WELCOME
Welcome and Setting the Stage

Dashiel Sears
Regional Director, North America
Fast-Track Cities Institute
Setting the Stage....

• Broward County was identified as an Ending the HIV Epidemic priority jurisdiction in 2019. Soon after, Fort Lauderdale joined Fast-Track Cities in August of 2022.

<table>
<thead>
<tr>
<th>Fast-Track Cities</th>
<th>Ending the HIV Epidemic</th>
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<tbody>
<tr>
<td>• Global initiative, local implementation</td>
<td>• Federal initiative, local implementation</td>
</tr>
<tr>
<td>• Both a technical and political initiative inclusive of engagement from mayor’s office, health department, and community</td>
<td>• HHS inter-agency leadership engaging community and local stakeholders</td>
</tr>
<tr>
<td>• Targets:</td>
<td>• Targets:</td>
</tr>
<tr>
<td>• 95-95-95 and zero stigma and discrimination by 2025</td>
<td>• Reduce # new HIV infections in the United States by 75% by 2025</td>
</tr>
<tr>
<td>• Ending the HIV epidemic by 2030 (zero new infections and zero HIV-related deaths)</td>
<td>• Reduce # new HIV infections in the United States by at least 90% by 2030</td>
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Setting the Stage...

The purpose of this workshop is to:

• Leverage synergistic efforts of EHE and FTC initiatives

• Discuss gaps and opportunities to achieving common goals:
  o prevention and treatment policy implementation
  o community access to HIV services
  o criminalization as a barrier to ending HIV
  o equitable scale up of PrEP
  o implementation of status neutrality

• Define short-/long-term next steps for addressing EHE and FTC gaps
Welcome on Behalf of Holy Cross Health

Dr. Mary Carter Waren
Mission Leader
Holy Cross Health

Fort Lauderdale, FL
June 27, 2023
Welcome Remarks

Dr. José M. Zuniga
President/CEO
IAPAC and FTCI
• Significant **PROGRESS HAS BEEN MADE** in Fort Lauderdale

• Yet, much work remains to ensure **EQUITABLE ACCESS** to:
  
  o HIV prevention/treatment, **PERSON-CENTERED CARE**, social support
    
    ▪ Within context of environment enabled to respect every person’s **DIGNITY**

• Multistakeholder **HIV COMMITMENT, LEADERSHIP** is critical
  
  o Including in relation to **POLITICAL DETERMINANTS OF HEALTH**
    
    ▪ But also **COMMUNITY ENGAGEMENT** that places people at center of HIV response

• EHE and FTC are well **ALIGNED AND SYNERGISTIC**
  
  o Notably as we strive to attain EHE and FTC (and **NHAS**) objectives
    
    ▪ On trajectory towards **GETTING TO ZERO** new HIV infections, AIDS-related deaths, stigma

• 2 years from deadline of **REDUCING NEW HIV INFECTIONS BY 75%**
Mayoral Remarks and Signing of *Sevilla Declaration on the Centrality of Communities in the Urban HIV, TB, and Viral Hepatitis Responses*

Dean Trantalis  
Mayor  
City of Fort Lauderdale
Welcome from HHS Region 4

CAPT John Oguntomilade, BDS, MPH, PhD
PACE Program Director
U.S. Public Health Service HHS Region 4

Fort Lauderdale, FL
June 27, 2023
Video Link – Capt. John Oguntomilade Welcome for Fort Lauderdale/Broward County
Welcome on Behalf of Broward County EHE

Jessica Roy
Healthcare Services Administrator
Broward County

Fort Lauderdale, FL
June 27, 2023
Welcome on Behalf of Community

Joey Wynn
Chairman – South Florida AIDS Network
Ryan White Part B Consortium

Fort Lauderdale, FL
June 27, 2023
Increasing Access to Treatment and Rapid START

Joshua Rodriguez
HIV/AIDS and Pharmacy Services Director
Florida Department of Health – Broward County

Fort Lauderdale, FL
June 27, 2023
Test and Treat (T&T) is a clinical program providing immediate linkage to HIV primary care and initiation of Antiretroviral Therapy (ART) at the time of HIV diagnosis or returning to care after a gap in services.

Test and Treat (Rapid Initiation Program) or T&T is a partnership between Ryan White Part A providers, the DOH-Broward and private healthcare providers with the intent to start Antiretroviral Therapy (ART) the same day but no later than 72 hours to newly diagnosed or previously diagnosed with HIV that are re-engaging in care.

Clients have the freedom of choice of what provider they would like to see.

