

## February 3, 2026 Lake County Focus Group

All responses are anonymous. Please hand the completed questions to Planning Council Support.

### Community Engagement Questions

- 1) From your observations and experiences, what are major obstacles as it relates to HIV prevention?
  - Larger numbers of younger people being diagnosed. No comfort level in being able to engage people, especially young folks, about their sexual health (e.g. condom use). Compared to other counties, there is a lack of
    - o No community level access to preventative care like condoms and education and it causes disparities. Populations have the same access to HIV but not the same access to prevention and care.
    - o No resources- only the health department
    - o Cant go out to schools and can't even show condoms in schools
      - State is no longer funding to provide condoms (condoms are in the back- not accessible in the front if someone just walks in because they can't be displayed at certain providers)
      - No funding in general
    - o County is very conservative and in general people don't want to talk about sex.
      - Religious and personal stigma as a root cause
  - Referenced study that found that Latin men would not carry condoms around because there was a stigma about carrying condoms meaning that the individual was looking for gay sex
  - Condoms are provided without question (age is not being asked)
  - Not allowed to display condoms and not allowed to seek people out
    - o "hey you don't have to ask anybody, the health department has condoms"
    - o People are reluctant to ask in the first place
    - o In other areas there are more outreach organizations that post up in front of places like walmart to hand out prevention materials and do testing
      - There is a concern to do some of the similar activities
      - Barrier- general population does not
      - Safety is a priority and doing certain prevention efforts is a risk- lots of discrimination in Lake (racism, transphobia)
    - o 400 to 500 home test in the last year, offer rapid tests, multiple outreach efforts
      - Capitalize on unsavory situations- like the cold weather shelters to hand out test kits
    - o Barrier with test kits- hard to follow up with the individual if they test positive
  - No advertising on services (e.g. billboards about testing etc)
  - Hard to measure impact of certain outreach activities (bags with condoms and test kits)
  - Certain pockets of religious groups/churches have been more receptive to hiv prevention (e.g. church that the PC has hosted RWCM at)
- a. What do you think could be done to address the barriers to HIV prevention?
  - Bags with at home test kits
  - As things start to shift culturally, perspectives start to shift but its slow
  - Social group that hosts Random hangouts at random days to do outreach within the LGBTQ community
    - o Lower success rate

- No bars or groups or clubs that do LGBTQ community outreach
- Lack of follow through from established orgs with testing buses that don't want to come all the way out to Lake County- lack of support from other counties that have the resources
- No one has a mobile van/ resources in general
- Stigma
- Getting the staff to take an HIV test at a community outreach event to set an example (e.g. preacher gets HIV tested, and I've been with my wife for 25 years)
- Lack of community gatekeepers
- Low stakes/low effort outreach efforts are not always received well (e.g. taking flyers to organizations only for them to be thrown out)
- Leaving cards inside Lyfts
  - o Leaving flyers at thrift stores seem to be more receptive to having flyers about HIV out
- Lake doesn't have a health services department like Orange County, relies on the health department for everything, which leaves a gap in the ability for prevention programs to be implemented, lack of general TA and support related to HIV
- Empowering community organizations and grassroots to do the work that has fallen on the department of health related to prevention
  - o Homelessness outreach, shelters, etc.
  - o Word of mouth can be effective for sharing resources
- Engage more with faith-based organizations, esp with food pantries and homelessness outreach
- What worked well with thrifts stores- right person right place right time with some interactions
  - o Have to revisit the same places multiple time sometimes to receive a yes from someone to do something as simple as putting up a flyer
- Incentives like salon capes, doing training with staff, etc
  - o Couldn't get one single salon to take the salon capes that have HIV prevention messaging on it
- Some grant seekers indicate on applications or reports that they serve Lake County. Not a real way to hold people accountable for how they are serving the rural communities
- Lack of visibility. Folks in the populations that are at risk or require testing are often isolated
- Reach out to local county commissioners to see how they can help/support that will sympathize with the cause
  - o Do the work in groups/teams for safety and to reduce risk
  - o Involving county commissioners is also free marketing (put them on the flyer) and can also help reduce event planning costs- use that publicity to drive engagement
  - o Barrier- lake is large county with a lot of cities with various commissioners and councils
  - o Barrier- lack of personal time energy and resources to carry out activities
  - o Barrier- government red tape
- How can we encourage and develop the existing nonprofits in Lake to be able to apply for grants and begin providing HIV services (vs. Having out of county resources come to Lake for a couple of days a week)
- Organizations don't always want to apply for Part A funding because of the reporting and fiscal burden
  - o Orgs can start smaller with microgrants for support groups or doing something every quarter
- External orgs not having a full grasp on Part A and Part B funding
- Organization denying partnerships because they are already partnering with a Part A provider
- Challenges with Part A and Part B reciprocity

