Florida’s Ending the HIV Epidemic (EHE) Plan

SESSION III AGENDA

Day 3 — Tuesday, October 27, 2020

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<td>10:00 AM– 10:05 AM</td>
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<td>2. Session 4. Community Engagement Update and Finalized Work Plan</td>
<td>10:05 AM– 12:00 PM</td>
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<td>• Hillsborough County</td>
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<td>3. Session 5. Community Engagement Update and Finalized Work Plan</td>
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Florida’s Ending the HIV Epidemic (EHE) Plan

TODAY’S SESSION WILL HELP YOU TO:

• Learn about the community engagement actions completed in HILLSBOROUGH COUNTY & ORANGE 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.
At-A-Glance

Total Population: 1,445,243

Social Determinants of Health

- Median household income: $56,137
- Percentage below poverty level: 15.3%
- Percentage ≥ 25 years old with no high school diploma: 11.6%
- Percentage civilian non-institutionalized with health insurance: 87.0%
HIV Prevalence and Diagnoses

• Number of People with HIV (PWH) 7,412
• Rate of PWH per 100,000 population 512.9
• Linkage to HIV Medical Care 82.7%
• Number of New HIV Diagnoses 285
Community Engagement Efforts

- **Initial Methods:** community meetings, HIV planning bodies for prevention and care, community survey, focus groups, client interviews, and town hall meetings.

- **Populations Reached:** high-risk populations, including residents of zip codes with high prevalence of HIV located in the city of Tampa, LGBTQ+ community members, Latinx, and Black communities.

- **Subsequent Methods:** key informant interviews, telephone interviews, and virtual town hall meetings.

- **Non-traditional Stakeholders Reached:** academia, faith communities, LGBTQ+ youth, local law enforcement, non-HIV medical providers, school board, and social service providers serving children aging out of foster care, farmworkers, homeless persons, pregnant women, and substance users/misusers.

*COVID-19 significantly impacted planned and executed community engagement.*
Hillsborough County’s
Ending the HIV Epidemic Plan
Objective: Expand the number of people in Hillsborough County who are aware of their HIV status by increasing the number of HIV tests completed by 7% per year for each year through December 31, 2023.
Pillar 1: DIAGNOSE

Strategy 1:

Increase testing in high-risk communities and non-conventional venues. Including, one additional hospital system, two homeless serving agencies, and one correctional facility.

Approved Activities

a) Meet with non-conventional venues to establish relationships and obtain buy in to increase HIV testing.

b) Determine baseline and capacity to increase testing in each non-conventional venue.

c) Expand mobile testing activities in underserved communities through partnerships with service providers and at community events.

d) Identify opportunities to leverage COVID-19 testing to conduct HIV testing, disseminate HIV information, and distribute HIV home test kits.
Pillar 1: DIAGNOSE

Strategy 2:

Utilize the Community PROMISE intervention to mobilize peers and partners to help identify persons at risk for HIV in their social network.

Approved Activities

a) Train 2 FTE peer educators to disseminate accurate and relevant HIV information in their communities.
b) Continue HIV partner counseling and referral services.
c) Offer testing to persons at risk as identified by PWH in their social network.
Pillar 1: DIAGNOSE

Strategy 3:

Encourage routine HIV testing.

Approved Activities

a) Bring providers together to form an ad hoc committee to identify barriers to implementation and make recommendations for implementing routine testing.

b) Ad hoc committee to create an action plan to eliminate barriers

c) Collaborate with FQHCs, DOH/CHD, Association of Free Clinics, etc. to encourage routine HIV testing.

d) Prepare healthcare providers to comply with CDC recommendations that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine healthcare.

e) Work with Hillsborough County Indigent Healthcare plan to determine how to incorporate routine testing through their provider network.

f) Utilize social media and other non-traditional methods to promote importance and availability of HIV testing.
Pillar 1: DIAGNOSE

Strategy 4:

Increase HIV home testing.