The program benefits the client’s health as well as that of the community by providing initial ART while working through the issues of eligibility and linkage to ongoing HIV primary care.
TEST & TREAT PROGRAM PURPOSE

To link and navigate persons who are newly or previously diagnosed with HIV to anti-retroviral (ART) services within 24 hours.

TEST & TREAT PROGRAM ELIGIBILITY

(A) NEWLY DIAGNOSED
(B) Are to be linked to anti-retroviral (ART) services within 24 business hours of notification to the Test & Treat Program and receive ART within 72 business hours of initial notification.
(C) PREVIOUSLY POSITIVE
   Persons with more than a 24-hour break since their anti-retroviral medication are to be linked to anti-retroviral (ART) services within 24 business hours of notification to the Test & Treat Program and receive ART within 72 business hours of initial notification.
(D) NAVIGATION
   Persons currently with ART and in need of linkage to additional health services are to be contacted within 24 hours to determine their needs.
<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referred</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newly HIV Positive</td>
<td>220</td>
<td>29%</td>
</tr>
<tr>
<td>Reengagement</td>
<td>546</td>
<td>71%</td>
</tr>
<tr>
<td><strong>Enrolled</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newly HIV Positive</td>
<td>206</td>
<td>94%</td>
</tr>
<tr>
<td>Reengagement</td>
<td>533</td>
<td>98%</td>
</tr>
<tr>
<td><strong>Refused</strong></td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Unable to Locate</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Pending</td>
<td>0</td>
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</tr>
<tr>
<td><strong>Ineligible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jail</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Out of Jurisdiction</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Deceased</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Navigation</strong></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td><strong>Already in care</strong></td>
<td>34</td>
<td></td>
</tr>
<tr>
<td><strong>Avg Days from Referral to Enrollment</strong></td>
<td>2.88</td>
<td></td>
</tr>
<tr>
<td>&lt;1 day</td>
<td>615</td>
<td>83%</td>
</tr>
<tr>
<td>2 to 3 Days</td>
<td>20</td>
<td>3%</td>
</tr>
<tr>
<td>4 to 7 Days</td>
<td>27</td>
<td>4%</td>
</tr>
<tr>
<td>8+ days</td>
<td>79</td>
<td>11%</td>
</tr>
</tbody>
</table>

All Data is provisional
### Newly HIV Positive Reengagement Total

<table>
<thead>
<tr>
<th></th>
<th>Newly HIV Positive</th>
<th>Reengagement</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>VL suppressed at 3 months</td>
<td>96</td>
<td>207</td>
<td>303</td>
</tr>
<tr>
<td>VL not suppressed at 3 months</td>
<td>8</td>
<td>41</td>
<td>49</td>
</tr>
<tr>
<td>Total with result at 3 months</td>
<td>104</td>
<td>248</td>
<td>352</td>
</tr>
<tr>
<td>% Suppressed at 3 months</td>
<td>92%</td>
<td>83%</td>
<td>86%</td>
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### Cohort: 11/01/2021-10/31/2022

<table>
<thead>
<tr>
<th></th>
<th>Newly HIV Positive</th>
<th>Reengagement</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>VL suppressed at 6 months</td>
<td>74</td>
<td>125</td>
<td>199</td>
</tr>
<tr>
<td>VL not suppressed at 6 months</td>
<td>5</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Total with result at 6 months</td>
<td>79</td>
<td>142</td>
<td>221</td>
</tr>
<tr>
<td>% Suppressed at 6 months</td>
<td>94%</td>
<td>88%</td>
<td>90%</td>
</tr>
</tbody>
</table>

### Cohort: 05/01/2021-04/30/2022

<table>
<thead>
<tr>
<th></th>
<th>Newly HIV Positive</th>
<th>Reengagement</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>VL suppressed at 12 months</td>
<td>155</td>
<td>232</td>
<td>387</td>
</tr>
<tr>
<td>VL not suppressed at 12 months</td>
<td>4</td>
<td>41</td>
<td>45</td>
</tr>
<tr>
<td>Total with result at 12 months</td>
<td>159</td>
<td>273</td>
<td>432</td>
</tr>
<tr>
<td>% Suppressed at 12 months</td>
<td>97%</td>
<td>85%</td>
<td>90%</td>
</tr>
</tbody>
</table>
SOCIAL DETERMINANTS OF HEALTH (SDOH)

- Income
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Stigma
- Structural conflict
- Access to affordable health services of decent quality
Test and Treat Formulary
PROGRAM CLIENT ASSISTANCE RESOURCES

