, which included an anonymous, online survey of the full SAPG membership and key informant interviews by phone with a diverse group of SAPG members and stakeholders.



Review SAPG's Documents
Findings to Members



Membership Survey &

& Provide Final Report



Present

Key Informant Interviews

Overview of SAPG Member Survey

The purpose of the online survey was to provide SAPG with information for reflection, discussion, planning, and development to improve the group's structure, policies and procedures. HealthHIV asked survey participants to provide thorough, thoughtful, and truthful answers. Responses to the survey are de-identified and reported all together to protect the confidentiality of SAPG members.

The survey included 34 questions (24 quantitative and 10 qualitative/open-ended) related to: membership demographics and skills; effectiveness of SAPG structure; SAPG recruitment and orientation activities; relationship with external stakeholders; and key successes and areas for improvement. HealthHIV and SAPG leadership reached out to all SAPG members and a total of **23 individuals responded to the survey, which included 79% of current SAPG members.** The following analysis only reflects data from the 23 respondents and insight shared by KII participants.

Overview of SAPG Key Informant Interviews

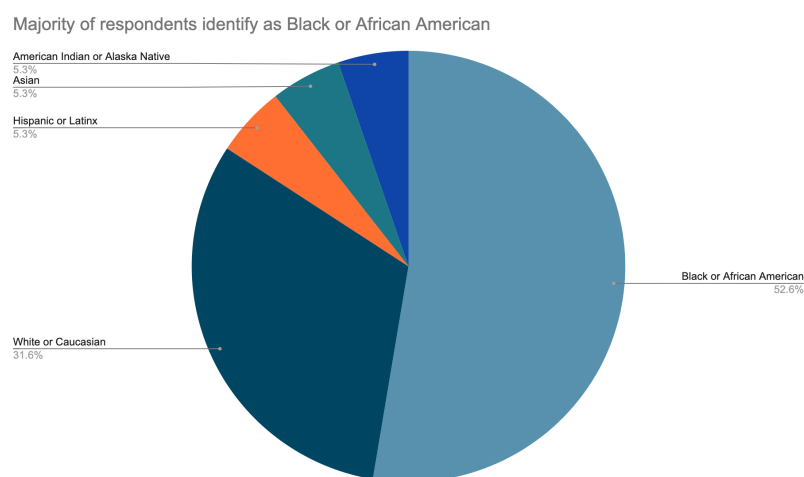
HealthHIV also conducted key informant interviews (KIIs) by phone to further the involvement of SAPG members in the assessment process. A diverse group of members with varying perspectives were asked to participate, including both new and seasoned members. HealthHIV ultimately spoke with 4 members. All qualitative information from the interviews was de-identified and combined. The interview tool consisted of open-ended questions and was administered throughout a 60-minute phone call. Interviews included a discussion of: member background, current engagement and role with SAPG, HIV planning purpose and effectiveness, SAPG recruitment and orientation, community engagement, and future aspirations/anticipated challenges.

Summary of Findings

The following is a narrative summary of the survey data from 23 members of the SAPG and key informant interview data from four SAPG members.

Member Demographics

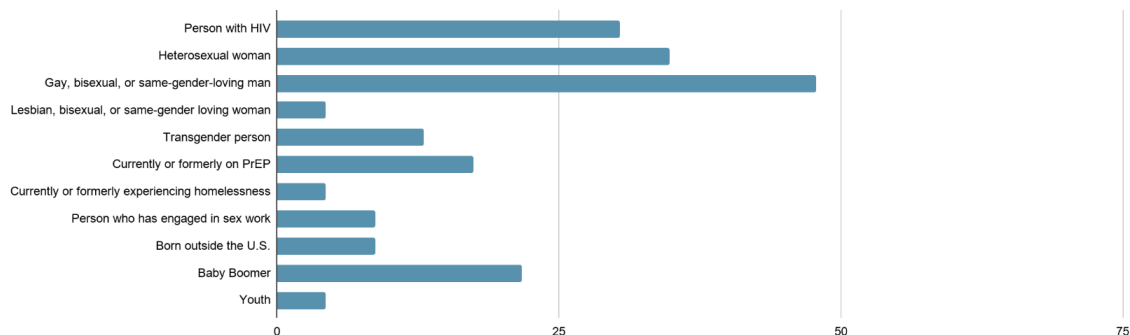
A majority of the survey respondents identify as Black or African American (50%, 10), followed by White or Caucasian (30%, 6). The remaining 20% of respondents identify as either Hispanic or Latinx (5%, 1), Asian (5%, 1), American Indian or Alaskan Native (5%, 1), or Other (5%, 1). 0% of respondents identify as Native Hawaiian or Pacific Islander.



