HIV/AIDS Section Communications Plan

Purpose
The purpose of this communications plan is to detail how the HIV/AIDS Section will share information with our community partners, stakeholders, clients, advocates, and field-based Department staff.

Goal
The goal of this plan is to clearly articulate how information flows from the HIV/AIDS Section and to set clear expectations regarding the timeliness of information sharing. The plan also lays out the roles and responsibilities of various staff and community partners in disseminating information and sharing feedback with the Section.

Role and Function of the HIV/AIDS Section
The HIV/AIDS Section is housed in the Division of Disease Control and Health Protection, Bureau of Communicable Diseases. The Section is charged with leading the Department’s response to the HIV/AIDS epidemic in Florida. The Section is composed of five work units: Prevention, Surveillance, Patient Care, Communications and Health Equity, and Administration.

Key Goals of the HIV/AIDS Section and Community Partners

a) Diagnose all people living with HIV as early as possible after transmission.

b) Treat HIV transmissions rapidly and effectively to achieve sustained viral suppression.

c) Protect people at risk for acquiring HIV using potent and proven prevention interventions, including PrEP, a medication that prevents HIV transmission.

d) Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV transmissions.

These goals, which are based on the national Ending the HIV Epidemic campaign, closely align with Florida’s plan to eliminate HIV transmission and reduce HIV-related deaths using four key strategies:

a) Implement routine HIV and sexually transmitted infection (STI) screening in health care settings and priority testing in non-health care settings.

b) Provide rapid access to treatment and ensure retention in care (Test and Treat).

c) Improve and promote access to antiretroviral pre- and post-exposure prophylaxis (PrEP and PEP).

d) Increase HIV awareness and community response through outreach, engagement, and messaging.

General Flow of Program Information with External Stakeholders
The HIV/AIDS Section is committed to sharing information with the community and to soliciting and receiving feedback concerning the development and implementation of program policy and procedures. There are times when directives are received by the Section from state or federal authorities instructing specific actions be taken. In these instances, it may not be possible to share draft information and solicit feedback before implementation. When this happens, the Section will share the received directives as soon as possible.
The standard process for program policy and procedure development is as follows:

1. A need for a new policy/procedure arises.
2. The program unit most closely aligned with the goals of the policy/procedure creates a draft (often with input from other units).
3. The draft is shared with community partners for feedback. The timeframe for receiving feedback depends on the time constraints associated with the project but typically will not be longer than two weeks.
4. The program unit that drafted the policy/procedure incorporates feedback. Not all feedback will necessarily be included – conflicting opinions, conflicts with other policies/procedures, funding requirements, etc. often must be considered.
5. Steps 3-4 may be repeated.
6. The HIV/AIDS Section finalizes the policy/procedure and initiates routing for leadership approval. Different documents require different levels of approval, depending on how, and to whom, they are being disseminated. Approval requirements are determined by DOH policies and procedures.
7. Once approved, the new policy/procedure is disseminated and implemented.

The standard process for information dissemination is as follows:

1. The manager of the associated program unit ensures the information is emailed through the designated internal and external channels within two business days of approval.
2a. Internal dissemination track: HIV/AIDS program coordinators (HAPCs), minority AIDS coordinators (MACs), early intervention consultants (EICs), and prevention training coordinators (PTCs) share the specified information through their local information dissemination channels within two business days.
2b. External dissemination track: The contracted entity that facilitates Florida Community Planning Network (FCPN) meetings (currently the AIDS Institute) maintains the FCPN listserve, which contains email addresses for both formal members of the group and interested persons throughout Florida. The AIDS Institute disseminates information received from the Section to the listserve within two business days.
3. FCPN members and interested persons share the information with other local persons as appropriate.

It is critical that DOH field staff (HAPCs, EICs, MACs, PTCs) further disseminate information locally. It is also necessary that community partners assist in further information dissemination through their local listserves and other communication channels.

**Key Communication Concepts and Principles of the HIV/AIDS Section**

**Transparency:** The Section will share draft policy or procedure documents with community partners for informational purposes and feedback. If the Section receives a specific directive from state or federal authorities, that information will be shared when known. It is not always possible to have dialogue with community partners before directives are implemented by the Section.

**Community Engagement and Dialogue:** The HIV/AIDS Section is committed to having periodic and ongoing communication with the community. FCPN (including all subcommittees), Ryan White Part B consortia, Ryan White Part A programs, and the Consumer Advisory Group are key groups that the
HIV/AIDS section routinely communicates with. The HIV/AIDS Section is reviewing other communication avenues that may be used to enhance communication.

The Section routinely vets issues and potential actions with community partners, which results in the community being better informed. Key constituencies have access to accurate information, clearer messaging, and an understanding of requested actions. This all supports more optimal client outcomes.

**Timeliness:** The HIV/AIDS Section is committed to sharing information as quickly as possible with community partners, stakeholders, and clients. It is important to keep in mind, however, that it does take time to appropriately vet policies and procedure through Department leadership.

**Inclusivity:** The HIV/AIDS Section strives to ensure there are opportunities for all affected voices to be heard.