Have insurance but can’t afford your co-pay? We can help!!
Test and Treat process

- Once called into the Test and Treat line arrangements are made for client to be seen at the medical provider of their choice for labs to be drawn and start ART
- Client is assisted to have Ryan White eligibility an ADAP enrollment appointments
- Linkage and Retention Specialist will conduct partner services and address possible barriers that will prevent client being in care and staying in care.
- Client is referred to Case Management (Non-Medical or Medical Case management)
Test and Treat Referral number
954-789-8139
Alecia Chandler
Interim Program Supervisor
954-760-8018
Increasing Access to Biomedical Prevention

Krystle Kirkland-Mobley
HIV Prevention Program Manager
Florida Department of Health – Broward County

Fort Lauderdale, FL
June 27, 2023
Access to PrEP in Broward County
Access to PrEP in Broward County
DOH-Broward’s Ending the HIV Epidemic Plan

Prevent Pillar:

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

- Lack of awareness
- Negative experiences with providers
- Lack of confidence that providers know about PrEP
- Daily uptake for oral PrEP
- Negative response from partner
- Medicare Part D prescription drug plans cover PrEP medication, but there will still be cost sharing
Clinical PrEP and nPEP Services via Mobile Unit (Diagnose and Prevent Pillar)

Funded Providers:
- IMG Helps
- AIDS Healthcare Foundation

Provision of PrEP and nPEP clinical services including via Telehealth (Prevent Pillar)

Funded Providers:
- Latinos Salud
- Midway Specialty Care Centers
- High Impacto
- CAN Community Health
Services Provided by EHE
Contracted Providers- Calendar Year 2022
Persons Eligible, Referred, Linked, and Prescribed PrEP, January-December 2022, (n=2,203)

Gender
- Male: 87.97%
- Female: 8.58%
- Transgender: 3.40%
- Unknown Gender: 0.05%

Race
- Hispanic or Latino: 42.35%
- American Indian/Alaska Native: 1.25%
- Asian: 0.91%
- Black/African American: 0.09%
- Native Hawaiian/Pacific Islander: 0.06%
- White: 23.95%

Age
- <15 Years: 1
- 15-19 Years: 10
- 20-29 Years: 455
- 30-65 Years: 1,627
- ≥ 66 Years: 110

Source: FDOH Counseling Testing and Linkage System
Social Marketing Campaigns:

GetPrEPBroward.com

GET PrEP
One Pill A Day or One Injection Every Two Months Prevents HIV
You Have Options! (954) 295-1211

HIV: UNDETECTABLE = UNTRANSMITTABLE
If you are living with HIV, taking your medication as directed can lower the amount of HIV in your blood to undetectable. Staying undetectable means you can’t pass on HIV during sex.

To see if you qualify for free HIV medication, call: 954-213-0623
For help preventing and treating HIV & STD’s, call: 855-HIV-ASKS
For one pill a day to prevent HIV, visit: GetPrEPBroward.com
GET PrEP
Contact a PrEP Rep for:
- Information about PrEP
- An HIV test
- An appointment with a doctor who prescribes PrEP
- Help applying for FREE PrEP
- Help staying on PrEP

(954) 295-1211
GetPrEPBroward.com
Thank you!

Krystle Kirkland-Mobley, MHS
HIV Prevention Program Manager
Florida Department of Health in Broward County
780 SW 24th Street, Ft. Lauderdale, FL 33315
Office: (954) 847-8068 | Cell: (954) 547-5767
Email: Krystle.Kirkland-Mobley@flhealth.gov
Fort Lauderdale, FL
June 27, 2023

Eliminating Disparities in HIV Health Outcomes for the Intra-Jurisdictional EHE/FTC Alignment Workshop – Broward County/Fort Lauderdale

Gritell C. Berkeley-Martinez, Ph.D., CPM®
Director, Planning and Quality Management
Broward Regional Health Planning Council
Current status of demographic disparities in HIV transmissions in Broward County

• Blacks represent 28% of the population and reflect 43% of new HIV Diagnoses and 55% of new AIDS cases.

• Of the new HIV cases, Black males represent 88%, and Black Females account for 39.5%.

• Black women are disproportionately affected by HIV compared to women of other races/ethnicities. The rate of new HIV infections among Black women is 8.9 times that of White women, and five times that of Latina women in Broward County.

• Of the 21,014 Broward County Cases in 2021:
  • Male to Male Sexual contact is the highest mode of transmission in Broward County: Accounting for 54.4% of PWH and Heterosexual contact reflects 36.3%.

