PART III
Florida’s Ending the HIV Epidemic Plan

October 21, 2020
# Florida’s Ending the HIV Epidemic (EHE) Plan

## SESSION III AGENDA

### Day 1 — Wednesday, October 21, 2020

<table>
<thead>
<tr>
<th>AGENDA TOPICS</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome</td>
<td>10:00 AM – 10:05 AM</td>
</tr>
<tr>
<td>2. Session 1. Community Engagement &amp; Final Work Plan Update</td>
<td>10:05 AM – 12:00 PM</td>
</tr>
<tr>
<td>• Broward County</td>
<td></td>
</tr>
<tr>
<td><strong>BREAK</strong></td>
<td></td>
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<tr>
<td>3. Session 2. Community Engagement &amp; Final Work Plan Update</td>
<td>1:05 PM – 3:00 PM</td>
</tr>
<tr>
<td>• Miami-Dade County</td>
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</table>
Florida’s Ending the HIV Epidemic (EHE) Plan

TODAY’S SESSION WILL HELP YOU TO:

• Learn about the community engagement actions completed in **BROWARD COUNTY & MIAMI-DADE COUNTY** to-date.

• Gain understanding of the locally approved activities and strategies that align with Florida EHE Plan for a ‘Unified Approach’ in accordance with the EHE pillars.
BROWARD COUNTY OVERVIEW DATA

- Second most populous county in Florida
- 9% of Florida’s residents
- Seventh largest county in the nation by size
- 33.7% of the residents are foreign-born
- Majority/minority county (Black 28.3%, Hispanic 30.4%, other races 5.6%, and White 35.6%)
- Nearly 15% of residents are living below the poverty level; 20% of children under age 18 are living in poverty
- 6th Largest School District, students are from 204 different countries and speak 191 different languages
- International airport, ranked 19th in the U.S. in total passenger traffic and a seaport, which is the cruise ship capital of the world
- 15.4 million visitors annually
At-A-Glance

Total Population: **1,984,840**

Social Determinants of Health (SDOH)

1. Access to Affordable Housing Services
2. Access to Mental Health Services
3. Access to Affordable Healthcare Services

**NOTE:** SDOH priority findings based upon 2019 Broward County EHE planning, data gathering and survey efforts. Priority findings selected by both community and provider feedback.
## At-A-Glance

Top Five SDOH that affect the community by respondent:

<table>
<thead>
<tr>
<th>Provider Response</th>
<th>N = 430</th>
<th>Community Response</th>
<th>N = 1,780</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable Housing</td>
<td>48.4%</td>
<td>Affordable Health Care</td>
<td>40.4%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>44.7%</td>
<td>Affordable Housing</td>
<td>40.4%</td>
</tr>
<tr>
<td>Affordable Health Care</td>
<td>39.5%</td>
<td>Mental Health</td>
<td>30.0%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>36.5%</td>
<td>Discrimination</td>
<td>27.5%</td>
</tr>
<tr>
<td>Transportation</td>
<td>35.6%</td>
<td>No Job/Low Pay</td>
<td>24.8%</td>
</tr>
</tbody>
</table>
**At-A-Glance**

### Housing

- In 2018, The Broward County Affordable Housing Trust Fund was created through a referendum.
- The Coordinating Council of Broward (CCB) identified affordable housing as the most critical issue facing Broward County Asset Limited, Income Constrained, Employed (ALICE) families.
- Housing Broward was created which is Broward County’s first comprehensive strategic plan to address the affordable housing crisis.
- Policy changes in the Fair Housing ordinance have been implemented.
# At-A-Glance

## Affordable Healthcare Services

**2 Hospital Districts (North & South)**
Memorial Healthcare System  
North Broward Hospital District

**2 Federally Qualified Health Centers (FQHC):**
Broward Community & Family Health Center  
Care Resource

EHE funding has allowed for more access to PrEP services via FQHCs

Have identified more partners that are able to utilize 340B drug pricing to fund services for the uninsured
At-A-Glance

Behavioral Health

- Broward’s public behavioral health system is managed by the Broward Behavioral Health Coalition (BBHC). BBHC provides a comprehensive system of care for substance use, mental health and co-occurring disorders.

- After the MSD tragedy, there has been an increasing recognition in Broward County on the pervasive experience of trauma as a result of violence and focus on trauma informed care.

- The Broward Suicide Prevention Coalition was founded in 2019 and is implementing a strategic plan focusing on youth.
Substance Use

- DOH-Broward recipient of Overdose 2 Action CDC Grant
  - Provides for additional surveillance and prevention activities around Substance Use Disorder
  - 5-year grant
- United Way of Broward County’s Commission on Substance Abuse evolved into the Commission on Behavioral Health and Drug Prevention
- Syringe Exchange Program implementation pending identification of a provider
At-A-Glance

Transportation

• In November 2018, voters approved a local one cent, 30-year surtax to increase mobility and address transportation challenges
• Current projects underway include:
  • Broward County Transit (BCT) implemented 70,000 new annual hours of service since September, 2019
  • BCT increased the per trip subsidy to $18, further increasing the convenience and value of the program for Broward’s disabled or elderly customers
  • A new agreement for funding of municipal operated Community Shuttles
  • Installed 160 new bus shelters
  • Installing free Wi-Fi throughout the entire bus fleet
  • Will add 147 new buses to expand services and replace aging buses
  • Will add 146 new Paratransit vehicles
  • Complete Streets, to make street safe for all users, including those who walk, ride bikes and use public transportation
  • Improving the resiliency of roadway infrastructure to sea-level rise
  • Road expansion
  • School Safety Zone Improvements
  • Upgrading existing traffic communications and Adaptive Traffic Controls Systems
The Broward County Planning Council incorporated equity into the Broward County Comprehensive Land Use Plan through an “Environmental Justice” policy adopted in 2017. The policy reads “For local and regional land use policy and public infrastructure and services decisions, local governments and agencies should ensure environmental justice when considering the impacts to vulnerable populations, including but not limited to, the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless and those with chronic health conditions, including severe mental illness.”
Broward Partners for Racial Equity (BPRE)

Began in 2016

- Comprised of local funders and system leaders who are committed to co-creating racial equity structures, organizations, and communities.

- Partners include: Broward County Public Schools, Broward County Department of Human Services, Children’s Services Council of Broward County, Florida Department of Health in Broward County, United Way of Broward County, Broward Healthy Start, Broward Behavioral Health Coalition, Early Learning Coalition of Broward County, Smith Community Mental Health and Broward Sheriff’s Office Child Protection Investigation Section are current partners.

