February 18, 2026, Orange County Town Hall

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

Number of Attendees: ~

Community Engagement Questions

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

- Stigma and ignorance
    - It's still the "gay disease"
    - People being told "you can't sit on my furniture"
- PWH not seeking care because of fear and stigma
- Inability to maintain care when experiencing homelessness. There are barriers to processing disability and other support services when unhoused
    - Having been let down in the past by previous attempts at outreach
- People not being aware of HIV transmission methods (e.g. thinking that HIV can be transmitted via sharing furniture)
- Lack of HIV education is a barrier to prevention efforts. Infomercials, specifically on PrEP, on TV are only representing one population that is vulnerable to HIV (e.g. white gay men), when HIV affects everyone and PrEP is beneficial for all.
- Access to providers who are educated about HIV is a barrier
- Sex education not being in schools
- Prevention/testing events are not effective/productive enough. Supervisors who are not certified to conduct HIV testing.
- People with degrees talking down to clients

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

- Making sure HIV education is linguistically and culturally appropriate
- Populations that need to be educated about HIV:
    - Everyone
    - Grandparents who have influence on family education
    - Church groups
    - Providers, especially PCPs and those who are unaware of what PrEP is, clincians that do testing but don't offer PrEP
    - People in jails/prisons
    - Politicians
        - Being politically aware of what is happening in the political sphere, especially if it related to HIV
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- Follow through for clients who are being tested
- Tapping into large employers (e.g. Disney, Universal) to create partnerships that will educate their workforce on HIV
- Permanent affordable housing. Addressing basic needs

- Using churches to educate and start conversations about HIV. Figuring out how to bring the faith-based community together to have plain language conversations, and in turn have more influence on politics (example of churches having influence on politicians being elected)
- New governor that will allow sex education in schools
- Strong leadership on prevention teams

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

- Not enough quality providers- hard to do research to find a provider that will fit an individual's specific needs
- Mental health and substance use issues
    - Not enough education on how substance use can interact with HIV medications
    - Mental health complexities can impact medication adherence
- Lack of provider staff/capacity
- Accessibility
- Provider capability
- Many people lack knowledge on how to advocate for themselves, what questions to ask, or how to navigate the system
- Transportation
- Lack of access to pharmacies/ability to refill meds
- Clients being referred to providers that are not easily accessible via available transportation methods, e.g. the bus
- ADAP changes- reducing the FPL eligibility requirement, removing single-pill regimens from the ADAP formulary
    - Potential for medication resistance if medication regimens change
- Dental services being inaccessible- dental services are one of the first services that are recommended to newly diagnosed PWH
- No action or execution for addressing barriers to care (including the integrated plan being an ineffective tool)
- The system of care itself is a barrier
    - The RWHAP system of care is not designed to empower clients or be innovative
    - The system needs to be revamped. Agencies need to be educated on how to improve the outcomes and measures that they have to meet to receive fundings. Innovative approaches are lacking, e.g. discussing and addressing chemsex
- A large chunk of people do not know that PrEP exists
- Property owners not allowing mobile buses on their land

a. What do you think could be done to address the obstacles to HIV care?
    - For the barrier on medical self-advocacy: peer counselors at medical providers to help them self-advocate for quality care
    - Medication delivery
    - Accessible business hours
    - Contacting legislators
    - Agencies need to better collaborate and stop competing with each other
    - Using technology to educate younger people

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

- Providers to stop putting up barriers that prevent clients from accessing services (e.g. being territorial about clients seeing only them and no other HIV providers)
- Have more mobile units (and have the existing ones be more effective)
- ACT Up
- Need more advocates from people outside of the HIV sphere (Disney, Orlando Health)
- Mobile units at lifestyle clubs, strip clubs

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

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

- People don't want others to know (stigma)
- Lack of follow through, education
- Other health/life issues outside of HIV

a. What can be done to make it easier for people to start HIV care?
    - Direct hand off, linkage to care, follow-through
    - Talk with the person to ask what their situation is outside of HIV (housing situation, other health issues)
    - Normalize HIV so it can be talked about ask easily as diabetes and hypertension (treat it as part of primary routine care and not specialty care)

6) What keeps people from staying in HIV care?

- Case managers that don't know how to work with clients, that are new and need more experience
- People working in the field need more education
- Lack of follow-up

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

- Serve the client at their level, meet them at their level
- More peers in more impactful rules
- More collaboration from case managers
- Innovative approaches to case management – telehealth
- Consolidation of consent forms