Reference: Department of Health, HIV Epidemiology In Broward County, 2021
Current Efforts to Close Disparities in New HIV Cases And Social/Structural Challenges

**INTERVENTION PROGRAMS:**
- **Early Intervention Program:** Identification of individuals at points of entry, ensure access and linkage to services (The Florida Department of Health, Ryan White Part C)
- **Project Focus:** Decrease the stigma underlying viral testing and diagnosis: (The Florida Department of Health in partnership with Gilead Science)
- **Test and Treat/Rapid initiation of Antiretroviral Therapy:** Link newly diagnosed HIV+ individuals and individuals re-engaged in care with immediate linkage to Outpatient Ambulatory Health Services (OAHS) and initiation of ARVs (The Florida Department of Health in Collaboration with the Ryan White Part A Program)
- **The Special Purpose Outreach Team (SPOT) mobile medical clinic reaching underserved communities; the only Syringe Services Program (SSP) approved by the Broward County Commission established under the Infectious Disease Elimination Act (IDEA)
- **Sisters Organizing to Survive:** Empowers Black women impacted by HIV and AIDS, equipping them with resources for successful lives. (The Florida Department of Health)

**RYAN WHITE PART A EHE –PROGRAM:** Provides funding that addresses structural barriers such as housing and food insecurity that impede optimal HIV care continuum outcomes.
- **Disease Case Management:** Coordinated Health interventions by a clinical team
- **Food Services:** Food Bank and Food Vouchers; Supplements Part A food service once the cap reached
- **Medical Transportation:** Rideshare or taxi services designed to remove transportation barriers and help clients keep their appointments
- **Disease Intervention Specialists (DIS):** Outreach services designed to locate and re-engage clients who miss appointments or fall out of care
- **Non-Medical Case Management [including Tele-Adherence and Engagement Services (PL Cares)]:** Education to ensure that PWH are actively engaged in their care; Enables active linkage, and re-engagement services.
- **EHE Care Support Services (CSS):** Client-centered interventions designed to work in concert with existing EHE and RW medical and non-medical services to address clients’ unmet needs; Preparedness to increase economic sufficiency, child/dependent care to enable clients to attend scheduled health-related appointments, employment support; **Housing Support:** Assist clients with eliminating housing insecurity (rental and utility assistance)

References: Health Department HIV Prevention Program Presentation to the Integrated Planning Work Group, 2022; Ryan White Part A EHE Program
Avenues to explore expanding access to testing, linkage to care, stigma elimination, and community awareness on U=U

TESTING
The Florida Department of Health – Broward County implements:

- HIV Targeted Testing Using Incentives and SNS (Two Funded Providers)
- In-Home Testing Initiative (The Florida Department of Health)
- Clinical PrEP and nPEP Service mobile units (Two Funded Providers)
- Provision of PrEP and nPEP clinical services including Telehealth (Three Funded Providers)

STIGMA ELIMINATION
- Planning Council Members and Broward County Providers attended NMAC Escalate (recognize and address HIV stigma) Training in July 2022
- Ryan White Part A HIV Health Services Planning Council’s Community Outreach Activities: Remove HIV Stigma Barriers through Community Conversations:
  - Reaching Youth about HIV: Youth Awareness (4/12/22)
  - Ryan White Part A HIV Town Hall Virtual Meeting (4/14/22)
  - Routine Testing & Care: Transgender HIV Testing Day (4/18/22)
  - Long-Acting HIV Treatment Regimen Presentation (5/17/22)
  - Long-Term HIV Survivors (LTS) (6/14/22)
  - "Leather Kink in Healthcare: What Should Your Provider Know?" (10/18/22)
  - Language Matters 2023:
    - Navigating Housing Services for People with HIV 2023 (4/19/2023)
  - "Leather Kink in Healthcare Part II: What Your Doctor Needs to Know?" (6/16/23)

Local NBC 6 South Florida: Addressing HIV Stigma

Lorenzo Robertson, HIVPC Chair and Executive Director of Ujima Men’s Collective, advocates for those living with HIV. He shares his story of intersecting with HIV and the importance of HIV testing.

Shawn Tinsley, HIVPC Community Empowerment Committee Chair, learned of her diagnosis in 1989 as a teenager. She shares what led her to open up about her diagnosis at the age of 50. As the CEO of the Fresh Connection Group, she works to break down the stigma surrounding HIV.