- BPRE has trained over 2,500 people in intensive two-day racial equity workshops.
At-A-Glance

Broward Partners for Racial Equity (BPRE)

Began in 2016

- Groundwater (Introduction to Racial Disparity Data and Structural Racism) and Implicit Bias/Local History trainings has been provided to thousands of Broward partners.
- Workshops provide participants with a common language and shared historical and structural analysis of race, racism and equity strategies and approaches.
- BPRE meets regularly to share approaches to operationalizing equity in individual interactions, agencies and community to improve the well-being of us all.
- Outcome of the racial equity initiative is to improve well-being, reduce racial disparities in every sector of Broward County and co-create innovative equitable policies and structures.
At-A-Glance

HIV Health Equity Ratio

HIV Diagnoses

- 2017
- 2018
- 2019

Florida
Broward County
HIV Prevalence and Diagnoses

- Number of People with HIV (PWH) **20,507 (2019)**
- Rate of PWH per 100,000 population **32.4 (2019)**
- Number of New HIV Diagnoses **624 (2019)**
- Annual decrease in New HIV Diagnoses 2016-2019
- 16% Decrease in New HIV Diagnoses from 2016-2019

Source: Florida Charts
Community Engagement Efforts
Survey: 2,210 Surveys Conducted

- 1,780 Community Surveys
- 430 Provider Surveys
Survey Development: Sept-Oct 2019

- Input gathered; community and provider surveys drafted; field tested with ADAP clients, members of BCHPPC, and community
- Revisions prior to launch in English, Spanish, Creole, and Portuguese

Survey Marketing

<table>
<thead>
<tr>
<th>Media Campaign</th>
<th>Sources: to reach priority populations and broader audiences</th>
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<tbody>
<tr>
<td>Radio</td>
<td>WHYI-FM (Y100), WEDR-FM/WHQT-FM (Black/Caribbean), WZTU-FM (Spanish), WLQY 1320/WSRF 1580 (Creole)</td>
</tr>
<tr>
<td>Social Media</td>
<td>Twitter, Facebook, NextDoor</td>
</tr>
<tr>
<td>Phone Apps</td>
<td>Grindr (11/13): Grindr for Equality created a free ad pop-up link for 24 hours (data/results pending)</td>
</tr>
<tr>
<td>Press Release</td>
<td>The Florida Department of Health in Miami-Dade and Broward Counties Seek Community Involvement on “Ending the HIV Epidemic: A Plan for America” Initiative (10/21)</td>
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Survey Implementation

Survey Implementation: 10/18/2019 - 10/2/2020

• [www.getprepbroward.com](http://www.getprepbroward.com)
• Listserv promo
• Posters/flyers w/QR code
• Surveys distributed through community outreach by DOH-Broward Staff on tablets or paper copies in four languages
• Survey link posted on DOH-Broward contracted providers’ websites
<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Number of Businesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>33311</td>
<td>118</td>
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<tr>
<td>33023</td>
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<td>33313</td>
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<td>33305</td>
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<tr>
<td>33351</td>
<td>3</td>
</tr>
<tr>
<td>33309</td>
<td>28</td>
</tr>
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</table>

**TOTAL** 515
Survey Street Outreach

- Bus Stations
- Homeless Shelters
- Train Stations
- Lauderhill Mall and other malls
- Sistrunk Blvd.
- Oakland Park Flea Market

- Fort Lauderdale Beach
- Hollywood Boardwalk
- Wilton Drive
- Other Neighborhoods
- Faith Based Institutions
- Venues where substance users congregate
Survey Geographic Penetration

Survey Responses by Zip Code
Community Members (1780) Providers (430)
# Survey Zip Code Distribution

**PWH, Living in Area 010 by County**

By Zip code with 3 or more cases, as of 06/30/2020

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>33020</td>
<td>577</td>
</tr>
<tr>
<td>33068</td>
<td>428</td>
</tr>
<tr>
<td>33069</td>
<td>713</td>
</tr>
<tr>
<td>33304</td>
<td>983</td>
</tr>
<tr>
<td>33305</td>
<td>1057</td>
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<td>33312</td>
<td>785</td>
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<tr>
<td>33313</td>
<td>1046</td>
</tr>
<tr>
<td>33334</td>
<td>1340</td>
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*As of 6/30/2020 Data provided by HIV Section – Surveillance Unit*
## Survey Respondent Type

### Community Respondent

<table>
<thead>
<tr>
<th>Type of Respondent</th>
<th>N</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Member</td>
<td>1780</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

### Provider Respondent

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>N</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Based Organization/Non-Profit</td>
<td>226</td>
<td>52.6%</td>
</tr>
<tr>
<td>Other</td>
<td>98</td>
<td>22.8%</td>
</tr>
<tr>
<td>Department of Health (DOH) Employee</td>
<td>86</td>
<td>20.0%</td>
</tr>
<tr>
<td>Planning Council Member/Advisory Board Member</td>
<td>20</td>
<td>4.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>430</td>
<td>100.0%</td>
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## Survey Respondent Demographics

### Community Demographic Respondent

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1034</td>
<td>58.1%</td>
</tr>
<tr>
<td>Female</td>
<td>702</td>
<td>39.4%</td>
</tr>
<tr>
<td>Transgender (M to F)</td>
<td>8</td>
<td>0.4%</td>
</tr>
<tr>
<td>Transgender (F to M)</td>
<td>10</td>
<td>0.6%</td>
</tr>
<tr>
<td>Non-Binary</td>
<td>11</td>
<td>0.6%</td>
</tr>
<tr>
<td>Non-Conforming</td>
<td>9</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other*</td>
<td>6</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>505</td>
<td>28.4%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>706</td>
<td>39.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>439</td>
<td>24.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>14</td>
<td>0.8%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>7</td>
<td>0.4%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Mixed/More than one race</td>
<td>44</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other*</td>
<td>25</td>
<td>1.4%</td>
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</table>

### Community Demographic Respondent

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%Total</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-19</td>
<td>186</td>
<td>10.4%</td>
</tr>
<tr>
<td>20-29</td>
<td>288</td>
<td>16.2%</td>
</tr>
<tr>
<td>30-39</td>
<td>360</td>
<td>20.2%</td>
</tr>
<tr>
<td>40-49</td>
<td>313</td>
<td>17.6%</td>
</tr>
<tr>
<td>50-59</td>
<td>363</td>
<td>20.4%</td>
</tr>
<tr>
<td>60+</td>
<td>270</td>
<td>15.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1780</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

In comparison to the provider demographic summary table, the community demographic summary table shows that the majority of community members were male (58.1%), Non-Hispanic Black (39.7%), between ages 30-39 (20.2%) and 50-59 (20.4%).