Among respondents, 40% (8) are gay, bisexual, or same-gender-loving men; 40% (8) are heterosexual women; and 20% (4) are baby boomers. Over half of respondents identify as LGBT (60%, 15), and 30% (6) of respondents are people living with HIV (PLWH). The majority

of respondents live in urban areas (65%, 13), followed by suburban areas (25%, 5), and rural areas (10%, 2).

Respondents represent a wide range of demographic groups



Missing Skills and Perspectives Among Members

SAPG members reported that the following skills, people, or perspectives should be *expanded* within the current membership:

Skills	People/Perspectives
<ul style="list-style-type: none"> • Communication with community • Sex education (particularly for younger populations) • Legal skills • Data analysis • Policy advocacy • Experience working with individuals who inject drugs 	<ul style="list-style-type: none"> • Therapists • Student Educators • School Board Members • Frontline workers • Individuals who currently or have previously injected drugs

SAPG Structure and Function

HealthHIV explored several areas of the current SAPG structure through review of documentation, the online survey, key informant interviews, and conversations with the SAPG co-chairs to understand strengths, areas for improvement, and how the structure currently contributes (positively or negatively) to the effectiveness of the group.

Committees

During the survey process, a number of members mentioned the hope that the SAPG could more effectively form and utilize committees. Members had a number of suggestions for necessary committees and expressed willingness to join committees if they were formed.

Suggestions for potential committees included:

- Social media
- HIV workforce development
- Outreach/media
- Transgender health
- Communities of color
- Black queer / trans communities
- Mental health
- Community engagement
- Shifting the narrative of the HIV epidemic to reflect changing demographics
- Cis straight women living with HIV
- Women empowerment
- Education

Meeting Facilitation

In the survey, open response, and KIIs, SAPG members noted that some improvement could be made around meeting facilitation and ensuring that time is used productively for all members. Specifically, several members mentioned that a timekeeper would be helpful to require folks to stick to the timing on the agenda. Otherwise, members reported that the SAPG meetings were fun, engaging, and a wonderful place to connect with colleagues and friends.

Purpose

Throughout the assessment, some members expressed that the purpose of SAPG could be a more prominent and clear part of planning activities. When asked how well they understood the relationship, scope, role, and responsibilities of SAPG versus the grantee, about a quarter of members (26%) said “well,” while the majority (70%) said “somewhat well.” In the survey open responses and interviews, members reported that it was sometimes unclear to them how the activities of the meeting related to the ultimate purpose of the planning body.

Similarly, members expressed that the SAPG could improve its own self-evaluation and ongoing internal dialogue to ensure that the planning activities are meeting the needs of the communities impacted. Less than half (48%) of members reported that SAPG effectively monitors and evaluates the effectiveness of its *own* planning activities, and 70% of members reported that the planning body effectively monitors and evaluates the achievement of the Integrated HIV Prevention and Care Plan. Relatedly, just over half (65%) of members reported that the SAPG adequately conducts needs assessments with affected communities, pointing to another potential area of improvement.

Representation & Equity

Accessibility

A large number of survey respondents expressed satisfaction with accessibility of SAPG meetings. When asked what barriers interfere with their ability to participate in SAPG meetings, 60.87% of respondents reported no barriers to participation. Among the 9 respondents who indicated barriers to participation and meeting accessibility, 33.33% reported lacking confidence in their understanding of how SAPG operates, and 33.33% reported feeling uncomfortable speaking as someone with less experience in HIV planning.