COMMUNITY AWARENESS ON U=U
- Treatment Adherence Education -Ryan White Service Providers: Continued Education of Providers and Client
- Conduct a Needs Assessment of the not virally suppressed population

References: Health Department HIV Prevention Program Presentation to the Integrated Planning Work Group, 2022; RWPA HIV Health Services Planning Council; Lorenzo Robertson - NBC 6 South Florida (nbcmiami.com); Shawn Tinsley - NBC 6 South Florida (nbcmiami.com); Permission granted for images
Avenues to explore expanding access to testing, linkage to care, stigma elimination, and community awareness on U=U

**Linkage to Care**

**Focus on people with lived experience:**
- Utilize Certified Peer Specialists on care teams: Interventions with Peers are beneficial to the System of Care
- Address Other Structural Barriers:
  - Medicaid:
    - End of Continuous Coverage
    - Migration/In-migration
    - Strengthening relationships with other EMAs

**Educate the Aging population:**
- Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (Recommendation: CEC Community Conversations - Long Term Survivors Awareness Day).
- Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and
- Private Insurance/ACA Options.

References: RWPA HIV Health Services Planning Council; HRSA. The Utilization and Role of Peers in HIV Interdisciplinary Teams: Consultation Meeting Proceedings. Rockville, MD 2009; 12-week Peer Specialist in HIV Course sponsored by Southeast AIDS Education (AETC) Training Center (Vanderbilt University) and North Florida AETC – Facilitator, Debbie Cestaro-Seifer, MS, RN, NC-BC, CTP
Reducing Stigma in Clinical Settings

Dr. Sheetal “Beau” Sharma
HIV Clinician
AIDS Healthcare Foundation - Northpoint

Fort Lauderdale, FL
June 27, 2023
Root Causes of Stigma

- It impacts emotional health and may become internalized affecting care
- Stigma contributes to the high infection identified in 48 counties nationwide. Seven of those counties are in Florida. This is fueled by stigma.
- Centers of Disease Control in partnership with PEPFAR, UNAIDS and Global Fund has a Health Stigma and Discrimination Framework to reduce HIV related stigma and discrimination
Ways to Reduce Stigma in Office Setting:

• Personalize the visit
• Thoughtful/supportive use of words
• Use of staff that is similar in language and culture/supportive/non-judgmental
• If injection drug user and HIV: double diagnosis amplifies stigma
• Stigma reduction theory
• Anti-stigma interventions
“Many people suffering from AIDS and not killed by the disease itself are killed by the stigma”

-Nelson Mandela – 14th International AIDS Conference, Barcelona, Spain 2002

Why and how can city civil leaders help reduce HIV stigma just as importantly as Healthcare workers?
Emilio Apontesierra-Paretti, M.Ed
Director of programs High Impacto, Inc.
Community Co-Chair Broward County HIV Prevention Planning Council (BCHPPC)
Prevention policy in Broward County

- DIAGNOSE
- TREAT
- PREVENT
- RESPOND
Broward County Vs Florida Policy

NEEDS FOR PREVENTION

• DIAGNOSE
• TREAT

• PREVENT
• RESPOND
Overcoming challenges linking patients to HIV testing and prevention services

WHAT EVERYONE SHOULD KNOW

- Long-Term HIV Survivors (LTS) and Over 50 Population
- Transgender/Persons with Trans Experience
- Youth Population
- Leather Kink in Healthcare
- Persons Newly Diagnosed with HIV
- Racial/Ethnic Diversity
- In-migration Disproportionately Impacts the Broward HIV Epidemic
1. The Broward County **Ryan White Part A Program** provides HIV-related services to over 7,900 residents each year. The program is designed to provide needed health services for those who do not have sufficient health care coverage or financial resources for needed HIV services.

2. The Florida Department of Health has an HIV/AIDS program including surveillance, HIV Prevention and Patient Care Components. The patient care component is structured by the **Ryan White Part B Program**, as well as the statewide ADAP and Insurance benefits program.

   1. Early entry into care and adherence to anti-retroviral therapy improves health outcomes to people living with HIV/AIDS and also reduces transmission. Florida Department of Health offers the following HIV services: medical care, case management, medication assistance, dental services, mental health and HIV testing.

3. **The Broward County HIV Prevention Planning Council (BCHPPC) is a government-community partnership created to provide assisting in planning as well as advise the Florida Department of Health in Broward County.** The BCHPPC is responsible for creating policies and procedures that guide the delivery of HIV prevention services in Broward County.