Approved Activities

a) Based on funding, determine number of kits to be distributed and dispersed through partners.

b) Develop a protocol to track distribution of kits and assess follow through with testing.

c) Develop public information campaigns to increase knowledge of HIV home testing as an option.
Pillar 1: DIAGNOSE

Strategy 5:

Explore use of novel technologies for awareness and/or partner notification.

**Approved Activities**

a) Convene workgroup to explore contact tracing, service linking and health education technologies (i.e. phone apps/social media).

b) Determine feasibility through CDC Toolkit for Technology-based Partner Services.
Objective: By February 28, 2025, expand the number of PWH in Hillsborough County receiving care and treatment, including those who are newly diagnosed and those who are not engaged (linked) in care.
Pillar 2: TREAT

Strategy 1:

Increase linkage rate for newly diagnosed individuals from a baseline of 80% to at least 85% through use of innovative evidence informed models.

Approved Activities

a) Link newly diagnosed individuals to care within 30-days; utilize Florida’s Test and Treat protocol (rapid access to treatment).
b) Track and evaluate the system by which emergency departments test patients for HIV and efficiently link patients to treatment.
c) Use telehealth as a method to establish initial visits.
d) Assure that cases identified through HIV home testing are linked to care.
e) Identify and explore innovative models for implementation that address barriers to linking to care such as housing and transportation.
Pillar 2: TREAT

**Strategy 2:**

Increase the reengagement rate of PWH from a baseline of 81% to at least 86% by mobilizing interventionists.

**Approved Activities**

a) Review medical records for individuals who have missed one or more medical appointments in the past six months for outreach.

b) Determine those individuals who did not re-engage in care using traditional engagement strategies including telehealth.

c) Provide personalized assessment and assistance designed to reengage clients.

d) Incorporate machine learning into provider EMRs in order to address unmet needs.
Objective: By February 28, 2025, expand access to HIV care and treatment in Hillsborough County by 5% for people with HIV (PWH), who are not virally suppressed.
Pillar 2: TREAT

Strategy 1:

Mobilize early intervention specialists to increase the number of individuals who are virally suppressed from 78% to 83%.

**Approved Activities**

a) Determine those who have not reached viral suppression through traditional strategies.

b) Provide personalized interventions designed to assist clients achieve viral suppression through use of adherence assessment and other strategies including telehealth.

c) Identify unmet needs and engage organizations/individuals that are underrepresented to improve client-level outcomes.

d) Incorporate the identified unmet needs into Getting to Zero Tampa Bay Collaborative’s existing committee infrastructure.
Objective: Utilize existing and develop new strategies to increase PrEP access and uptake in Hillsborough County by 25% for priority populations by December 31, 2024.
Pillar 3: PREVENT

Strategy 1:

Increase PrEP awareness and support within Hillsborough County.

**Approved Activities**

a) Educate priority populations about PrEP.

b) Educate healthcare providers about PrEP.

c) Identify best practices to finance PrEP.
Pillar 3: PREVENT

Strategy 2:

Increase the number of providers trained to prescribe PrEP.

**Approved Activities**

a) Identify potential PrEP providers.

b) Educate healthcare professionals, including students, to collect sexual health history and prescribe PrEP.

c) Identify resources for clinical consultation and education.
Pillar 3: PREVENT

Strategy 3:

Advocate for policy changes to support improved access and uptake by priority populations.

**Approved Activities**

a) Explore and support legislation for individuals to access PrEP without a prescription.

b) Support provision for 13-17 year olds to obtain access to PrEP without parental consent.
Objective: Develop a coordinated system to allow timely delivery of nPEP to patients in need in Hillsborough County by December 31, 2024.
Pillar 3: PREVENT

Strategy 1:

Educate clients and expand access points and payment options.