*Other includes community members who identify their ethnicity as Haitian, Jamaican, Middle Eastern, or West Indian.*
### Provider Demographic Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>209</td>
<td>48.6%</td>
</tr>
<tr>
<td>Female</td>
<td>209</td>
<td>48.6%</td>
</tr>
<tr>
<td>Transgender (M to F)</td>
<td>7</td>
<td>1.6%</td>
</tr>
<tr>
<td>Transgender (F to M)</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Non-Binary</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Non-Conforming</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other*</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>153</td>
<td>35.6%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>127</td>
<td>29.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>125</td>
<td>29.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>4</td>
<td>0.9%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mixed/More than one race</td>
<td>17</td>
<td>4.0%</td>
</tr>
<tr>
<td>Other*</td>
<td>4</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

**Provider Demographic Summary**

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-19</td>
<td>13</td>
<td>3.0%</td>
</tr>
<tr>
<td>20-29</td>
<td>50</td>
<td>11.6%</td>
</tr>
<tr>
<td>30-39</td>
<td>103</td>
<td>24.0%</td>
</tr>
<tr>
<td>40-49</td>
<td>85</td>
<td>19.8%</td>
</tr>
<tr>
<td>50-59</td>
<td>100</td>
<td>23.3%</td>
</tr>
<tr>
<td>60+</td>
<td>79</td>
<td>18.4%</td>
</tr>
<tr>
<td>Total</td>
<td>430</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The provider demographic summary table shows the demographic data of 430 providers. There was an even number of male and female providers (48.6%). Majority of the providers were Non-Hispanic White (35.6%) between ages 30-39 (24.0%) and 50-59 (23.3%).

*Other includes providers who identify their ethnicity as Haitian, Jamaican, or Middle Eastern.
Affordable Housing, Affordable Health Care & Mental Health were in the top 3 for both Community Members & Providers.
Survey Results

Top barriers that Providers & Community said people face in:

- **Getting an HIV Test** – fear of the result, don’t want others to know, not comfortable asking their doctor, don’t think it’s necessary
- **Starting HIV Treatment & Adherence** – don’t want anyone to know, lack of affordable health care, don’t know where to get treated, medication side effects
- **Starting & Adhering to PrEP** – don’t know where to get PrEP, no money to pay for PrEP, don’t want to take a daily pill, don’t think PrEP is necessary for them, medication side effects
Key Findings/Themes:

- Access to **housing, health care, mental health care, and employment** are clearly needed in the community and would greatly improve the quality of life for priority populations.

Most common themes:

- Improving **access to care**
- Addressing **stigma**
- Lack of **education** about HIV in the community and among providers
- Promoting the **availability of resources**, including HIV testing, care and treatment, and prevention (PrEP)
• Broward County Public Schools survey updated for EHE
• High school students visiting sexual health services offices responded
• Survey conducted Nov 5-22, 2019 (18 days) during an HIV and/or STI test
• 135 students in 7 public high schools were asked:
  • Q12: Do you think that HIV transmission is a big issue among students and youth in Broward? 93% reported YES, 7% reported NO
  • Q13: What ideas do you have for how to better educate students and youth about HIV risk behaviors and the virus? Themes: increase education, increase condom access, increase HIV/STI testing
Key Findings/Themes:
• Expand HIV education and awareness for youth and students
  • Common suggestions: improve sex ed/health classes, presentations, guest speakers, assemblies, summits, posters, peer education, social media, teen talks, etc.
• Increase access to condoms and HIV/STI testing
• Build upon current BCPS comprehensive sexual health curriculum
• Involving youth and students is vital to developing new and innovative strategies for future EHE planning activities
Key Informant Interviews

**Key Informant Interviews:** Forty (40) interviews were conducted with individuals representing the following:

- Law enforcement
- Pharmacies
- Food/nutritional services
- Racial equity and social justice
- Substance use
- Mental health treatment
- Medical care,
- LGBTQ & transgender programs/services
- Latinx organizations
- Ryan White Part A
- Department of Children & Family Services
- HIV Care & Treatment Continuum Services
- CBOs,
- Case management
- Legal services
- Public schools
- Hospitals
- Current/former DOH staff
- Planning/advisory board members
- Community members (youth, seniors, PWH, on PrEP, Latinx, Black

*Demographic of persons are ages 22 – 69; Black, LatinX, Multiracial; Gender Identity & Sexual Orientation varies
Key Informant Interviews

Key Findings/Themes:

• Provide basic **HIV education** and awareness (community and providers)
• Eliminate **barriers to health care** (including affordability, mobile)
• Implement effective **community education** campaigns
• Eliminate **HIV stigma** and discrimination (U=U messaging)
• Implement harm reduction programs (SEPs, innovation)
• Increase **access to PrEP**
Common concerns raised:

- Need safe, affordable **housing** (especially for priority populations)
- Increase HIV **education in schools**/with youth
- Increase support for transgender programs & community
- Opportunities to improve communication & collaboration with DOH (HIV/AIDS Program)
- Expand access to **routine HIV testing**
- Dismantle institutional racism and increase racial equity
Listening Session

Listening Session: One (1) community event with twenty-one (21) participants consisting of:

- HIV care and treatment continuum provider staff
- Community stakeholders
- Planning body groups membership
- Staff from CBOs
- HIV care orgs
- MSM & transgender programs

- Staff from CBOs
- HIV care orgs
- MSM & transgender programs
- Latinx programs
- Local healthcare facilities

Small brainstorm sessions/rounds at each table on priorities, strengths, challenges, strategies, and next steps to report back for larger group discussion
Key Findings/Themes:

• Increase access points for PrEP and make it accessible (PrEP-AP)
• Address HIV stigma
  • Adopt Undetectable=Untransmittable messaging
  • Advocacy to protect PWH (disclosure/criminalization laws)
• Increase HIV education in community and with providers
• Expand routine HIV testing
• Enhance Test & Treat model for rapid HIV care and treatment
• Implement harm reduction programs (SEPs)
Common concerns raised:

• Need for more community involvement
• Grassroots/homegrown programs need to be funded
• Opportunities to improve communication & collaboration with DOH (HIV/AIDS Program)
• Not enough people were involved – conduct more sessions & forums
Focus Groups

- **Focus Groups**: Five (5) focus groups conducted with Fifty (50) participants from priority populations:
  - Transgender Focus Group
  - LatinX Focus Group
  - MSM Focus Group
  - Black Heterosexual Females Focus Group
  - Children's Diagnostic & Treatment Center (CDTC) staff Focus Group
### Focus Groups

<table>
<thead>
<tr>
<th>Groups:</th>
<th>Transgender/Gender-Nonconforming</th>
<th>Spanish-speaking (mostly MSM)</th>
<th>Men who have sex with Men (MSM)</th>
<th>Black Heterosexual Women</th>
<th>CDTC Team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
<td>11/15/19</td>
<td>11/15/19</td>
<td>11/18/19</td>
<td>11/19/19</td>
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<td><strong>Location</strong></td>
<td>World AIDS Museum</td>
<td>Latinos Salud</td>
<td>Equality Florida</td>
<td>L.A. Lee YMCA Family Center</td>
<td>CDTC</td>
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<tr>
<td><strong># of attendees</strong></td>
<td>9</td>
<td>18</td>
<td>5</td>
<td>9</td>
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<tr>
<td><strong>Top 5 Themes</strong></td>
<td>Eliminate HIV Stigma (U=U)</td>
<td>Eliminate HIV Stigma (U=U)</td>
<td>Eliminate HIV Stigma (U=U)</td>
<td>Eliminate HIV Stigma (U=U)</td>
<td>Eliminate HIV Stigma (U=U)</td>
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<td>Need Safe Housing</td>
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<tr>
<td>Support Trans-led Programs</td>
<td>Develop HIV Hotline</td>
<td>Eliminate Barriers to Care</td>
<td>Develop HIV Hotline</td>
<td>Eliminate Barriers to Care</td>
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<td>Resilience</td>
<td>Expand Outreach</td>
<td>VLS Incentives</td>
<td>Resilience</td>
<td>Expand Test &amp; Treat</td>
<td></td>
</tr>
</tbody>
</table>

“I want to live free without stigma.”