4. The Broward EHE initiative focuses on Pillar 2 - Treat—which strengthens the HIV Care Continuum by expanding linkage and treatment services using multidisciplinary Intensive Care Teams (ICTs).
Here are some key policy issues regarding HIV treatment access and policy points:

• **Protection of the rights of those affected by HIV/AIDS**
  • Stigma, discrimination and rights
  • Choice – geographic, digital, hours of operation, and others that need to be offered to communities to enhance retaining people in care

• **Diagnose, Treat, Prevent, and Respond** is the road map.

• **Prevention through updated information, education & training**, Diagnostic Choices and digital delivery platforms

• **Biggest unmet need**: Transparency, Collaboration, Coordination and Cooperation between planning bodies & grantees: Too many silos and almost no meaningful community engagement in a county of close to 2 Million people.

• **Political Will** – Prioritizing HIV Funding & policies that improve the situation for HIV neutral service delivery systems by Local, State, & Federal delegations. Emphasis on educating our elected leaders.
Federal, State and County Policy Alignment

• Federal Budget
  • Debt ceiling negotiations and impact on programs.
  • ABAC Chart (handout)
  • HIV Community Funding Requests Letter (handout)
  • Budget Cuts to EHE (handout)
Federal, State and County Policy Alignment

• State Policy
  • Legislative Session
  • Medicaid “Unwinding”
  • Harmful legislation
  • Preparing for next session
  • Meeting with policy makers
  • Advocacy
Federal, State and County Policy Alignment

• County Policy
  • EHE Hillsborough
  • EHE Pinellas
  • IDEA Exchange Tampa
  • Harmful policies
  • Meeting with policy makers (county / health department)
  • Advocacy
Looking to make a difference?
Ready to put your thoughts into action?
Interested in HIV policy and advocacy in Florida?

Join Florida HIV/AIDS Advocacy Network (FHAAN)!

- Stay up to date on Florida-specific issues & trends, as well as HIV / Healthcare policy issues that impact people living with HIV and those community advocates concerned with this topic.
- Hear from your peers from around the state on what we’re working on, state level strategy, and policy making.
- There’s always more to be done, the work never ends. Help us help others; join our cause in providing education to people and elected officials about our issues and our proposed solutions.
- Help us be part of the solution for people living with HIV in Florida.

Join us at http://www.FHAAN.org and click “Apply to Become a Member”

Have questions? Feel free to contact KBargar@fhaan.org or JWynn@fhaan.org.
Community Access to HIV Services

Misty Eyez EMBA, CSSGB
Ryan Papciak MSW, LCSW
SunServe, Inc.
CHALLENGES TO ACCESSING HIV SERVICES:

Social
Economic
Systemic
CHALLENGES TO ACCESSING HIV SERVICES:

- Stigma
- Discrimination
- Lack of Awareness

Social
CHALLENGES TO ACCESSING HIV SERVICES:

- Economic Costs
- Housing Insecurity
- Limited Healthcare
- Low Wages
CHALLENGES TO ACCESSING HIV SERVICES:

- Fragmented Healthcare
- Insufficient Outreach
- Limited Cultural Comp.
SELF - TALK:

Shame

- I Am Disgusting
- I Don’t Belong
- I Am Unworthy
- I Am Bad

Guilt

- I Can Do Better
- I Did Bad
Ensuring Long Term Success

Ending HIV:

- Restricted
- Missing
- Under Accessible
Communities with the Least Access

Language and Cultural Barriers

Rural and Remote Areas

Low-Income Neighborhoods

Marginalized Populations
THANK YOU

2312 WILTON DRIVE,
WILTON MANORS, FL

954-764-5150

x583 Ryan
RPapciak@SunServe.org

x126 Misty
MistyEyez@SunServe.org

www.linkedin.com/in/mistyeyez/
Addressing Criminalization as a Barrier to Ending HIV

Panelists

- Alicia Tramel
  Florida Director – Positive Women’s Network – Florida Chapter

- Lorenzo Robertson
  Executive Director – Ujima Men’s Collective

Moderator:
Adrianna Tender
Program Coordinator
TransInclusive Group
Scaling Up PrEP Access and Utilization

Panelists

- Yamil Cruz
  Grants and Program Manager – Midway Specialty Care Clinic

- Jorge Saboe-Rodriguez
  Director of Community Programs – Midland Medical

- José Javier
  Community Coordinator – Holy Cross Health

Moderator:
Dallen Micheal Greene
Community Linkage and Liaison Coordinator
Holy Cross Health
Optimizing Social Determinants to Achieve 
U=U

Panelists

- Rachel Williams  
  Director of Housing and Community Development  
  – City of Fort Lauderdale

- Emy Martinez  
  Safe Syringe Exchange Manager – The Spot/University of Miami

- Nic Zantop  
  Deputy Director – TransInclusive Group, Inc.

