

January 20, 2026, Brevard County Town Hall

Attendance count: ~40+

Town Hall Community Engagement Questions

1) From your observations and experiences, what are major obstacles as it relates to HIV prevention?

- Ignorance
- People think that it (HIV diagnoses) cannot happen to them
- Misunderstanding around HIV transmission (i.e., HIV can be transmitted via non-sexual methods)
- Everyone is “HIV possible- anyone can be vulnerable to HIV- mindset of “HIV can’t happen to me”
- Lack of knowledge; “HIV is still a thing?”
- No increase in the number of providers offering HIV testing on a yearly basis
- Misinformation about HIV
- Lack of events (related to HIV education?)
- Stigma
 - o Ppl are afraid to come out and say that they have HIV because family might find out, hide their medications
 - o Provider stigma
 - o “Stop telling people that” when trying to be open about their diagnosis
 - o Provider enacted stigma- providers don’t want to have the conversation with patients about HIV
- HIV criminalization
- Community leaders need to engage more with the church; people listen to what pastors say

a. What do you think could be done to address the barriers to HIV prevention?

- Educational campaigns for providers (and other medical professionals) and for the youth
- Routine/standard HIV testing at doctor’s appointments/blood or lab testing
- Going to middle schools to educate
 - o Barriers to accessing the schools to provide that education
- Group homes, foster homes
- Provide materials in multiple languages (e.g. English, Spanish, Haitian Creole)
- Focusing on more than one priority population (in advertising) - if people primarily see MMSC in HIV campaigns, then they may think that those campaigns are not for them (e.g., using more black women in campaigns for PrEP to encourage more folks to understand that prevention methods are also for them) - Brevard HIV provider in the room indicated that his has been successful for their organization in receiving phone calls/referrals
- Community collaboration
- Being active IN the community, providers have to go into the communities rather than expecting the community to come to the providers
- Having education coming from people that look like the community, the importance of representation
- Fundraisers (ex. car wash, bake sales)

2) From your observations and experiences, what are major obstacles as it relates to HIV care?

- Transportation
 - o A lot of people in Brevard need transportation to get to and from the doctor/clinic, and some agencies make that difficult
- Housing
 - o State of housing in Brevard County is “terrible”
 - o Even with HOPWA funding, it is difficult to find low-income housing
 - o Folks need to attend Brevard Homeless Coalition meetings (people in the HIV sphere need to show up to more support service-related meetings)
 - o No drop in shelters in Brevard
 - o Lack of inclusive language in questionnaires/surveys is preventing people from providing “the correct answers.” Essentially, the data needed to improve housing services/secure more funding is not being collected because the wrong questions are being asked
 - o People experiencing homelessness do not necessarily trust people doing point-in-time counts (especially in the woods and other areas with high homeless populations) based on their appearance and approach (e.g. the way that they ask questions)

a. What do you think could be done to address the obstacles to HIV care?

- Better training on ways to elicit more accurate responses during Point-in-time counts that are aware of stigma
- Utilizing Uber to coordinate ridesharing to meetings

3) How can the community be more involved in HIV prevention? What roles or actions would make the biggest impact?

- Community stakeholders that the group identified should be involved in prevention:
 - o Religious leaders, educational institutions
 - o Contacting the news to attend town halls
 - o City council representatives
 - o Parents, PTA parents
 - o Directors of mental health programs (Circles of Care) so they can hear the impact of an HIV diagnosis to someone’s mental health
 - Lifetime counseling services - Trauma-informed care
 - o Meeting people where they are when it comes to mental health care

4) How can the community be more involved in HIV care? What roles or actions would make the biggest impact?

- Have a pharmacist come to a meeting/community meeting regularly to do a presentation on HIV medication (e.g. the generic equivalent of Biktarvy). Come on a quarterly basis to discuss advancements or new HIV medications in people-first and accessible language.
- Accessibility – providing information in plain language that is understandable but not condescending
- Ensure that people affected by addiction are at town halls/meetings to provide insight on how addiction and/or sobriety can affect their HIV care (e.g., abstaining from alcohol positively impacted someone’s t-cell count)

5) What keeps people from starting HIV care after diagnosis?

- Fear of the unknown, not knowing what your future holds

- This individual was pregnant; didn't want to have other people know; didn't want meds delivered to their house; didn't want it to be known or noticed
- Didn't want people seeing medication bottles lying around
- Not knowing who to reach out to
- Visibility of getting HIV care (e.g., the possibility of being recognized while receiving care could prevent someone from going to the doctor)
- Possibility of being outed
- Lack of providers that accept certain insurance. Lack of providers in general (clients are sometimes told that they have to go out of the county that they live in to receive services, and then transportation becomes an additional barrier).
 - o Clients sometimes are part of the provider network one month and off of it the next
- Customer service at provider offices is lacking- sometimes clients are denied services based on who they were referred by
- Clients not attending appointments
- Behavior of staff at provider offices, not being respectful
- Clients communicating with providers appropriately
- Quality of care
- Appropriate staffing at agencies
- Providers not being able to provide a service if it is not directly HIV-related due to certain conditions/concerns not being categorized as an allowable cost (not enough funding to cover all costs)

a. What can be done to make it easier for people to start HIV care?

- More discreet bottles/medication packaging, more discreet/confidential ways to store medications
- Have someone living with HIV reach out anonymously to give support without knowing your history
 - o Peers/Sponsors
 - o "Health Buddy" system- someone who is living with HIV and active in the community that can provide support to someone newly diagnosed. People can contact this individual via flyers in the community (something that was designed by a community member). Ensuring that people have someone that they can relate to (e.g., same age range, same gender, etc.). Health buddy can also help clients navigate some of the interpersonal and communication difficulties that can come with engaging with providers
- Giving people the ability to choose; having choices on where to get their care
- Staying informed on the updated provider network
- Self-advocacy

6) What keeps people from staying in HIV care?

- Decisions from the state government

a. What can be done to make it easier for people to stay in HIV care?

- Providers should explore bringing in alternate providers to help cover unallowable costs
- Build community and lean on each other (friends, family, people that are informed about what is going on in the community). Invest in those that invest in us.
- Activism for HIV initiatives

Other comments/concerns:

- Concerns about the upcoming ADAP changes and the impact that they will have on clients
 - o Providers were the last ones to be informed of the changes, even though letters started going out to clients as early as January 4th and 5th – are providers that picked up the insurance plans of clients that are affected by the changes going to be expected to maintain the costs associated if the ADAP changes get walked back?
- Question about why there is not a separate insurance program available specifically for PWH
- Importance of getting tested and medical self-advocacy
- Importance of getting a second opinion if a specific treatment regimen or provider is not working