Approved Activities

a) Build collaborations with private pharmacies, sexual assault teams, clinical social workers, nurses, and rape crisis centers.
b) Design and implement information campaign for clients.
c) Identify and recruit providers for nPEP access.
d) Develop a community database guide.
Objective: By December 31, 2024, support the implementation of, use of, and access to a comprehensive syringe exchange program in Hillsborough County, resulting in a decrease of new transmissions of HIV by 2% due to injection drug use (IDU).
Pillar 3: PREVENT

Strategy 1:

Implement Syringe Exchange Program.

**Approved Activities**

a) Obtain County Commission approval.

b) Develop access points for Naloxone (harm reduction strategy).
Objective: By December 31, 2024, combat stigma by leveraging community wide, targeted educational initiatives, and social media campaigns to change attitudes that prevent people from seeking testing and/or care for HIV/AIDS.
Pillar 3: PREVENT

Strategy 1:

Implement stigma reduction and implicit bias training for personnel in healthcare settings.

**Approved Activities**

a) Identify training resources.

b) Garner support from administrators to implement training.
Pillar 3: PREVENT

Strategy 2:

Improve access to sexual health education.

**Approved Activities**

a) Establish relationship with Hillsborough County School District’s comprehensive health education implementation team, under their CDC grant.

b) Outreach to youth serving organizations to determine what services are being offered/willingness to add programming.

c) Evaluate offerings and work to improve content and frequency as needed.

d) Promote Teen Connect Website.
Strategy 3:

Increase community exposure to social media content focused on reducing stigma of HIV testing, treatment, and prevention.
Objective: Maintain goal of preventing all cases of perinatally-acquired HIV in Hillsborough County through appropriate treatment of HIV-positive pregnant women and community education initiatives.
LOCAL PERSPECTIVE

Pillar 3: PREVENT

Strategy 1:

Protect the implementation of standard HIV testing and treatment in prenatal care.

**Approved Activities**

a) Support access to universal HIV testing for women during pregnancy.

b) Provide women who test positive for HIV with access to appropriate anti-retroviral medications.

c) Disseminate provider and patient education regarding the necessity and success of HIV testing and treatment in pre-natal care.
Objective: By February 28, 2025, develop a countywide strategy to identify and respond to HIV transmission networks.
Pillar 4: RESPOND

Strategy 1:

Utilize DOH surveillance and e2Hillsborough data to identify and to improve response to HIV transmission networks.

**Approved Activities**

a) Enter into MOAs with homeless/migrant/immigrant serving agencies to be better able to respond to transmission networks.

b) Contract for Early Intervention Specialists (EIS) and Health Education Risk Reduction Specialists (HERR) to locate those who were recently diagnosed to gather additional data.

c) Review findings of EIS and HERR.

d) Work with community partners to develop and implement new strategies to address new HIV transmission networks.
Objective: By December 31, 2020 and ongoing, define baseline and increase community capacity to implement effective and innovative strategies, interventions, approaches, and services to reduce new incidences of HIV in Hillsborough County.
Pillar 4: RESPOND

Strategy 1:

Work collaboratively between the Ryan White Part A Recipient and the community planning partners.

Approved Activities

a) Schedule monthly meetings.

b) Discuss EHE/progress/barriers.

c) Review existing practices, as well as new program opportunities.

d) Modify action plans as appropriate.
Jim Roth
HIV/AIDS Program Manager, Area 6
Florida Department of Health in Hillsborough County

James.Roth@flhealth.gov
Florida’s EHE Plan Meeting

SESSION BREAK

Session will reconvene at 1:00 PM

THANK YOU FOR YOUR PARTICIPATION!
At-A-Glance

Total Population: **1.39 MILLION**

Social Determinants of Health

- Percentage of individuals below the poverty level **16%**
- Percentage of individuals unemployed, **6%**
- Percentage of individuals with not health insurance coverage **9%**
HIV Prevalence and Diagnoses

- Number of People with HIV (PWH), 9,513
- Rate of PWH per 100,000 population, 694.2
- Linkage to HIV Medical Care
  75.6% within 30 days
  88.4% within 90 days
- Number of New HIV Diagnoses, 469