Moderator:  
Ashley Mayfaire  
Director of Operations - TransSOCIAL, Inc.  
ARCH Broward Committee Chair
Implementing HIV Status Neutrality in Practice

Panelists

• Von Biggs
  Community Outreach Coordinator – Holy Cross Health

• Andy Ruffner
  Chair, Systems of Care Committee – Ryan White Part A
  HIV Planning Council for Broward County

• Emilio Apontesierra-Paretti
  Director of Programs – High Impacto, Inc.
  Community Co-Chair, Broward County HIV Prevention
  Planning Council

Moderator:
Wismy Cius
Program Project Manager
Broward County Health Department
2023 INTRA-JURISDICTIONAL EHE → FTC ALIGNMENT WORKSHOPS

INTRA-JURISDICTIONAL

EHE → FTC

ALIGNMENT

2023 WORKSHOPS
Identified Challenges and Opportunities to EHE in Fort Lauderdale/Broward County

Scott Lyles
EHE and FTC Alignment Consultant
Fast-Track Cities Institute
HIV Care Continuum Optimization for EHE and FTC Goals

- Routine testing needs to be implemented in all clinical settings
- Florida Medicaid Extension/Expansion needs to occur – need political will to support it
- Too system centered, needs to be patient-centered care model - Meet people where they are at the times that work for them
- Eligibility system is broken – too burdensome on patients for documentation
- HIPAA allows for data sharing on behalf of the client, should be one Broward County eligibility system, patients shouldn’t have constant burden of proof
- Care centers should be proactive on awareness of clients’ eligibility timeframes and time for renewal
- Bringing more mobile and wider telehealth services to the community, need to go digital
- Continuous education and feedback to providers – re-educate on Rapid ART and PrEP
- Challenges with linkage to care with opt out testing at ED - sensitization on personal circumstances of people getting tested informing linkage
- Empower patients to maintain quality of healthcare, observe why people fall out of care
- Transparency between organizations and care systems
Improving Engagement

Widen the circle

• Youth
  • Find spaces outside the school to engage them
• Parents
  • Educate parents to better support their youth
• Transgender populations
• Faith-based leaders
• Black heterosexual identifying men
  • Address the stigma that is keeping them from the table – invitation not accusation
Centrality of Community

• Community needs to be at the table when developing new programs and policies – there are processes and procedures that don’t fit within the existing programs

• Community organizations need to be prioritized for funding
  • Funding is based on volume, smaller organizations may not have numbers but they have reach
  • Question the existing funding systems and how to make it more relevant to community

• How to build capacity of small community organizations to manage larger budgets?

• Engage community on HOW to spend existing funds
Policy Landscape

• Intersection of racism and HIV criminalization
• Engage other organizations that engage communities that are disproportionately hurt by HIV criminalization
  • NAACP
  • Faith community
• Assumed guilt just for living with HIV – increases stigma
• Careful with how U=U is used in criminalization so we don’t separate “good people living with HIV” and “bad people living with HIV”
• How do we mobilize to change these laws?
  • Need to educate legislators on HIV transmission – data alone is not enough
  • Community needs to be in the room in educating legislators on the impact of laws – LA Coalition on Criminalization and Health
• Once laws are changed
  • Educate law enforcement officers
  • Educate community that this is not something you can be criminalized by
  • Remove people from sex offender list
  • Prepare a body of lawyers that are equipped with the knowledge to stand by the community
Scaling up PrEP Access and Utilization

• Stigma associated with HIV makes people hesitant to hear about PrEP
• Stigma associated with PrEP makes people hesitant to consider PrEP
• Normalize PrEP as part of wholistic care
• Representation matters! – inclusion of black and Latinx women on advertisements for PrEP
• Access – need to make the processes for accessing PrEP easier
  • Need to keep up momentum so people link to PrEP
  • Same day PrEP
  • Bring PrEP directly to community events
• Engage more college/university groups on PrEP education (and advocacy) activities
  • Frats
  • Sororities
  • The Devine Nine
• De-stigmatize PrEP usage – must be seen as a tool and a big reason for advancing HIV goals
Stigma

• Stigma in healthcare settings – training as a continuous process
• Need to normalize U=U and PrEP – kitchen table conversations
• De-stigmatize black men’s assumed role in transmission
• Religion and stigma- Capacity building for faith-based leaders to support their communities.
• Language matters!
  • De-stigmatize language on sex and sexuality
Social Determinants of Health

• Federal funding cuts for affordable housing; unsustainable cost for building more affordable housing (lasagna of money)— creatively “braiding” funding
  • HOPWA dollars, EHE dollars, other funding/medical dollars
  • Unique partnerships to ensure affordable housing – Gulf Coast Housing Perspective working with health insurance providers and FQHCs

• Resources that can be mobilized at local level
  • DHHS resources
  • Office of community development
  • Available lots
  • Making the budget stretch - townhomes, duplexes

• Intersecting vulnerabilities of those who are unhoused – beyond HIV. How can these intersecting vulnerabilities be addressed?

