

Lake County Focus Group

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

- There is more of an effort to engage/outreach to youth and young adults in areas outside of Lake County. Difficulty engaging with adults to discuss prevention methods (condoms, PrEP, testing for HIV).
- Not even allowed to discuss or demonstrate condom use with youth.
- Business community in Lake County (including Mount Dora) is not receptive to prevention teams bringing condoms for distribution.
- Not enough community resources for people to go to ask for condoms. Lake County MOL site and FDOH Lake. Will distribute no questions asked.
- FDOH directive: You can distribute but not display condoms.
- Discrimination in Lake County makes prevention efforts a challenge. Prevention staff who live and work here cannot take the same risks.
- Lack of follow-through from HIV prevention orgs traveling to Lake County from the other Counties.
- No county-based Health Services dept in Lake County Govt– they rely on FDOH Lake for public health and do not direct funds to supporting community health efforts.

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

- Home testing kits are successful (continue and expand). Kits come with information to direct people who test reactive to FDOH.
- Some faith-based communities (Baptist) and small businesses (thrift stores) are becoming more receptive to outreach (very limited).
- Triangle Connections (LGBTQ social meetup group) helps with community building. Can be engaged for HIV prevention/outreach.
- More targeted outreach events with church, business, gatekeepers for HIV testing. Where gatekeepers get tested and encourage others to get tested.
- Engaging more CBOs and local nonprofits that do grass-roots level outreach (homelessness, food pantries, etc.).
- Engage with County Commissioners.

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

- Transportation continues to be a barrier.
- ADAP changes
- Shortage of providers – not all clients want to get their care at FDOH

- No dental providers in the county
- Physician's need more education (hospital and outpatient). Many primary care providers willing to Rx but not draw labs.
- Pharmacies in the hospital don't carry single-tablet regimens. They don't even properly distribute the right amount of medications. Hospital doesn't properly direct clients to take the right pills at the same time.
- Initiating a referral partnership may happen, but it takes time and staffing to maintain the relationship.
- Limited clinic hours available at FDOH. Clients can't make the clinic hours if they are working.

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

- Encourage CBOs and local nonprofits to apply for RW funds and microgrants through drug manufacturers (Gilead, ViiV, etc.)
- Provider detailing for primary care and pharmacies. Working with ID providers to educate them on Ryan White.
- Determine how much money the County provides to FDOH to provide health services?
- Cross-agency coordination to ensure there is coverage (mobile units, FDOH, CBOs, etc.)

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

- Education with primary care providers on opt-out routine testing
- More outreach from the HIV testing CBOs coming into Lake County

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

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

- Stigma
 - Drug addiction and lack of MH/SA providers (12-bed residential program in the County)
 - There's a lot of people reaching out to clients when they are newly diagnosed and it makes clients uncomfortable. They don't like having to give the same information over and over again.
 - Not enough staff to provide resources and no peer support
- a. What can be done to make it easier for people to start HIV care?**
- Streamline and coordinate care across the care team (linkage, RS, MCM, EIS, social worker, etc.). Have the whole care team meet with the client together.

6. What keeps people from staying in HIV care?

- Having so many appointments with so many different people is difficult for clients. They get frustrated. Take time off for eligibility, appointments, labs, etc.

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

- Having a peer
- Having a linkage coordinator
- Having an MCM
- Coordinating with the other providers of the care team to schedule clients at the same appointment. Reduces transportation costs. Ensures client is engaged with all providers. Helps with adherence if client doesn't have to take more days off to make their appointments.