*Source: Florida Department of Health*
Engagement Activities was a collaboration between contracted provider Heart of Florida United Way and FDOH-Orange with the partnership of new and existing partners:

- **New Partners:** UCF College of Medicine, True Health (FQHC), iHeart Media, Hispanic Federation, City of Orlando Office of Multicultural Affairs, Bro and Convo, Q Latinx, Divas and Dialogue, Black Room Project, New BRTAs

- **Current Partners:** Hope and Help, Miracle of Love, The Center, CMWP, Crew Health, 26 Health, Orange County Government, Central Florida HIV Planning Council, Heart of Florida United Way

- **In progress:** in the process of creating a network among homeless stakeholders to address the homeless population, and to address the school board
Community Engagement Efforts

Our engagement activities included: surveys, key informant interviews, town hall meetings (in person and virtually), one-on-one conversations with new partners, as well as targeted conversations to reach priority populations (i.e., Black Women, Transwomen, Youth, Non-Binary, Young Black/Latinx MSM and Latinx Women).
## Community Engagement Efforts

<table>
<thead>
<tr>
<th>Engagement Activity</th>
<th>Date</th>
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<tr>
<td>Initial Community EHE Survey</td>
<td>11/2019</td>
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<tr>
<td>Initial Provider EHE Survey</td>
<td>11/2019</td>
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<tr>
<td>Key Informant Interviews</td>
<td>11/2019</td>
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<tr>
<td>Community Town Hall Meeting</td>
<td>12/2019</td>
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<tr>
<td>Virtual Town Hall Meeting (2) Young Adult and Non-Binary individuals</td>
<td>12/2019</td>
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<tr>
<td>Area 7 Quarterly Provider Meeting EHE Discussion</td>
<td>1/2020</td>
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<tr>
<td>HIV and Latinx Community Task Force EHE Community Discussion</td>
<td>1/2020</td>
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<tr>
<td>EHE Community and HHS PrEP Discussion</td>
<td>2/2020</td>
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<tr>
<td>University of Central Florida College of Medicine EHE Discussion</td>
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<tr>
<td>EHE Priority Setting Survey</td>
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# Community Engagement Efforts

## Engagement Activity

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<th>Engagement Activity</th>
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<tr>
<td>Priority Setting Virtual Town Hall (AM &amp; PM)</td>
<td>4/2020</td>
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<tr>
<td>True Health (FQHC) EHE discussion</td>
<td>5/2020</td>
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<tr>
<td>Divas and Dialogue/Stafford House Facebook live discussion</td>
<td>7/2020</td>
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<tr>
<td>iHeart Media Collaborative HIV EHE Testing Tour (8 pop up testing events throughout Orange County)</td>
<td>8/2020</td>
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<td>Black Women EHE Town Hall Facebook Live</td>
<td>8/2020</td>
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<tr>
<td>Transwomen of Color EHE Town Hall Facebook Live</td>
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<td>City of Orlando EHE HIV Stigma Survey</td>
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<tr>
<td>iHeart Media Collaborative “The Stigma Conversation” EHE Discussion on Instagram Live (Rumba and The Beat Radio Station)</td>
<td>9/2020</td>
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<tr>
<td>Qlatinx Young MSM EHE Virtual Call</td>
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Orange County’s
Ending the HIV Epidemic Plan
Objective: Identify PWH as soon as possible after HIV Transmission

Strategy: 1a

Increase Routine Screening Access throughout Orange County
Pillar 1: DIAGNOSE

**Approved Activities**

**ACTIVITY:** Testing within pharmacies, minute clinics, ER and urgent care

**ACTIVITY:** Increasing the use of home test kits

**ACTIVITY:** Testing during non-traditional hours and locations

**ACTIVITY:** Utilizing Mobile testing units to test in high morbidity zip codes

**ACTIVITY:** Create routine screening in correctional facilities
Pillar 1: DIAGNOSE

Strategy: 1b

Increase Outreach Partnerships/Expand Targeted Testing
Pillar 1: DIAGNOSE

Approved Activities

**ACTIVITY:** Redefining and expanding community outreach programs to include nightclubs, sex workers, homeless shelters, detox centers, corner stores and other non-conventional testing settings.