• Need to think about other social determinants of health
  • Transportation
  • Social injustices
  • Socio-economic status
HIV Status Neutral Services

• Funding – how to get funding for wrap around services to implement status neutrality

• Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus

• Capacity building for providers on linkage to care for ALL
Actionable EHE and FTC Implementation Steps in Tampa/Hillsborough County

Dashiell Sears
Regional Director – North America
Fast-Track Cities Institute
FTC – EHE Joint Focus

• FTC-EHE Synergies are significant
• Areas of joint focus in 2022-2025, including:
  • Technical guidance: Inter-/Intra-jurisdictional planning
  • Health inequity: Social Transformation Agenda
  • Capacity-building: LAI tx/PrEP implementation, person-centered care, cultural responsiveness
  • Best-practice sharing: Best Practice Repository
  • Assessment tools: QoC, QoL surveys
  • Public policy interventions: Housing, criminalization
  • Health workforce: Stress, burnout, well-being survey
  • Stigma elimination: #ZeroHIVStigmaDay
Leveraging FTC for EHE

EHE Goals

- Expanding Engagement Points for EHE Advocacy – Widening the Circle
- Integrating treatment and prevention strategies together to achieve status neutrality
- Local stakeholder buy-in and education [health networks/districts, clinicians, educators]
- Strengthening Health System Resilience
- Upscaling integrated care models addressing intersectional infections and conditions (MPX, hepatitis, syphilis, gonorrhea, chlamydia, under- or non-insured, unhoused, mental health, addiction
- Measuring and assessing Quality of Care and Quality of Life Metrics

FTC Advantage

- Social Transformation Agenda
  - Leveraging FTC core groups to enhance engagement with community-based stakeholders towards comprehensive planning that supports EHE and equity-based goals for social determinants
- Inter-jurisdictional holistic HIV planning,
- Best Practice documentation/validation/sharing,
- Implementation Science funded studies
- Research and guidance for universal stigma, QoC, QoL metrics
Leveraging FTC for EHE, Cont.

EHE Goals

• Policy advocacy for holistic HIV health systems
• Increase HIV awareness in non-traditional medical fields and general community
• Eliminating disparities in HIV health outcomes, rates of new infections, and PrEP uptake
• Optimizing the urban and rural HIV care continuum
• Enhancing accessibility for HIV service and clinical interfacing for key populations

FTC Advantage

• Model Policies, HIV Care Optimization Guidance, Status Neutral implementation
• Normative Implementation guidance for DoxyPep and DoxyPrEP
• Normative guidance on strengthening STI capacities for clinics and health departments
• Data and Research for policy impact
• Social Transformation Agenda, Inter-Jurisdictional Planning, QoL/QoC Assessments
• Global reach for leading edge partnership exploration
Closing Remarks

Dr. José M. Zuniga
President/CEO
IAPAC and FTCI

Fort Lauderdale, FL
June 27, 2023
• **TOGETHER**, we can achieve a future in which:
  - New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
  - People living with and affected by HIV are **VALUED** and not subjected to inequality
• Lags in our global, national, municipal HIV responses reflect underlying **SOCIAL INEQUALITIES**:
  - GAY MEN, OTHER MSM who are forced to live on societal margins
  - TRANSGENDER INDIVIDUALS whose identities are violently suppressed
  - RACIAL, ETHNIC MINORITIES who lack socioeconomic opportunity and confront racism
  - WOMEN, GIRLS who often lack a voice about their own bodies and healthcare decisions
• Ending the HIV epidemic does not just mean suppressing or even curing the virus, but rather **ADDRESSING MYRIAD INJUSTICES** that have been both causes and effects
• HIV is as much about **HUMAN RIGHTS AND SOCIAL JUSTICE** as it is about public health or science
• EHE and FTC are well **ALIGNED AND SYNERGISTIC** to advance a **HOLISTIC** HIV response
Closing Remarks

Lorenzo Robertson
Executive Director
Ujima Men’s Collective

Fort Lauderdale, FL
June 27, 2023