- Focus group participant

---

**DRAFT** Revised 10/21/2020
Focus Groups

Key Findings/Themes:
- Address HIV stigma
  - Adopt Undetectable=Untransmittable messaging
- Increase HIV education in community and with providers
- Expand routine HIV testing
- Enhance Test & Treat model for rapid HIV care and treatment
- Expand access to PrEP

Common concerns raised:
- Need for more community involvement
- Grassroots/homegrown programs need to be funded
- Conduct more focus groups to reach priority populations throughout the community
Community Presentations

**Community Presentations:** Twenty-eight (28) community presentations conducted by DOH-Broward and/or EHE Consultant:

- Broward County HIV Prevention Planning Council (BCHPPC)
- Biomedical Advisory Group
- Men Who have Sex with Men Advisory Group
- Black Treatment Advocates Network (BTAN)
- Latinos en Acción Advisory Group
- Broward County Public Schools Student Advisory Meeting
- Perinatal Advisory Group
- Medical/Disease Case Management Network Meeting
- Integrated HIV Prevention & Care Workgroup
- HIV Health Services Planning Council (HIVPC)
- South Florida AIDS Network (SFAN)
- HIV Prevention Contracts Provider Meeting
- Coordinating Council of Broward
- Homeless Continuum of Care Advisory Board
- Healthcare Access Committee
Common Themes

- Eliminate HIV stigma
- Provide broad community & provider education
- Expansion of PrEP access
- Expansion of Test & Treat to ensure immediate linkage to care
- Addressing barriers to care, including health coverage, housing, mental health
- Expansion of HIV testing in healthcare and non-traditional settings
- Addressing structural racism and promoting racial equity
- Build resources and support on a local level to support grassroots programs
• 5-year plan
• Living document
• Will evolve with continued community engagement
• Contingent upon funding
• Implementation involves the whole Local Public Health System
Pillar 1: DIAGNOSE

**Objective**

Identify PWH as soon as possible after transmission

**Strategies**

1. Expand routine HIV testing in targeted health care settings
2. Expand targeted HIV testing of priority populations in non-health care settings
3. Develop and implement a social marketing campaign
4. Incorporate health equity into HIV testing
5. Create a seamless status-neutral HIV care continuum
Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 1: Expand routine HIV testing in targeted health care settings

a. Expand detailing to primary care physicians regarding routine HIV testing

b. Provide continuing education to healthcare professionals and students regarding routine HIV testing
Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 1: Expand routine HIV testing in targeted health care settings

- c. Partner with Project Focus to recruit additional Emergency Departments to provide routine HIV testing
- d. Partner with big box stores, retail pharmacies and Urgent Care Centers to offer routine HIV and STI testing in on-site clinics
- e. Explore the provision of routine HIV testing in dental practices starting with a pilot at a university or college
LOCAtAL PERSPECTIVE

PILLAR 1: DIAGNOSE

Key Approved Activities

STRATEGY 1: Expand routine HIV testing in targeted health care settings

f. Explore the provision of HIV testing in a mobile healthcare clinic

g. Partner with Broward Sheriff’s Office (BSO) to provide routine HIV testing upon intake and/or in clinics in correctional facilities

h. Partner with substance abuse treatment providers to provide routine HIV testing on admission
Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 1: Expand routine HIV testing in targeted health care settings

i. Partner with Assisted Living Facilities (ALFs) and Skilled Nursing Facilities (SNFs) to provide routine HIV testing

j. Partner with academic institutions to provide routine HIV and STI testing in student health clinics
Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 2: Expand targeted HIV testing of priority populations in the non-health care setting

a. Use the social network strategy to identify and test persons at risk for HIV through peers and partners

b. Expand access to HIV testing through the provision of in-home test kits at community sites

c. Implement a pilot program for the provision of free in-home test kits via mail order

d. Partner with schools to expand the provision of HIV and STI testing for students

e. Explore the provision of incentives to increase HIV testing in priority populations
Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 3: Develop and implement a social marketing campaign

a. Develop and implement a community-driven campaign to decrease stigma and fear around HIV testing

b. Develop and implement a community-driven campaign to educate the community on the importance of knowing your HIV status and where to obtain an HIV test
Pillar 1: DIAGNOSE
Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 4: Incorporate health equity into HIV testing

a. Provide Racial Equity Institute (REI) training to all registered HIV testing counselors

b. Provide cultural competence training to all registered HIV testing counselors to better serve the LGBTQ+ community

c. Provide capacity building and technical assistance to grassroots organizations who serve priority populations

d. Provide mini-grants to grassroots organizations who serve priority populations
Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 5: Create a seamless status-neutral HIV care continuum

a. Collaborate with community partners to conduct a SWOT analysis of the Broward County HIV care continuum
Pillar 1: DIAGNOSE

HIV Status-Neutral Service Delivery Model

- At risk of HIV exposure
- Diagnosed with HIV
- Newly diagnosed with HIV
- Retained in HIV care
- On HIV treatment
- Viral load Suppressed

Prevention Engagement:

- Aware of PrEP
- Discussed PrEP with prescriber
- On PrEP, as appropriate

Use condoms to prevent STIs and further reduce HIV risk

Quality care

Treatment Engagement:

DRAFT 55

Revised 10/21/2020
Pillar 2: TREAT

Objective

Ensure PWH receive ongoing care and treatment

Strategies

1. Expand access to Test and Treat services in HIV primary care
2. Incorporate health equity into HIV care and treatment
3. Expand access to safe/affordable housing opportunities for PWH
4. Increase retention in care and treatment and viral suppression
Pillar 2: TREAT

Key Approved Activities

STRATEGY 1: Expand access to Test and Treat services in HIV primary care

a. Expand hours of operation at public HIV primary care providers including evenings and weekends
b. Expand the network of Test and Treat providers in the private sector
c. Expand detailing to primary care physicians regarding Test and Treat
Pillar 2: TREAT

Key Approved Activities

STRATEGY 1: Expand access to Test and Treat services in HIV primary care

d. Partner with hospitals for rapid initiation of treatment during the hospital stay and appropriate discharge planning

e. Explore the provision of rapid initiation of treatment and HIV primary care in a mobile health care clinic

f. Utilize telemedicine to provide rapid initiation of treatment and HIV primary care
Pillar 2: TREAT

Key Approved Activities

STRATEGY 2: Incorporate health equity into HIV care and treatment

a. Provide Racial Equity Institute (REI) training to all Ryan White Part A HIV primary care providers

b. Provide cultural competence training to all Ryan White Part A HIV primary care providers

c. Provide trauma informed care training for all Ryan White Part A HIV primary care providers
Pillar 2: TREAT

