Introduction

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.

This communications plan details how the HIV/AIDS Section will share information with and receive feedback from our community partners, stakeholders, clients, advocates, and field-based Department staff.

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.

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.

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. See “Approval Requirements” for more information.
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:**
   Information meant for wide distribution sent to HIV/AIDS program coordinators (HAPCs), minority AIDS coordinators (MACs), early intervention consultants (EICs), and prevention training coordinators (PTCs) will be marked as such. When that is the case, those field staff members 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 listserv, 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 listserv within two business days.

3. FCPN members and interested persons share the information with local constituents.

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 Practices**

**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 Community HIV 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 HIV/AIDS Section makes every effort to practice cultural humility in its communications. We strive to create audience-appropriate materials that reflect the values, lived experience, challenges, and victories of the people we work for.

**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 procedures through Department leadership.

HIV/AIDS field staff are responsible for developing procedures around local communication.

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

**Approval Requirements**

Approval requirements for documents are determined by DOH policies and procedures and the discretion of DOH leadership. All communications from the section (outside of email exchanges between individuals) are reviewed by the manager of the program unit that created the communication, the HIV/AIDS Section communications specialist, and the HIV/AIDS Section administrator; some documents may require additional review by HIV/AIDS Section specialist staff (e.g., grant documents may require review by budgetary staff).

Once the appropriate HIV/AIDS Section staff approves a document, it may require further review/approval by the chief of the Bureau of Communicable Diseases, the director of the Division of Disease Control and Health Protection, staff in the Office of General Counsel, and/or executive staff (Office of Communications, Office of the Surgeon General).
Generally, the more approvals a document requires, the longer the process will take. Sometimes document review is as simple as the reviewer reading and signing off on the item. Other times, a reviewer may ask for clarification or edits. While this generally results in clearer, more accurate communication, it also adds time to the overall approval process.