**ACTIVITY:** Increasing corporate partnerships—i.e. Walmart, CVS, Target, Walgreens

**ACTIVITY:** Collaborating with grassroot organizations for increased testing.
Pillar 1: DIAGNOSE

Approved Activities

**ACTIVITY:** Addressing the young MSM Community (Black and Latinx), Transwomen, Black Women, Haitian Creole Community

**ACTIVITY:** Testing Driven by PWH and STI zip code data
Pillar 1: DIAGNOSE

Strategy: 1c
Addressing the Public School System
Pillar 1: DIAGNOSE

Approved Activities

ACTIVITY: Expanding on comprehensive sexual health education and assessments

ACTIVITY: Utilizing School health nurses for sexual health assessments (including, testing counseling and education)

ACTIVITY: Implementing Sexual Health Assessments as a part of school physicals

ACTIVITY: Creating access to teenage STI and HIV Testing on School Campuses
LOCAL PERSPECTIVE

Pillar 1: DIAGNOSE

Strategy: 1d

Addressing the Medical Community
Pillar 1: DIAGNOSE

Approved Activities

**ACTIVITY:** Developing a Provider Detailing Team to address medical practices

**ACTIVITY:** Creating education incentives for providers

**ACTIVITY:** Providing annual 501 trainings for medical students and nursing students
Pillar 1: DIAGNOSE

Strategy: 1e

Increased Advertising
Pillar 1: DIAGNOSE

Approved Activities

**ACTIVITY:** Increase the use of social media (utilizing google analytics) to target youth and young adults, boosting banners on Facebook and Instagram

**ACTIVITY:** Increase education on dating apps through ads, banners, that provide access to testing sites

**ACTIVITY:** Ensuring traditional advertising (radio, billboards, bus shelters) is linguistically and culturally appropriate
Objective: Ensure PWH receive rapid and ongoing care and treatment

Strategy: 2a

Increase Education to providers and increase patient access to care
**Pillar 2: TREAT**

**Approved Activities**

**ACTIVITY:** Educate providers (primary care and internal medicine) on Test and Treat to address the need of rapid access to care.

**ACTIVITY:** Educate private providers on Ryan White care system and eligibility requirements

**ACTIVITY:** Initiating treatment in county jails regardless of if inmate is on antiretroviral
Pillar 2: TREAT

Approved Activities

ACTIVITY: Starting treatment in the initial place of diagnosis (primary care providers, ER, etc.)

ACTIVITY: Extending clinic hours beyond 5pm and include weekend, and provide services through the use of mobile units (addressing transportation)

ACTIVITY: Utilizing telehealth for community-based organizations in order to create rapid access to care
Pillar 2: TREAT

Strategy: 2b

Increase the number of persons retained in care and streamlining medical services
Pillar 2: TREAT

Approved Activities

ACTIVITY: Use retention specialist to focus on newly diagnosed clients for up to a year of initially being diagnosed as well as clients who have dropped out of care for over a year.

ACTIVITY: Increase the use technology to remind clients of appointments (text messages)/create an alert system within medical records for clients who missed a provider visit.
**Pillar 2: TREAT**

**Approved Activities**

**ACTIVITY:** Pharmacy synchronization (coordinating the refill of medications so you can pick them up on a single day each month, which can reduce miss doses of their regular medications)

**ACTIVITY:** Use telehealth medicine for clients to assist with medication compliance and adherence to reduce the amount of in-person clinic visits
Pillar 2: TREAT

Approved Activities

**ACTIVITY:** Establishing “one stop shop” facilities which address the following: housing, transportation, mental health, substance abuse