Key Approved Activities

STRATEGY 3: Expand access to safe/affordable housing opportunities for PWH

a. Increase communication and coordination across agencies that provide affordable housing opportunities

b. Identify and expand additional affordable housing opportunities in Broward County
Pillar 2: TREAT

Key Approved Activities

STRATEGY 4: Increase retention in care and treatment and viral suppression

a. Improve the provision of care coordination using multi-disciplinary teams including peers, coaches and navigators, to provide varying intensity services over the course of a lifetime to meet patients’ needs

b. Explore the implementation of a pilot project to provide incentives for attaining and maintaining viral load suppression
Pillar 2: TREAT

**Key Approved Activities**

**STRATEGY 4: Increase retention in care and treatment and viral suppression**

c. Implement a social marketing campaign promoting the Undetectable=Untransmittable (U=U) strategy

d. Explore the expansion of our local resource and referral line to serve people living with HIV

e. Provide HIPAA compliant medical transportation
Pillar 3: PREVENT

Objective

Lower the rate of HIV transmissions diagnosed annually in Broward County

Strategies

1. Expand access to PrEP
2. Raise community awareness of PrEP through outreach and social marketing
3. Incorporate health equity into HIV prevention
4. Create a seamless status-neutral HIV care continuum
Pillar 3: PREVENT

Key Approved Activities

STRATEGY 1: Expand access to PrEP/nPEP

a. Expand hours of operation at public PrEP/nPEP providers including evenings and weekends

b. Use telemedicine to provide PrEP/nPEP

c. Explore the provision of PrEP/nPEP in a mobile healthcare clinic

d. Work with partners to provide PrEP/nPEP in conjunction with an SEP (if implemented)
Pillar 3: PREVENT

Tele-PrEP

Getting PrEP, Easier Than Ever

The Tele-PrEP program provides a convenient and innovative way to access PrEP. Tele-PrEP providers are licensed healthcare professionals who can set up, with PrEP services via your phone, tablet, computer. Tele-PrEP providers follow federal HIPAA guidelines in protecting your privacy and confidential health information, as well as Centers for Disease Control (CDC) best practice guidelines for PrEP services.

Tele-PrEP Providers

Please check out these Tele-PrEP providers listed in alphabetical order:

- Care Resource
- Independent Medical Group
- Midland Medical
- Mistr
- High Impact

Providers who would like to be considered for listing on this webpage, please contact us here.
Pillar 3: PREVENT

Key Approved Activities

**STRATEGY 1: Expand access to PrEP/nPEP**

e. Partner with big box stores and retail pharmacies to offer PrEP/nPEP in onsite clinics

f. Expand detailing to primary care physicians to recruit additional PrEP/nPEP prescribers

g. Address the financial barriers to PrEP/nPEP initiation and retention
Pillar 3: PREVENT

Key Approved Activities

STRATEGY 2: Raise community awareness of PrEP through outreach and social marketing

a. Expand street outreach regarding PrEP/nPEP
b. Develop a community-driven campaign to educate the community on PrEP/nPEP, available resources to access PrEP/nPEP, and decrease stigma
Pillar 3: PREVENT

CHECK OUT PrEP
ONE PILL
A DAY TO
PREVENT HIV

GetPrEPBroward.com
(954) 295-1211
BrowardGreaterThanAIDS.com
LOCAL PERSPECTIVE

Pillar 3: PREVENT
Pillar 3: PREVENT

Key Approved Activities

STRATEGY 3: Incorporate health equity into HIV prevention

a. Provide Racial Equity Institute (REI) training to DOH-Broward contracted PrEP provider
b. Provide cultural competence training to DOH-Broward contracted PrEP provider
c. Provide capacity building and technical assistance to grassroots organizations who serve priority populations
d. Provide mini-grants to grassroots organizations who serve priority populations
Pillar 3: PREVENT

Key Approved Activities

STRATEGY 4: Create a seamless status-neutral HIV care continuum

a. Collaborate with community partners to conduct a SWOT analysis of the Broward County HIV care continuum
Objective

Identify where HIV transmission is occurring by using molecular surveillance to rapidly engage individuals at higher risk for HIV and reengage PWH in care

Strategies

1. Enhance the ability to conduct molecular cluster response by increasing the number of genotypes performed
2. Explore supporting HIV modernization activities that impact state laws, i.e. HIV decriminalization
Key Approved Activities

STRATEGY 1: Enhance the ability to conduct molecular cluster response by increasing the number of genotypes performed

a. Conduct physician detailing to encourage genotype testing
Pillar 4: RESPOND

Key Approved Activities

STRATEGY 2: Explore supporting HIV modernization activities that impact state laws, i.e. HIV decriminalization

a. Provide education to community stakeholders, organizations, and elected officials about U = U & Treatment as Prevention to support HIV modernization activities that impact state laws, i.e. HIV decriminalization
Continued Community Engagement

- Continued EHE Engagement & Communication plan data-gathering methodology:
  - Four (4) large at-risk focus groups conducted
  - Four (4) small at-risk focus groups conducted
  - Three (3) community sessions conducted
  - Ten (10) key informant interviews conducted
  - Four (4) small professional focus groups conducted

Participants included HIV care and treatment continuum providers and priority populations, MSM, Transgender, Latin MSM, Minority youth/adolescents; Black heterosexual women, Bisexual minority women, Black heterosexual men
Continued Community Engagement

- **Total 159 individuals or organizations engaged from July – September 2020**
  - AIDS Servicing Organization
  - Youth Advocate
  - Health Centers
  - Hospitals
  - Faith-Based Organizations
  - Museums
  - Human Trafficking and Homeless Coalition
  - Community At-Large (non-affiliated with any organization)
  - HIV care and treatment continuum providers
  - community HIV planning group membership
  - Broward Community College (BCC) students
  - Broward County School District students
  - Priority Populations (MSM, Transgender, Latin MSM, Minority youth/adolescents; Black heterosexual women, Bi-sexual minority women, Black heterosexual men)
Key Findings/Themes: Community Sessions and Focus Groups

- Increase physician competencies re: HIV, PrEP and nPEP
- HIV stigmatization
- Increase physician and staff cultural competency and more effective patient engagement
- Expand school-based HIV prevention education
- Provide accurate PrEP and nPEP information
- Expand access to PrEP and nPEP via telehealth
- Address the Social Determinants of Health
- Provide alternative HIV testing means to reduce stigma
- Implement an innovative PrEP mass marketing campaign
Continued Community Engagement

Key Findings/Themes: Provider Interviews and Focus Groups

• Increase physician competencies re: HIV, PrEP and nPEP
• HIV stigmatization
• Increase physician and staff cultural competency and more effective patient engagement
• Facilitate access to PrEP nPEP
• Improve DOH-Broward branding and collaboration
• Expand access to PrEP and nPEP via telehealth
• Create one-stop health centers
• Increase access to HIV information and services in the western part of the County
• Increase sexual health and PrEP education
• Increase health fairs and community education
Common Key Findings/Themes: Community and Provider Engagement

