

Central Florida HIV Planning Council

RW Community Meeting Minutes

June 21, 2022

Call to Order: The Co-Chair, Mr. Westbrook called the meeting to order at 6:07 pm at the Courtyard by Marriott Orlando Downtown located at 730 N. Magnolia Ave., Orlando, FL, 32803.

Participants Present: Ira Westbrook, Edward Cook, Alelia Munroe, Michael Brinkley, Gilberto Hernandez, Donte Berry, Fernell Neal, Troy James, Angela Hunt, Nathaniel Ball, Sueanne Vazquez, Jermaine Malone, Mikaela Mendez, Chris Miller, Claude Savery II, Travis Mercer, Eric Field, Charlene Tolbet, Sylvia Smith, Nadine Bien- Aime, Tanner Fox, JC Hennessy, April Johnson, Doris Huff, Doris Huff via Teleconference, Anthony via Teleconference, Claudia Yabrudy via Teleconference, Andre Antenor via Teleconference

Approval of the agenda:	The committee reviewed the meeting agenda and made the following changes: <ul style="list-style-type: none">• Switch Mental Health & HIV with Home HIV Testing and EHE Dashboard presentation Motion: Ms. Munroe made a motion to accept the agenda with the changes. Mr. Zachary seconded the motion. The motion was adopted unanimously without debate.
Approval of the May 17th Minutes:	The participants reviewed the May 17 th minutes. The May 17 th minutes were accepted as written
Open the floor for public comment:	<ul style="list-style-type: none">• Mr. Zachary made a comment regarding gossip.• A consumer had issues with some organizations with disbursement and support through diagnosis. He received a threat from the health department to sign paperwork and was not able to receive copies.• A consumer had an issue with the communication of the health department and hospitals.• PCS did not receive any comment cards.

Reports:

Membership and PR & Marketing Committee Meeting:

- The Committee discussed the membership matrix, PC reflectiveness, attendance roster and committee roster. There are currently 26 Planning Council members, 13 (50%) are PWH, 8 (31%) are unconflicted/unaligned PWH, and 11 (42%) are conflicted members. The committee discussed how they will use their upcoming recruitment event to reach the required 33% of full membership that must be unconflicted/unaligned PWH.
- One associate member of the Needs Assessment Committee received a final letter due to having three consecutive missed absences.
- The Committee received a mini-training on mindful recruitment and finalized all planning for the 6/18 Picnic with a Purpose. The event was successful, and the Planning Council has received at least five applications so far from community members that attended the event.
- The Committee reviewed the Central Florida HIV Planning Council social media account insights for Facebook and Instagram.
- The next scheduled Membership and PR meeting was cancelled. Meetings will resume on Tuesday, August 2nd at Heart of Florida United Way (1940 Cannery Way, Orlando, FL, 32804).

World AIDS Day Workgroup:

- The group continued to brainstorm on activities, venues, and advertisement strategies for the event.
- The next meeting will be on July 15th at 10:00 AM via Webex.

Service Systems & Quality Committee and Needs Assessment & Planning Committee Meeting:

- The committee received an overview of the Part A Monthly Expenditure report, Part B

Final Expenditure report, and were provided copies of the approved Quality Management Plan.

- The committee also reviewed and approved the proposed 2022-2023 Part A Level Funding Resource Allocations now that the Part A Office received their full grant award.
- The committee received an overview on the upcoming Integrated Plan community engagement activities and were updated on the progress of the plan draft.
- The Committee also received their quarterly leadership evaluation results for the combined committee chairs. Overall, most responses were positive.

Integrated Plan Ad Hoc Committee:

- The committee reviewed the feedback from the June 7th Provider Listening Session and the June 15th Osceola Town Hall.
- With the Integrated Plan due date approaching, the committee will be meeting twice a month from July through September.
- The committee began developing the outline of strategies and activities for Goal 2 of the 2022-2026 Integrated Plan. A Part A representative provided an update on the external consultant that will be onboarded to assist with writing the plan.
- The committee also discussed upcoming community engagement events for the plan, including Lake County Town Hall and the Seminole County Town Hall.
- The next meeting will be on July 6th at 2:00 PM at Heart of Florida United Way (1940 Cannery Way, Orlando, FL, 32804).

Part A 2022-2023 Level Funding Resource Allocations:

- Mr. Huertas gave an update regarding the allocation of the grant for resources. Part A will be reducing ambulatory services and residence for substance abuse; and an increase in peer support.