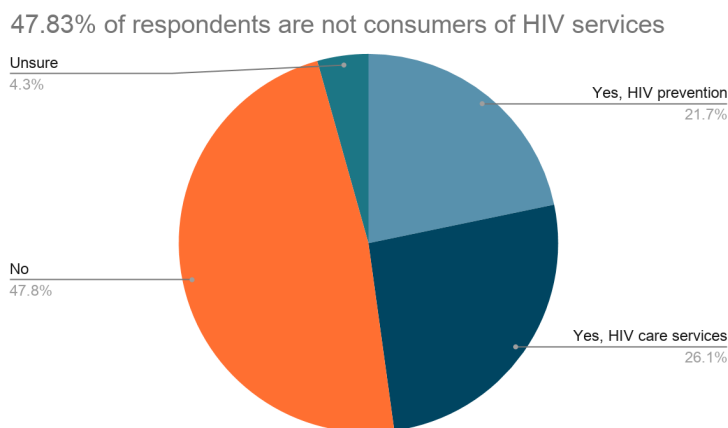
Survey respondents were also largely satisfied with the accessibility of SAPG's processes. 87% of respondents reported that they were "moderately" or "very" confident in their ability to explain SAPG's missions and objectives to the broader community. Only 4.35% of survey respondents indicated that they were "not at all" confident in their ability to do so.

Connection to Community

SAPG's visibility within the broader community was one frequently cited area for growth among both survey respondents and participants in the KII process. When asked what SAPG's greatest areas for improvement were, 35% of responses were in some way related to connection with the community. Survey respondents, as well as KII participants, expressed a desire to enhance community representation and involvement in SAPG activities, and to conduct greater outreach efforts within communities most affected by HIV. The need to further engage community members in SAPG activities is further supported by the fact that nearly 50% of survey respondents do not identify as consumers of HIV prevention or care services.

In response to this area for improvement, survey respondents and KII participants offered several recommendations for enhancing SAPG's connection to the community. Respondents and KII participants articulated a need to more intentionally engage transgender male and female individuals, individuals who engage in sex work, individuals who use injection drugs, and other individuals who do not identify as

paid service providers. To engage these groups in SAPG activities, respondents and KII participants proposed offering stipends to community members to compensate them for participation, hosting separate meetings dedicated to hearing community voices, hosting pop-up/satellite SAPG sessions in high incidence areas to enhance accessibility of meetings for



community members, and managing a social media account dedicated to engaging with members of the community.

While community member awareness of SAPG may be somewhat limited, once community members provide insight to the group, survey respondents expressed satisfaction with the way in which these insights are incorporated into planning activities. When asked how well SAPG incorporates community voices into its development of HIV planning priorities and objectives, 48% of respondents reported “somewhat well” and 43.48% reported “well.”

Race & Dialogue

Related to the two above sections, several members expressed that there is an opportunity for growth related to the SAPG’s engagement in dialogue about race and equity. Members reported being largely content with the inclusivity and representativeness of SAPG. The members that did voice concerns, however, felt that SAPG could have more explicit conversations around race, gender, and sexuality, as well as the intersection between these identities, and could more explicitly link the work of the SAPG to the movement for Black Lives and other social justice movements. Members expressed a desire to acknowledge whiteness head-on, as well as to focus more intentionally on the needs of Black MSM and Black trans women in Milwaukee and to enhance services for people with intersectional identities.

During the full membership’s conversation with HealthHIV, members demonstrated substantial interest in facilitated conversations and trainings surrounding race and equity. Topics of interest mentioned by members include:

- How to avoid paternalism in nonprofit work
- Cultural competence and humility
- Resources for discussing white supremacy and structural racism
- Resources for how to be more trans-inclusive in meetings
- How to advocate on behalf of people of color as a white person
- Affinity groups within SAPG

As part of the organization’s training and capacity building offerings, HealthHIV has hosted several webinars on topics related to race, social justice, and equity. Below are links to HealthHIV’s publicly available offerings that might be of interest to SAPG’s members:

- [Roots of Racism in Healthcare: Creating a Climate for Culturally-Responsive Care](#) (webinar)
- [Achieving Health Equity: Countering Racism and Implicit Bias in Healthcare](#) (webinar)
- [Racial Justice & Meaningful Involvement of People Living with HIV](#) (webinar)

In August of 2021, HealthHIV will also be hosting a webinar entitled “Fostering Equity in HIV Planning.” This webinar will discuss the ways in which power imbalances can manifest in HIV planning bodies, how other planning bodies have sought to address implicit bias and promote equity, and strategies that SAPG can apply to their own council to foster equity and mitigate

power imbalances based on race, education, age, and socioeconomic status. HealthHIV will share the link to this webinar with SAPG leadership at a later date.