**ACTIVITY:** Having one eligibility that covers all parts of Ryan White (Part A and B) and ADAP which can be done virtually and in multiple locations at flexible hours
Pillar 2: TREAT

Strategy: 2c

Increasing advertising around treatment campaigns
LOCAL PERSPECTIVE

Pillar 2: TREAT

Approved Activities

ACTIVITY: Creating a campaign around Treatment as Prevention (TasP) and Undetectable = Untransmittable (U=U)

ACTIVITY: Creating campaigns around ADAP and HOPWA

ACTIVITY: Increase education on dating apps through ads, banners, that provide access to testing sites

ACTIVITY: Ensuring traditional advertising (radio, billboards, bus shelters) is linguistically and culturally appropriate
Objective: Lower the rate of new HIV infections diagnosed annually in Orange County

Strategy:3a

Increase PrEP and PEP Education
LOCAL PERSPECTIVE

Pillar 3: PREVENT

Approved Activities

ACTIVITY: Dear Colleague letter from Surgeon General/Health Officer to address PrEP and PEP access

ACTIVITY: Increase the use of social media (utilizing google analytics) to target youth and young adults, boosting banners on Facebook and Instagram

ACTIVITY: Increase education on dating apps through ads, banners, that provide access to testing sites
Pillar 3: PREVENT

Approved Activities

**ACTIVITY:** Educating primary care providers, internal medicine, urgent care centers and pharmacies on PrEP and PEP

**ACTIVITY:** Developing a PrEP and PEP provider network to provide rapid access to preventative care

**ACTIVITY:** Implementing an education campaign among key populations to increase PrEP Education (Clubs, Bars, Universities, Provider Offices and Hospitals)
Objective: Lower the rate of new HIV infections diagnosed annually in Orange County

Strategy: 3b
Increase PrEP and PEP client access to care
Pillar 3: PREVENT

**Approved Activities**

**ACTIVITY:** Provide rapid access to PrEP and PEP services during outreach activities through the use of telemedicine

**ACTIVITY:** Developing a PrEP and PEP provider network to provide rapid access among primary care providers and community-based organizations

**ACTIVITY:** Utilization of PrEP and PEP navigators in ERs and urgent care centers

**ACTIVITY:** Mobile Units to provide PrEP Care
Pillar 3: PREVENT

Objective: Lower the rate of new HIV infections diagnosed annually in Orange County

Strategy:3c

Implement a comprehensive syringe exchange program
Pillar 3: PREVENT

Approved Activities

**ACTIVITY:** Collaborative approach among grassroots organizations

**ACTIVITY:** Develop a referral network to ensure all clients are referred to needed services
Objective: Develop a more coordinated response to the HIV Epidemic in Orange County

Strategy: 4a

Gain State and Local City/County Government Support
Pillar 4: RESPOND

Approved Activities

ACTIVITY: Establishing a City and County government HIV taskforce to address HIV Stigma, Testing, Treatment and Prevention

ACTIVITY: Developing a plan to focus on decriminalization of HIV
Objective: Develop a more coordinated response to the HIV Epidemic in Orange County

Strategy: 4b

Gain grassroot agency and private provider support to focus on priority populations
LOCAL PERSPECTIVE

Pillar 4: RESPOND

Approved Activities

ACTIVITY: Creating linkage to care/HIV peer teams to address and engage transgender, young black and Latinx MSM individuals within their social networks

ACTIVITY: Creating harm reduction programs that target Central Florida Transgender, Black and Latinx populations

ACTIVITY: Utilizing BRTAs/FRTAs to provide HIV testing and awareness information based on zip code data
Kara Williams, MPA, MNM
HIV/AIDS Program Manager, Area 7
Florida Department of Health in Orange County
Kara.Williams@flhealth.gov
Florida’s Ending the HIV Epidemic Plan

END OF DAY 3

Session will reconvene Thursday, October 29, 2020 at 10:00 AM

THANK YOU FOR YOUR PARTICIPATION!!