*Does Lake being part of Area 3/13 impact their ability to partner with other departments or county health services within the Orlando EMA and Area 7?*

- *Area 3/13 is already stretched thin for resources/funding across a dozen rural counties*

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

- Transportation
- ADAP changes
- Lack of providers. Main provider in Lake is FDOH and not all clients feel comfortable coming to the health department
- No dental providers in Lake
- Providers that are not familiar with RWHAP or how to monitor labs properly, but will give them the medications- clients end up not having a dedicated infectious disease doctor or proper case management
  - o Providing medication without properly educating the client on HIV
- Advent Health pharmacy don't have the doctors and nurses follow proper medication regimens when PWH are hospitalized (clients can't bring their own medications and have to follow the schedule outlined by the hospital). E.g. two pill regimens supposed to be taken at the same time are not being administered properly (i.e. nurses having to follow the pharmacy telling them to give only one pill at a time)
  - o Education of hospital staff is necessary
- Stigma- some nurses are afraid to touch PWH
- QI projects being disrupted
- Staff turnover can sometimes disrupt the ability to maintain external partnerships
- Lack of staff manpower to accomplish all tasks related to education and outreach activities while maintaining appropriate documentation for linkage, eligibility, case management, etc.
- Waste due to duplication of services- databases don't communicate with each other

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

- Start with outreach and education at infectious disease providers
- Look at how much funding the county gives to FDOH Lake (engage county commissioners to fund needed positions within FDOH)

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

- Help to normalize the presence of HIV testing in the community
- Grassroots and community orgs are worried about their reputation and the community that they serve
  - o Need to partner with others that can do the prevention and outreach
  - o Need to shift their perspectives and mindsets about HIV in general
  - o Find ways to decrease stigma and increase visibility of testing outside of FDOH (e.g. heard people say "oh I went to high school with someone that works at the health department)
- Prioritize work in Lake in accordance with the prevalence in the community
- Make HIV testing and other STI screenings routine with other general health screenings (e.g. A1C, blood pressure, etc.)
- Normalize HIV testing and conversations within the medical community- OBGYNs and PCPs need to talk to patients about sexual health
  - o PCPs to add HIV screenings to their yearly labs

- Lack of provider education because the provider might not know how to respond if someone does test positive and so they don't test at all
- Lack of understanding of the opt out process
- Provider offices do not have any literature about HIV or testing in their offices- Advent Health has a lot of communication about religion
- Need higher ups to communicate with other folks that have power to change systems
- RS need to be more empowered to educate clients on the importance of getting into and staying in care
- Outreach funds are limited- that needs to change in order to ensure that people know what is available to them for care

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

- Be more comfortable talking about sex in general (both providers and clients)
- Expand clinic hours for RWHAP clients who work traditional hours
- Communication network between providers
- Mobile unit with Saturday hours/expanded hours
- Have a specific sexual health provider/clinics like Bliss, Harmony, Pineapple, etc.
  - Have Pineapple, for example, come to the health department on Mondays and Thursdays to treat people
  - Being more intentional about hiring practices- be straight up about what the job requires (travel, serving in Lake County for a percentage of time)
    - Providers are looking for purple hens (e.g. bilingual French speaking individual who lives in Lake- and now position has been vacant for a while)
    - Turnover costs when people can't make it past their 90 days because they can't meet the job qualifications, such as traveling to Lake

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

- Case management turnover- clients build rapport with a CM and then they leave and now the client is in limbo having to tell their story multiple times to different people
- Stigma
- Mental health
- Substance use/addiction
- Not enough mental health and substance use providers in the County
  - Providers don't work in tandem with each other
  - 12 residential beds available in the entire county

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

- Resources
- More providers
- Streamlining the process for clients moving through the RW system of care

- Have a licensed social worker position that can help the clients navigate the system based on their financial and insurance situation, and help with scheduling all of the appointments that the client needs all at once, and preferably on the same day
  - o Have a linkage position at FDOH Lake and/or a Peer (barriers with finding Peers within Lake County)
  - o Be realistic with the client about how many people they are going to have to meet with as a newly diagnosed person
  - o Reduce duplication of services/efforts
  - o Have one day a week where all appointments are for newly diagnosed clients or people who are reengaging in care. Have the client tell their story one time to get eligibility, case management, etc all completed at the same time and get the client on the same page with who all is involved in their care.
    - To prevent clients from also having to take multiple days off from work to make it to all of their appointments 1

6) What keeps people from staying in HIV care?

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

- Go back to an old model where case managers come to the clinic all day to meet with clients at once