**Town Hall Data Updates:
Provider Town Hall Summary:**

Agenda:

- Participants ranged from FDOH representation, RW providers/doctors, non RW HIV service NPOs, FQHC's. Project Response, CAN, Comp Healthcare, Harmony Healthcare, Embrace Health, Bliss, Part B Lead Agency (HFUW), and FDOH Orange, True health. County representation was from Brevard and Orange counties.
- Participants (13) received a presentation from Mike Alonso (Community Liaison for Gilead Sciences) on the importance of HIV testing and care in helping to EHE and having prescribers in the room to help with the planning process and EHE. He also provided a brief update and data on global EHE and how the Covid-19 pandemic impacted HIV screenings and viral suppression rates.
- Participants also received a presentation from Yasmin Andre about the OSA Integrated Plan including data on HIV incidence by county, compared to population by race, AIDS incidence by gender, the importance of the integrated plan, and status of the goals from the 2017-2021 plan.
- At the end of the meeting information was provided on FDOH EHE initiatives by Chris Haubenestel (i.e. partnerships with the QLatinx/Latinx HIV task force, Divas in Dialogue, and other organizations that serve underserved populations) .

Feedback from the room:

- Hospitals do not know about opting out or are not opting out of HIV testing. Don't have in-house linkage coordinators. Patients are going to the ER multiple time and not being diagnosed.
- Patients are starting in one facility and the goal is to keep them in that network (i.e. ORMC or Advent Health) but they might not get the care that they need because the facility does not have the tools/resources for proper treatment
- Difficulty developing strategies on how to treat folks from out of county or who are undocumented. General issues and

recommendations of getting these individuals into care:

- Focus prevention and education efforts on immigrant and undocumented communities
- People are being left on waiting lists because they are waiting to get Ryan White services (in between 3 to 6 weeks)/ ADAP. Non RW providers are having difficulty linking to ADAP services and getting people through the eligibility process for RW.
- RW and non RW providers need to be more aware of what the structure is at various agencies so that patients can get treatment quicker (collaborate more on resource guides and resource sharing amongst HIV providers)
 - o Similar to CM town hall, for example, options for care are not communicated or clients don't know about them.
- Consider partners in this plan that have not historically been included (education, faith based, hospitals)
- All providers should be mindful that other STI's that might be present when someone tests for HIV. Providers should do total STI panels when people are being tested. Having a conversation about sexual health during testing also. For example, syph and HIV are often co-occurring with MSM who test positive for HIV
- Funding is not available for small non RW clinics. Barrier for clients who do not want to go to the health department due to concerns of privacy. Lack of available funding overall is an issue.
- Client retention is a barrier. Clients that go to small clinics might not be able to stay with the initial provider that gave them treatment. Providers don't have access to certain medications and then have to refer the client

out (something that the client does not want to do). Causes gaps in care if the patient does not actually follow up with the new provider because the rapport is not there and sometimes clients have years invested with their providers

- Ryan white is limited on the financial resources that the program can provide to a client, therefore it is the responsibility for the nonprofit or organization to find the resources that work to fill those gaps:
 - Solution: mentorship program for smaller nonprofits/clinics that help them build their agency (Fostering collaboration amongst providers through events or networking opportunities might be a way to address this)
- No/not enough mental health resources
- Regarding prevention- many clients do not want to take a pill everyday
- Providers need to do more outreach initiatives to target underserved communities/ populations of focus
- Lack of community education and advertisement, such as billboards, campaigns, etc.
- The needs of rural communities are not being met
- Regarding Board of County Commissioners- providers are having difficulty advocating to the commissioners' offices because they cannot even get on the agenda or gets a response back (regarding SSP not being approved in rural communities)
- Other counties would like to create a survey of the community about HIV similar to the City of Orlando HIV survey

Osceola Town Hall Summary:

Responses collected verbally and via mentimeter poll: (N=8)

- Identified as:
 - A Community Member- 12%
 - Planning Council Member- 25%
 - Provider- 13%
 - None- 50%
- Gender:

- Male- 50%
- Female- 50%
- Age:
 - 30-34- 17%
 - 35-39- 5%
 - 40-44- 5%
 - 45-49- 17%
 - 50-54- 11%
 - 55-59- 6%
 - 60+- 39%
- HIV Status:
 - Living with HIV- 50%
 - Not living with HIV- 50%
- Ethnicity:
 - Hispanic/ Latina/ Latino/Latinx- 37%
 - Haitian- 13%
 - None- 50%
- Race:
 - White/ Caucasian- 33%
 - Black or African American- 17%
 - Other- 50%
- County:
 - Brevard- 0%
 - Lake- 12%
 - Orange- 12%
 - Osceola- 50%
 - Seminole- 13%
 - Other- 13%

Summary of Responses

1. From your observations and experiences, what are the two or three major problems in the system of care as it related to HIV prevention and care?

