Welcome! This meeting will begin shortly.





ENDING THE HIV EPIDEMIC IN MIAMI-DADE COUNTY WEDNESDAY, APRIL 1ST, 2020

Health Council of South Florida, Inc.





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PRESENTER: FRANKLIN RODRIGUEZ, MPH CO-HOST: JILL PERRI, MPH

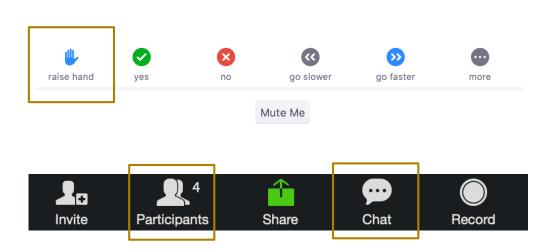
Health Council of South Florida, Inc.

Housekeeping Items

Communication Methods

- Chat Box
- Raise hand function (found under Participants icon)
- All attendees are automatically on mute once entering
- This meeting will be recorded and made available to the public

We strongly encourage active participation!



Who is the Health Council?



Private, non-profit 501(c)3

State-designated local health planning agency

District 11: Miami-Dade and Monroe counties

Florida Dept. of Health – Miami-Dade

- County health department responsible for the provision of several public health and healthcare services in Miami-Dade
- Key facilitator and partner in the community for public-private partnerships
- Planning and engaging the community on EHE efforts



Introduction

- Miami-Dade faces one of the highest HIV incidence rates in the nation
- Overarching goal of EHE: reduction of new cases by 75% in 5 years, 90% in 10 years
- 4 pillars: Diagnose, Treat, Prevent, Respond



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



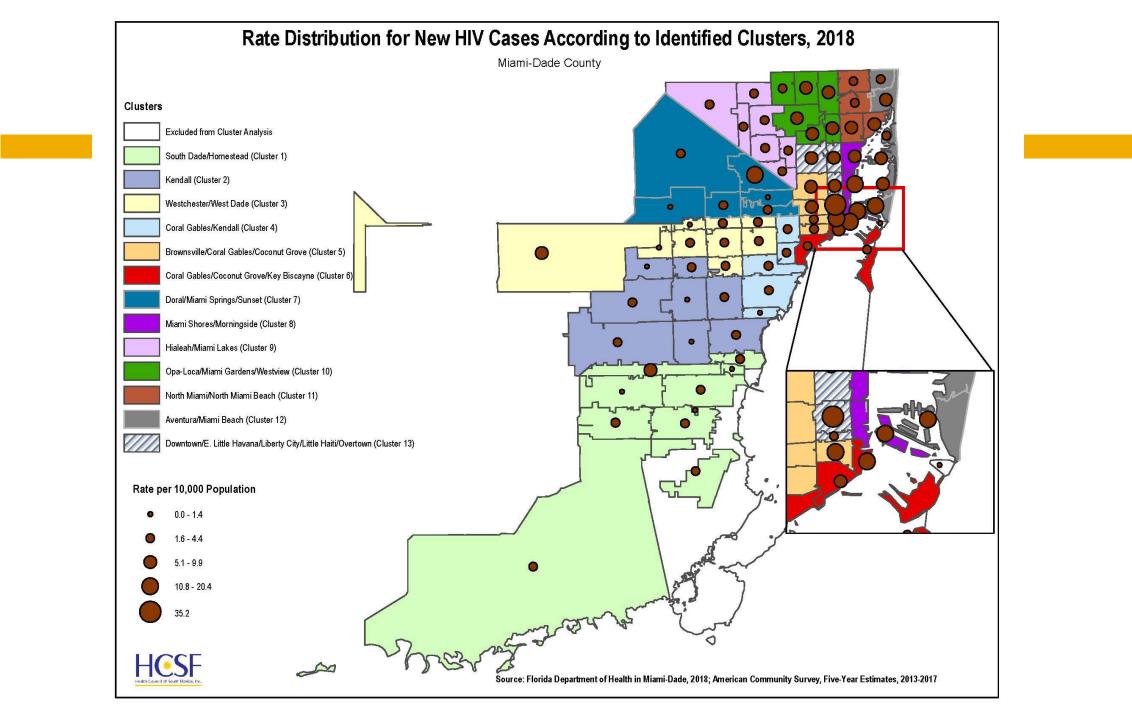
Methodology

Activities completed:

- EHE Miami-Dade needs assessment
- Review of local needs assessments
- **FDOH-MD EHE survey**
- EHE provider survey
- FDOH-MD listening sessions
- Key informant interviews
- Key stakeholder interviews

