

## March 31, 2026, Seminole County Focus Group

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

Attendees: 8

### Community Engagement Questions

- 1) From your observations and experiences, what are major obstacles as it relates to HIV prevention?
  - Unprotected sex
  - IDU, substance use is very high in Seminole County. No safe use or harm reduction programs in Seminole County that provide bridge services. Detox & rehab/recovery centers do not do testing, and that should be mandatory service.
  - Medication access and cost- specifically Biktarvy due to recent ADAP changes. New medication that clients may have to switch to may not be as effective.
    - o Access to this med + being undetectable has had major positive life impacts
  - Lack of education + knowledge of available services
  - Lack of services/resources in Seminole, going to Orange for more quality services. Orange County services are more saturated than outlying areas (e.g. "Get Tested Here" billboards and general HIV education billboards are far more common in Orange). FDOH Seminole does have mobile unit that does testing multiple times a month.
  - Some FQHC's do not do testing and prevention services to the level that they should
  - Stigma
  - Apathy once status is known (among addicts, status is known but continue to spread)
  - Difficult to get into the school system to provide education to the younger populations. Limited to working with one coordinator within the school system. School health advisory committee does not respond to requests for conducting prevention efforts.
  - In general, not enough information about HIV being shared
  - Transportation. Lynx services that were previously available to FDOH clients are not available in Seminole anymore. Example of one client having to bike a long distance to FDOH because of delays with Scout. Clients are late to appointments by hours due to Scout. Part A has tried to work with Seminole County- efforts have not been successful. Change occurred in January. Access Lynx is very limited.
  - Providers at FQHC's not feeling comfortable with screening for HIV or doing testing (stigma/lack of education). Misunderstanding of opt-in in/out testing/screening. Providers claiming to not be medically trained to provide necessary prevention services.
  - Medical providers not assessing comprehensive sexual history
  - Limitations to funding prevent county health departments from doing certain prevention methods (e.g. billboards/TV advertisements of HIV services). Funding has been prioritized for direct care services in the past.
    - o Misuse of federal funds by FQHC's for prevention services
  - PrEP and HIV medication advertisements have traditionally been targeted towards gay men, which perpetuates stigma
- a. What do you think could be done to address the barriers to HIV prevention?
  - Increase numbers/quality of service providers in the county
  - Offer mandatory testing at detox centers
  - More robust bridge centers. Co-locate HIV services with other wrap-around services

- Providing HIV education at a young age
- Contact county commissioners to bring awareness that lack of transportation is impacting access to medical care
  - o Contact local politicians
- Involving County Health Officers
- Engaging FQHC's that should provide information on RWHAP services
- Educating medical providers about HIV (during medical school)
- Educating clients about the HIV services/resources that are available. This requires more staff.
- Increased peer support
- Funding for advertisements/billboards/bus wraps that have information on HIV services
- Using social media accounts to advertise on social media/other apps (Instagram, Grindr, etc.). Messaging people about prevention services (e.g. PrEP)
- TV commercials that are more diverse and targeted at both priority and emerging populations (e.g. black women)
- Talk with OBGYNs and WIC to include prevention treatment with usual treatment

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

- Lack of HIV providers in Seminole County (3-4 total, not including some PCP's that provide HIV services)
- Clients that don't want others to know their status come from elsewhere in the EMA to Seminole for services
- Stigma from all levels
- Having to be more mindful of language given current political client
- Same challenges as Lake with having condoms out and available at FDOH - Can no longer have condoms displayed
- People transmitted HIV because they don't know their status
  - o ADAP cuts means people won't have access to medication
- Procedures required for resistance testing/genotype testing (?).

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

- Contact county commissioners to bring awareness that lack of transportation is impacting access to medical care
  - o Contact local politicians
- Partnering with the WIC office at DOH to provide information on HIV services when clients are already coming in for services
- Providers communicating with each other to meet clients where they are

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

- Advocacy
- Building a network of individuals that will support clients and help individuals navigate difficult periods of life

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

- Talking to elected officials
- Leave feedback with providers because they have to address complaints
- Train/Inspire folks on how to be advocates and how to speak about their experiences

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

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

6) What keeps people from staying in HIV care?

- Transportation issues, mental health issues, substance abuse issues, housing issues
- Clients report that it is not a priority, that they have other things going on in their lives
  - o People don't always prioritize their health because there are other costs that are considered more important (e.g. food, housing)

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

- Housing access, medication access
- Clients need to be motivated
- Having all care needs in one area rather than having to go all over the city (one stop shops)
- Celebrating when people reach viral suppression ("You'll die with it, not from it")