- No verbal responses
- Money and time to stay in care
- Access
- Access to information and services
- Stigma and misinformation
- Housing, substance use/misuse
- Access to prevention and care

- Lack of referrals
- Lack of providers

2. What are the barriers to engaging the community?

- Need to increase outreach with non-RW provider community
- People not caring or who are afraid of knowing [their status]
- Socio-economic status, health literacy, and provider/case manager burnout
- Availability of staff to engage in outreach

3. What are barriers to starting and staying in care?

- Stigma
- People associate the health dept with Healthy Start and other programs, but with HIV-related services
- Lack of mental health providers available
- Medical insurance access
- Lack of rapid start protocols (Test & Treat)
- Lack of housing
- Basic needs taking priority
- No support system
- Patients fear losing their jobs so they skip appointments
- Need extended hours and weekend availability for medical care
- Lack of transportation
- Cumbersome processes to collect paperwork needed for patient care access
- The stigma associated with a diagnosis, then knowing where to go for care
- Medical insurance access
- Lack of rapid initiation protocols, especially with point of testing. A lot of

testing happens in the community, we have the data to show that starting folks on treatment as soon as they are diagnosed improves long-term outcomes

4. What are some solutions to consider in reducing barriers?

- Broader advertising
- Systems integration – clients are enrolled for all services at one point of entry
- Promote awareness on a broader advertisement
- Stigma (two people responded with this answer)
- Provided quality trained staff
- Transportation or better transportation
- Telehealth where appropriate
- Mandatory respites/vacations for case managers
- Better integration of systems (i.e. provide, care ware, etc.) Also, being able to instantly enroll in several ancillary services from point of intake.
- Merging sexual health as a part of overall health. Not putting HIV in a silo away from general community health efforts.

5. What do you think is the most important factor in addressing the HIV epidemic in your community?

- Meeting people where they're at in the community – doing outreach in unconventional places that youth and young people spend time.
- Tailoring communication to specific populations – digital campaigns, social media, etc.

- Using partnerships to elevate messaging on platforms that are otherwise unavailable to certain agencies. (FDOH cannot use TikTok, but an allied CBO can)
- Engaging historically stigmatizing institutions like faith-based communities
- Address systemic barriers to care by conducting provider detailing to ensure they are able to reach those populations experiencing disparities in care.
- Making healthcare accessible to everyone to reduce stigma
- Helping people
- Peer support and education
- Education
- Allyship (having all hands-on deck to end the epidemic)
- Engaging stigmatizing organizations like faith-based institutions, political groups, etc.

6. Do you believe the community has a role or any responsibility in HIV prevention and care?

If yes, what do you consider to be the role of the community in HIV prevention/care?

- All respondents replied “yes” to this question.
 - Need to find community gatekeepers that can help elevate a uniform message – especially the “health adjacent”
 - Make the data more relevant and find ways to make it actionable (how many unsuppressed people do we need to reach to bring our rate to 90% VLS)

	<p>➤ If no, why don't you think the community has a responsibility in HIV prevention/care?</p> <p>7. What are some activities from the last integrated plan that we should consider including in the new plan?</p> <ul style="list-style-type: none"> • Engaging priority populations to increase testing and reduce new infections • They need to help keep each other safe • Using more community gatekeepers to spread accurate information on prevention, testing, and care and sharing of resources/information • Sharing information better • Everyone should do their part to stop the spread of HIV. Whatever that is for them, there were a lot of examples [during this meeting] of ways that individuals could get involved. • To be supportive of spreading education.
<p>New Business:</p>	<p>Home HIV Testing & EHE Dashboard:</p> <ul style="list-style-type: none"> • Ms. Williams spoke on EHE (Ending of the HIV Epidemic) and the funding of this movement. She stressed on the importance of early diagnosis, treatment, and responding to coordinating within Orange County. Recently achieved ER hospital HIV testing and providing Home Test. They have contracted with grass root organizations such as Home Inc., Volcano Consulting, Lighthouse of hope safe spot, Isaiah's Corner Inc. <p>Mental Health & HIV:</p> <ul style="list-style-type: none"> • Mr. Alonso introduces the importance of mental health and how we can take control of

	our own mental health. He discusses what mental health is and some of its causes such as contracting HIV. He spoke on certain signs that someone struggling with their mental health may have. Mr. Alonso provided resources and gave tips towards seeking treatment.
Announcements:	<ul style="list-style-type: none"> • Florida Health Department's extended evening clinic has been pushed to re-open in January due to ongoing construction. • Hope and Health will be hosting a self-care class this Thursday (06/23/2022) at 6:00 pm • CFHPC will be hosting future committee meetings at the HFUW office on 1940 Cannery Way, Orlando, FL 32804
ACTION ITEMS	
Item	Responsible
Next Meeting	July 19 th , 2022
Adjournment:	7:54 pm

Prepared by: Nyala Tapley Date: 06/27/2022

Approved by: Rad. Wisstard Date: 6/27/2022