- PLWH interviews
- Government representative interviews
- Town hall meetings
- Online community forums
- Best practices & innovative strategies

for community engagement



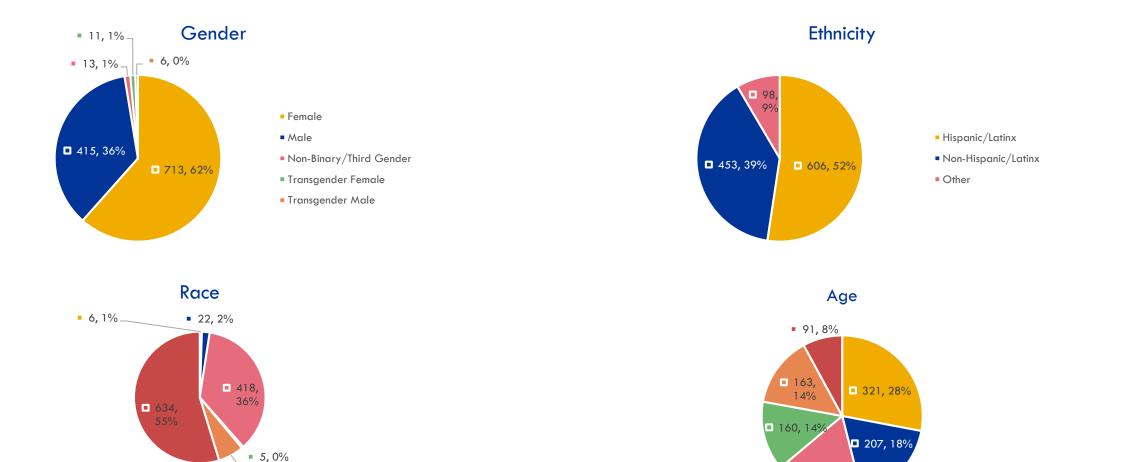
HIV Care Needs Survey



- 98.5% of respondents have seen a doctor for HIV in the past 12 months
 - 94.5% have gone twice or more
- Reasons for not being retained in care: missed appointments, depressed, unreliable transportation
- High rent costs/housing, awareness of services, and food insecurity as barriers to maintaining one's HIV
 - For those recently incarcerated, 28.1% indicated they did not receive any information or assistance upon release

FDOH-MD EHE Survey

1,158 total respondents



American Indian/Alaska Native Asian

Black/African American
Native Hawaiian/Pacific Islander

Other

White

73,6%

■ 14-20 ■ 21-30 ■ 31-40 ■ 41-50 ■ 51-60 ■ 61+

205,

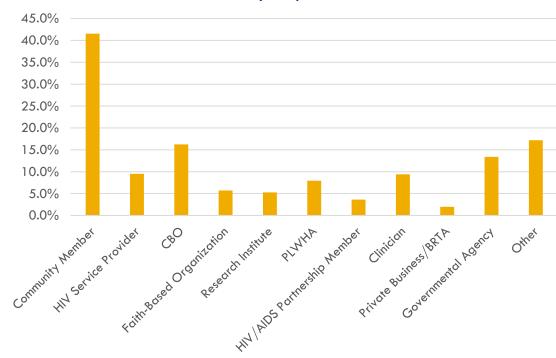
18%

FDOH-MD EHE Survey

1,158 total respondents

Asked about HIV testing, access to care, PrEP, and responding to outbreaks

Themes: awareness, access, media, and engagement



Community Representation

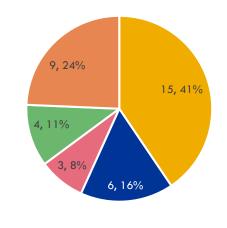
Issues affecting access to HIV services

Rank	lssue	Count
1	Homelessness	404
2	Mental Health	370
3	Substance Use	363
4	Immigration Status	318
5	Uninsured/Underinsured	317
6	Discrimination	284
7	Transportation	232
8	Underemployment/Unemployment	215
9	Domestic Violence/Sexual Assault	212
10	Human Trafficking	207
11	Affordable Housing 206	
12	Living Wage	169
13	Incarceration	122

EHE Provider Survey

37 total respondents *****

Provider Category



- Case Manager Community Outreach/Service Clinical
 - Administration

Other

- Median time working in HIV: 10 years
- Range: 1 year 30 years

Barriers and challenges for service providers

- Long wait times, limited funding, stigma
- Services least utilized by clients
 - Nutrition, vision, counseling/behavioral health
- Housing and transportation as overarching themes