- Increase physician competencies re: HIV, PrEP and nPEP
- HIV stigmatization
- Increase physician and staff cultural competency and more effective patient engagement
- Facilitate access to PrEP nPEP
- Expand access to PrEP and nPEP via telehealth
Gaps in Analysis

Addressing the Gaps:

• Continue to **increase community engagement** to reach broader geographic areas of Broward (South, West, North) and more priority populations

• More **community involvement** in the EHE planning process will allow for more opportunities to support filling in gaps and get buy-in
Populations Engaged

Engaged

- Youth/Adolescents
- Transgender
- Hispanic/LatinX Heterosexual Men/Women
- Hispanic/Latino MSM
- Black MSM
- Black Heterosexual Women
- Faith Based Organizations
- Aging Population
- Homeless Community

Additional Engagement Needed

- Black Heterosexual Men
- Young Black MSM
- Young Hispanic MSM
Existing Partners Re-engaged

- Broward House
- CenterLink LGBT Centers
- Equality Florida
- Midway Specialty Care Center
- Care Resource
- Urban League of Broward
- Midland Medical Center
- Broward County Public Schools
- Midland Medical Center
- CAN Community Center
- Latino Salud
- CAN Community Center
- Ryan White Program Office
- CVS Health
- Broward Health
- Broward College
- Broward Regional Health Planning Council
- Walgreens

- South Florida Wellness Network
- World AIDS Museum
- TranSocial
- Pride Center
- High Impacto
- AIDS Healthcare Foundation
- Poverello Live Well Center
- Legal Aid Service of Broward
- Memorial Physician Group
- Fort Lauderdale Police Department
- Broward Sherriff's Office
- Arianna's Center
- Ujima Men Collective
- Independent Medical Group
- Holy Cross Hospital Medical Group
- Broward Community & Family Health Centers
- CLEAR

- YMCA of Broward
- Healthy Mothers, Healthy Babies
- Henderson Behavioral Health
- Hispanic Unity of Florida
- Light of the World Clinic
- Nova Southeastern University
- Planned Parenthood
- Publicly funded HIV testing sites
- Broward Schools
- United Way of Broward County
- Urban League of Broward County
- US Veterans Administration
New Partners/Stakeholders Engaged

- Aging and Disability Resource Center
- American Cancer Society
- Broward Behavioral Health Coalition
- Broward Workshop
- Career Source Broward
- ChildNet
- Children’s Services Council
- Community Foundation of Broward
- Department of Children & Families
- Early Learning Coalition of Broward
- Greater Fort Lauderdale Alliance/Six Pillars
- Health Foundation of South Florida
- Jewish Federation of Broward County
- South Florida Regional Planning Council
Contractual dollars in the community:

$1,497,000.00

76% of Broward’s EHE Funding
“By Ending the HIV Epidemic in Broward County, we can provide justice to the lives lost to HIV and AIDS.”

- Focus group participant
Contact Information

Joshua Rodriguez  
HIV/AIDS Program Coordinator (HAPC)  
Florida Department of Health — Broward County  
Joshua.Rodriguez@flhealth.gov  
954-847-8065
Florida’s EHE Plan Meeting

SESSION BREAK
Session will reconvene at 1:00 PM

THANK YOU FOR YOUR PARTICIPATION!
Florida’s Ending the HIV Epidemic (EHE) Plan

TODAY’S SESSION WILL HELP YOU TO:

• Learn about the community engagement actions completed in MIAMI-DADE COUNTY to-date.

• Gain understanding of the locally approved activities and strategies that align with Florida EHE Plan for a ‘Unified Approach’ in accordance with the EHE pillars.
Total Population in 2019: **2,716,940**

Social Determinants of Health:

- Homelessness
  0.13% (3,628 February 2019)

- Mental health
  9.1% (2019)

- Substance abuse
  Opioids: 10.8 (2017)
  Binge/Heavy Drinking: 17% (2016)
  Smokers: 12.3% (2016)
HIV Prevalence and Diagnoses

- Number of People with HIV (PWH) 27,319 (2019)
- Rate of PWH 965.2 (2019)
- Linkage to HIV Medical Care (within 30 days) 84.8% (2019)
- Number of New HIV Diagnoses 1,181 (2019)
Engagement Strategies

**Informing the Community**
- Fact Sheets
- Website
- Flyers
- Social Media Banners
- Press Releases
- Radio Messaging
- EHE Listserv
- Social Media Messaging
- Newsletters

**Data Gathering**
- Situational Analysis
- Online Forums
- Town Hall Meetings
- Surveys/QR Codes
- Needs Assessments
- SWOT Analysis
- Listening Sessions
- Focus Groups
- One-on-One Interviews
- Community Meetings

**Active Engagement**
- Volunteers
- Outreach Events
- Educational Sessions
- Community Networks
- Advisory Committee

**Continuous Engagement**
- EHE Newsletter
- EHE Presentations
- EHE Website
- EHE Conference
- Program Collaboration
Individuals Included in Sessions

- Diverse Age Groups
- Diverse Community Groups
- Marginalized Communities
- Priority Groups
- PLWH
- Key Stakeholders

Collective Impact Approach
### New Partners/Stakeholders

<table>
<thead>
<tr>
<th>Category</th>
<th>Partners/Stakeholders</th>
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<tbody>
<tr>
<td>19 Free Clinics</td>
<td>Health Choice Network (HCN)</td>
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<tr>
<td>Health Choice Network (HCN)</td>
<td>Federally Qualified Health Centers (FQHCs): Citrus</td>
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<tr>
<td>Federally Qualified Health Centers (FQHCs): Citrus</td>
<td>Haitian Organization (i.e. Sant La, etc.)</td>
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<tr>
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<td>Victim Advocate Services Unit</td>
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<td>Victim Advocate Services Unit</td>
<td>Pzifer Organization</td>
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<td>Latin-American Consulates of Miami (8)</td>
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<tr>
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<td>Cuba 8 Museum and Performing Arts</td>
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<td>Trans Tenacity Power (i.e. TransSpire, Arianna Center, GLBTQ Alliance, etc.)</td>
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<tr>
<td>Trans Tenacity Power (i.e. TransSpire, Arianna Center, GLBTQ Alliance, etc.)</td>
<td>Migrant Service Providers (i.e. Coalition of Farm Workers, Farm Workers Association of Florida, etc.)</td>
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<tr>
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<td>LGBTQ faith-based agencies (i.e. Temple Israel, Temple Beth Sholom, United Methodists, Unity on the Bay, etc.)</td>
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<td>Radio and TV shows (i.e. Radio Mambi, Adictiva Network, La Mecca, Radio Caracol, AmericaTeve, NBC6, etc.)</td>
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<td>Domestic Violence Advocates- City of Miami</td>
<td>American Association of Marriage and Family Therapy</td>
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<td>Hispanic Federation</td>
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<td>Hispanic Federation</td>
<td>ARCOS Organization</td>
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A Different Approach

- Review of community engagement frameworks, standards and principles
  - Continuum of Engagement-The various levels and types of engagement provided a unique opportunity to get community buy-in, participation and continuous engagement
- Broadened the partners engaged in prevention planning
  - Cross-Sector Partnership
    - Integrating a social determinants of health approach
- Prioritized engagement activities and ensured equitable input in the planning process
  - Establishing ongoing engagement vs one-time involvement
- Tailored community engagement approaches using a multi-tired approach.
- Continuous communication and feedback
Population(s) Reached vs. Unreached

• Extensive work was conducted to reach all Miami-Dade County residents in the first phase of the EHE initiative.
  o The work is highlighted in our jurisdictional analysis and Ending the HIV Epidemic report that includes the final plan.
  o Our stakeholder matrix includes diverse stakeholders including; organizations (both public and private), socioeconomically marginalized communities and key community groups, etc.