SAPG Membership

SAPG Recruitment

Similar to the overall connection to the community, recruitment of new SAPG members is an area in which survey respondents and KII participants felt that increased visibility would be beneficial. While 40% of survey respondents indicated that they perceive no barriers to new member recruitment, among the 14 respondents who reported barriers, 78.6% cited accessibility of recruitment information to the general public, and 50% reported a lack of effective outreach efforts. When given the opportunity to elaborate in survey open response sections and KIIs, members explained that there is not enough outreach to people who aren't already in the public health network or somehow already affiliated with an HIV/AIDS organization in Wisconsin. As a result, several participants expressed feeling as though the majority of SAPG members represent an agency, rather than the community of HIV prevention and care service consumers.

The Community HIV/AIDS Technical Assistance and Training for Planning project (Planning CHATT) has several publicly available offerings related to recruitment that may be of interest to SAPG members.

- [Recruitment and Retention of New Planning Council/Planning Body Members](#) (webinar)
- [Best Practices for Consumer Recruitment and Retention](#) (document)

SAPG Orientation

Once individuals have been recruited to the group, survey respondents and KII participants expressed satisfaction with SAPG's new member orientation process. When asked how well the orientation process prepares new members to fully participate in SAPG activities, 82.6% of survey respondents reported "very well" or "well." Survey respondents did, however, indicate that the onboarding experience could be enhanced by greater efforts to actively engage new members into planning activities during the first 1-2 months of their term. Suggestions included the use of a buddy/mentor system and a follow-up orientation to solicit questions.

SAPG Contribution to Ending the HIV Epidemic

When asked how SAPG as a whole contributes to Ending the HIV Epidemic in Wisconsin, members had a wealth of comments to offer. Many members mentioned educating the community and sharing developments and available services related to HIV with the general public as a key contribution from the SAPG. Members also talked about the importance of SAPG in helping Wisconsin to identify service and knowledge gaps for folks, and felt that SAPG allowed them to advocate for better services and policies impacting PLWH. Finally, many people talked about how SAPG meetings kept them up to date on developments in HIV and

opportunities to collaborate with one another. Ultimately, members felt that SAPG was extremely impactful!

Conclusions

Findings from the review of documentation, online survey, and key informant interviews point to several areas for improvement, as well as highlight the many successes and effectiveness of SAPG and its HIV planning efforts. For the purposes of this initial assessment report, conclusions will focus on areas for improvement. The following chart highlights key areas for improvement that were reported by SAPG members in the online survey and KIIs as well as potential strategies that were brainstormed during the May 27th SAPG meeting.

Reported Areas for Improvement	Potential Strategies (from Brainstorm)
Race & Equity	
<ul style="list-style-type: none"> • Lack of intersectional services available • Desire for additional explicit conversations around race & equity related to HIV, nonprofit & government structures • Continued need for engagement with current events related to BLM etc. • Continued need for recognition of how governmental/bureaucratic processes can uphold racist structures 	<ul style="list-style-type: none"> • Facilitate more conversations regarding the following topics: <ul style="list-style-type: none"> ◦ Whiteness/privilege in nonprofit & government sector ◦ White affinity groups (white members of SAPG doing their own work) ◦ Changing demographics of HIV epidemic ◦ Tangible ways race/racism play into members' experiences & roles ◦ Ways SAPG can address racism and social determinants of health ◦ Addressing and serving intersectional identities • Promote member attendance at external webinars/ trainings related to race and equity
Monitoring SAPG's Impact	
<ul style="list-style-type: none"> • Confusion surrounding role, scope, etc. of SAPG • Lack of internal monitoring of planning activities • Desire for more needs assessments & conversations with affected communities 	<ul style="list-style-type: none"> • Create writeup & flyers of SAPG in plain language • Explicitly articulate what SAPG's goals are for each meeting, as well as short and long-term goals • Enhance needs assessment process, conduct informal interviews, coffee chats, etc. with community members
Community Engagement & Representation	
<ul style="list-style-type: none"> • Limited visibility of SAPG in the community • Lack of clear social media presence • Lack of incentives or time for community 	<ul style="list-style-type: none"> • Create work-groups or meetings dedicated to hearing community voices • Host satellite sessions in high-incidence areas

<p>member participation</p> <ul style="list-style-type: none"> • Lack of outreach to communities affected • Prominence of paid service providers in membership • Limited discussions about race & equity 	<ul style="list-style-type: none"> • Offer significant compensation to community members who provide their input • Launch and manage a social media account dedicated to interacting with the community
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