• Relationships that we are yet to build upon are with the Indian Health Services, TB Program, and Chamber of Commerce (i.e. Miami Beach, CAMACOL, etc.).
Engaging the Unreached Population

- Utilize an “Exploration Tool” to assess community engagement strategies and their appropriateness for populations and types of stakeholders.
- Use social media campaigns to engage new partners.
- Leverage existing partnerships.
- Inviting stakeholders to information-sharing and information-gathering activities.
Miami-Dade’s
Ending the HIV Epidemic Plan
Objective: Diagnose all people with HIV as early as possible.

Strategy: ROUTINIZED OPT-OUT TESTING
1. Identify the barriers for routinized opt-out testing in specific health systems and design ways to reduce the systemic cost of testing.
   - Support legislation that addresses barriers identified for opt-out testing.
2. Educate medical providers, Federally Qualified Health Centers (FQHCs), emergency rooms (ERs), and other clinical organizations throughout the county (i.e. not just those funded by Florida Department of Health (FDOH) and/or the Ryan White HIV/AIDS Program (RWP)) on the importance of cost-efficient HIV testing and the benefits that come with opt-out testing.

• Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).
• Partner with Dade County Medical Association and other professional groups to educate and promote HIV testing in the health care settings.
• Highlight changes in HIV Florida law as it applies to healthcare settings.
3. Recruit hospitals/urgent care centers to routinize HIV testing in the ER.
   • Facilitate meetings between hospitals/urgent cares and community partners for partnership development.
   • Promote public/private partnerships to support testing and linkage in the ER.

4. Expand routinized testing for HCV and STIs together with HIV.
   • Provide capacity building and technical assistance to providers.
   • Identify funding opportunities to support STI testing.
Objective: Diagnose all people with HIV as early as possible.

Strategy: COMMUNITY ENGAGEMENT
1. Use social marketing strategies to encourage people to get tested and into care with a focus on populations most at risk for HIV.

   • Build a media campaign that highlights the importance of knowing your status while addressing stigma.
   • Include community leaders, community members and social media influencers from diverse backgrounds in messages to promote diversity and inclusion.
     o Disseminate messages through partnerships/collaboration with community partners, faith-based organizations, community mobilization groups, grassroots agencies, substance abuse and mental health agencies, domestic violence shelters, jails, etc.
   • Increase efforts on social media, while maintaining a consistent presence in other venues (i.e. billboards, TV/radio, etc.) and incorporate innovative strategies such as geofencing.
2. Promote the use of home testing kits (HIV) as an alternative option specially for hard to reach populations including youth, transgender persons, sex workers, and men who have sex with men (MSM).
   • Use social media platforms as potential ways of connecting individuals with an HIV counselor.
   • Collaborate with community partners to expand access points and mail-order options, inclusive of dental providers.
3. Partner with Miami-Dade County Public Schools to increase access to HIV/STI testing and education among youth.
   • Educate Parent Teacher Association (PTA) and members of the school board on the scope of the HIV epidemic among youth in Miami-Dade, inclusive of charter schools.
   • Active participation in the School Health Advisory Committee (SHAC).
Pillar 1: DIAGNOSE

Approved Activities

4. Increase the number of HIV/STIs testing sites in the community.
   • Partner with faith-based organizations, domestic violence/human trafficking agencies and other non-traditional partners to offer HIV/STI testing outside traditional settings.
     • Provide capacity building and technical assistance on an ongoing basis.
     • Identify funding to support additional HIV/STI testing sites.

5. Increase the number of mobile units offering HIV/STI testing in the community.
   • Avoid related stigma, by ensuring activities and messaging include other services needed in the community (i.e. mental health counseling).
6. Increase capacity building and education among HIV counselors and/or case managers.
   • Update HIV counselor training to include information on social determinants of health (i.e. human trafficking, trauma-informed care, domestic violence, mental health, stigma, and LGBTQ cultural competency, etc.).
   • Support the development of ongoing HIV learning for case managers, providers, peers, and outreach workers (retention in care).

7. Determine the needs of Disease Intervention Specialist (DIS) workforce.
   • Build capacity, workforce and tailor activities to align with Ending the HIV Epidemic (EHE) efforts.
Objective: Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Strategy:
CAPACITY AND ACCESS TO LOCAL TEST AND TREAT/RAPID ACCESS (TTRA)
1. Review current TTRA partners and identify strategies to engage potential and non-traditional partners.
   - Focus explicitly on vulnerable populations with limited access to testing and treatment (i.e. Black and Latinx communities).

2. Promote and educate private sectors including insurance companies, hospitals, and health care providers on the benefits of TTRA.
Local Perspective

Pillar 2: TREAT

Approved Activities

3. Work with hospitals and healthcare organizations that routinely screen for HIV/HCV, to ensure a streamlined path to TTRA for patients in ER settings.
   • Foster collaboration between ER settings, healthcare organizations, and TTRA providers in the community.

4. Maintain a comprehensive database of resources or information for TTRA partners to facilitate linking clients to appropriate care programs and services based on income and eligibility for insurance and other benefits programs.
5. Expand the use of technology to agencies and clients to reduce barriers to care for eligible patients.
   • Evaluate barriers for implementation and expansion of TTRA through qualitative methods (i.e. surveys, focus groups, etc.).
Objective: Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Strategy: CAPACITY BUILDING FOR HEALTHCARE PROFESSIONALS.
1. Encourage primary care providers and clinical staff to seek HIV certification.
   • Special focus on South Dade/Homestead, Hialeah, and other places where HIV specialists are scarce.
   • Support policies that require HIV education as part of standard curriculum and required continuing education credits.

2. Promote events and trainings where health care providers and clinical staff can learn about cultural sensitivity and competency as it relates to providing care for people with HIV.
   • Collaborate with RWP Part A to encourage providers to complete AIDS Education and Training Center’s (AETC) cultural diversity training.
3. Educate physicians and nurse practitioners on RWP services.
   • Engage health care community through medical associations and provider grand rounds.

4. Expand service-hour availability for oral health care providers under RWP Part A.
   • Identify and share dental care resources to individuals not eligible for RWP.
Objective: Ensure PLWH receive ongoing care and treatment.

Strategy:

SOCIAL NEEDS OF PEOPLE WITH HIV AND SOCIAL DETERMINANTS OF HEALTH
1. Housing resources and access.
   • Increase collaboration and coordination with Housing Opportunities for Persons with AIDS (HOPWA) to further develop housing support programs.
     • Determine feasibility and potential of having public-private partnerships to secure subsidized and affordable housing for people with HIV.
     • Include partnerships with the County and the City as well as the private sector, and support programs that promote economic stability for people with HIV.
2. Improving transportation access.
   • Provide transportation for people with HIV to services including case management, AIDS Drug Assistance Program (ADAP), etc.
   • Determine feasibility with private transportation systems such as Uber Health and Lyft to increase access to services, as well as expand Special Transportation Services (STS) options.
3. Improve access to and retention in care.
   • Support changes in ADAP policy to allow for more than one ADAP pharmacy, extended hours, or for medications to be made accessible at other pharmacies.
   • Increase the number of HIV service providers that offer extended hours for case management and clinical services.
     - After-hours during the week and/or weekends.
   • Increase the number of agencies that offer telehealth services for medical care, medical case management, and mental health services.
     - Video Direct Observation Therapy (VDOT) protocol to assist clients who struggle with treatment adherence issues.
     - Enhanced peer educator services.
(continuation of previous activity)

- Support cost-sharing mechanisms that can help reduce the cost burden on people with HIV who are insured or underinsured.
- Utilize findings from the needs-assessment (conducted by the county and the state) to address barriers to retention in care by collaborating with AIDS organizations, community-based organizations (CBOs), FQHCs, RWP, etc.
   • Partner with agencies that serve individuals who have recently arrived at the jurisdiction, immigrants, uninsured, and underinsured populations and provide information on available resources (i.e. faith-based organizations/legal aid organizations, etc.).
   • Improve linkage-to-care systems for those who have been recently released from jails.
Objective: Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Strategy:

MARKETING STRATEGIES THAT DESTIGMATIZE HIV CARE AND ENCOURAGE PEOPLE WITH HIV TO STAY IN CARE
1. Promote messages on various social media platforms and increase messaging in high prevalence areas.
   - Develop and support culturally tailored prevention messages to destigmatize HIV (i.e. Undetectable=Untransmittable (U=U)).
   - Deliver messages to people with HIV through peer educators and representatives of the HIV-affected community.
   - Have peer educators highlight personal success and struggles by empowering people with HIV to thrive despite their status.
Objective: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP).

Strategy:

SOCIAL MARKETING & MEDIA.
1. Customize messaging on pre-exposure prophylaxis (PrEP)/ non-occupational post-exposure prophylaxis (nPEP) to at risk populations, with an inclusive message that promotes diversity (inclusive of multilingual messages).
   • Identify strategies to track and evaluate the effectiveness of marketing campaigns (i.e. surveys, focus groups).
Pillar 3: PREVENT

Approved Activities

2. Increase social media efforts to engage and connect the population on PrEP/nPEP and educate the online community about the benefits and accessibility of PrEP/nPEP.
   - Use social media influencers to disseminate messages.
   - Develop campaigns to engage health care professionals within the health care settings and identify PrEP ambassadors.

3. Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages to further destigmatize HIV.
Pillar 3: PREVENT

Objective: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP).

Strategy: COMMUNITY ENGAGEMENT
1. Utilize mobile units to increase PrEP/nPEP uptake.
   • Include a referral system for continued PrEP services.
   • Support coordination of efforts among providers to avoid duplication of services.
   • Utilize surveillance data to identify high risk communities.
2. Outreach and education:
   • Utilize peer educators/community health workers to better reach communities where they are and provide education on PrEP/nPEP and HIV prevention.
     • Promote Ready, Set, PrEP initiative.
   • Host interactive community events with diverse partners on PrEP/nPEP and resources on sexual health.
   • Continue distribution of free condoms at outreach events and non-traditional settings.
   • Utilize academic detailing to educate health care providers on PrEP/nPEP, to increase accessibility.
3. Inform the community about post-exposure prophylaxis (PEP) and where to obtain it.
   - Increase access points and extend after hours and weekend hours.
   - Create a comprehensive list of PrEP/nPEP providers.
   - Assess the feasibility of a PEP referral system.

4. Support local Syringe Service Programs (SSPs) and partner in EHE efforts when possible.
Objective: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP).

Strategy:

ACCESS TO PREP
## Pillar 3: PREVENT

### Approved Activities

1. Pharmacy access:
   - Support pharmacy-driven PrEP protocols.
   - Identify best practices in other jurisdictions and develop a local protocol in collaboration with pharmacies and partners.
   - Evaluate potential barriers to initiating PrEP in a pharmacy setting compared to a medical provider.

2. Educate community members and providers on the Ready, Set, PrEP initiative.
3. Identify and address barriers that providers may have on prescribing same-day PrEP.

4. Identify and share best practices by agencies that have utilized TelePrEP to expand providers’ capacity of offering TelePrEP services.

5. Support the utilization and accessibility of TelePrEP services for underserved and at-risk communities through education.
6. Use academic detailing to engage and educate medical providers to further increase potential access points for PrEP.
   • Review PrEP provider database to target areas in need.

7. Support state policy change to allow 13-17-year-olds to access PrEP without parental consent.
Objective: Coordinate a strategic response plan for potential outbreak situations.

Strategy: MOBILE RESPONSE TEAM
Pillar 4: RESPOND

Approved Activities

1. Improve linkage to care in response to HIV clusters, including mobile response unit or team to engage clients and link them to appropriate resources (medical home, HIV medical care, and antiretroviral therapy (ART)) in the community.

2. Identify HIV/STI testing partners/agencies to support the mobile response team.
   • Include RWP partners in the mobile response team efforts to facilitate immediate linkage to care.

3. Incorporate information on resources for delivery to at-risk communities.
   • Have PEP and PrEP available in mobile units.
Objective: Coordinate a strategic response plan for potential outbreak situations.

Strategy: COMMUNITY ENGAGEMENT
1. Identify key community partners that can educate the community and assist in disseminating information on cluster-related activities.
   - Collaborate with community mobilization groups to support the delivery of messaging.
   - Provide additional resources to support CBOs’ ability to provide HIV prevention and care services.

2. Encourage medical providers to participate more heavily in outbreak situations.
Objective: Coordinate a strategic response plan for potential outbreak situations.

Strategy:

STRATEGY AND PLANNING
1. Develop a communication plan to be shared with partners.

2. Develop a protocol for cluster investigations.

3. Increase HIV genotyping testing to better determine clusters or “pockets” of HIV cases.
Contact Information

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Florida’s Ending the HIV Epidemic Plan

END OF DAY 1

Session will reconvene Friday, October 23, 2020 at 1:00 PM

THANK YOU FOR YOUR PARTICIPATION!!