Listening Sessions

- FDOH-MD conducted 11 listening sessions with groups from different backgrounds
- Questions asked according to pillar for most groups
 - Transgender Themes Training/education, social determinants, engagement, exclusion

<u>Groups</u>

- BTAN
- Iniciativa Hispana
- Miami Collaborative
- PrEP Workgroup
- Trans focus groups
- HIV/AIDS planning bodies

Listening Sessions

Pillar One (Diagnose)

- Routinized opt-out testing
- Testing at non-traditional sites

Pillar Two (Treat)

- Cultural competency
- Capacity building for providers
- Addressing non-medical needs and barriers

Pillar Three (Prevent)

- PrEP access, awareness, adherence
- Media campaigns to destigmatize
- Pillar Four (Respond)
 - Engaging non-traditional community organizations

Key Informant Interviews

Informant: senior-level professionals within their fields, some of which sit on local HIV planning bodies

Rank	Theme	Subtheme
1	Continuum of Care	Testing/TTRA, medical providers, medications
2	HIV Education	Stigma, media
3	Social Determinants	Housing, income, access, transportation, immigration
4	Partnerships	-
5	Engagement	-
6	Biomedical Strategies	PrEP, SSPs, condoms
7	Funding	-
8	Technology	-
9	Additional Themes	Fluidity of population, mental health

<u>Categories</u>

- RW Part A
- FQHC
- Housing
- SSP
- Private sector
- Homelessness
- Hospitals
- Mental health
- Corrections

Key Stakeholder Interviews

Stakeholder: professionals who have backgrounds which intersect with HIV-related work; they do **not** sit on any local HIV planning bodies

Rank	Theme	Subtheme
1	Continuum of Care	Testing, medical providers
2	Social Determinants	Access, immigration, housing, income
3	HIV Education	Media, stigma
4	Engagement	-
5	Biomedical Strategies	PrEP, condoms, SSPs
6	Additional Themes	Partnerships, funding, mental health

<u>Categories</u>

- Medical
- Social determinants
- Immigration law
- Research
- Domestic violence
- Support services

PLWH Interviews

PLWH interviewed (3) were defined as not being primarily Ryan White recipients

Rank	Theme	Subtheme
1	HIV Education	-
2	Continuum of Care	Medications
3	Engagement	-
4	PrEP	-
5	Social Determinants	-
6	Technology	-



Government Rep. Interviews

- General comments from constituents: access and awareness of services, discrimination and stigma
- Engagement through social media, grassroots leaders
- Housing and health literacy for PLWH to stay in care essential

Interviewees

- City mayor
- US Congressperson
- County commissioner
- City official
- County official

Town Halls

Major themes identified at town halls:

- HIV Education
- Stigma
- Media
- Discussions tailored to surrounding communities

Town halls as engagement opportunities

Venue	Area	Language	Attendees
Edison Community Action Center	Little Haiti	Creole	4
Unitarian Universalist Congregation of Miami	South Miami	English & Spanish	5
South Dade Government Center	Cutler Bay	Spanish	5
Betty T. Ferguson Recreational Complex	Miami Gardens	English	15*
Jessie Trice Community Health System	Brownsville	English	14

*number of responses; "quasi" town hall

Online Forums

Impact/Engagement Data

Hosted on Facebook Live

- Instagram Live used concurrently for two forums
- Sessions driven by conversation between co-facilitators and community comments

	Forum 1	Forum 2	Forum 3	Forum 4
Live				
Number of people signed in during session (reach)	121	55	80	n/a
Average number of people watching at any point in time	9	2	3	11
Largest number of people watching at a single point in time	26	6	7	n/a
Total number of commenters	9	3	8	n/a
Total number of comments made	16	3	17	>15
Live + Post-live				
Number of "likes," as of 2/25/2020	26	18	30	n/a
Number of times shared, as of 2/25/2020	5	2	9	n/a
Total number of views, as of 2/25/2020	415	183	374	n/a

Key Strategies/Activities

Pillar	Strategy	Activity
Diagnose	Routinized opt-out testing	Educate medical providers, ERs, etc., throughout the county (i.e. not just those funded by FDOH or RWP) on the importance of HIV testing and benefits connected to opt-out testing
	Community engagement	Increase the number of HIV/STD testing sites in the community (non-traditional)
Treat	TTRA	Investigate the use of technology such as utilizing telehealth to reduce barriers for TTRA-eligible patients
	Capacity building for healthcare professionals	Promote events where providers and staff can learn about cultural sensitivity and competency as it relates to providing care for PLWH
	Social needs of PLWH	Determine feasibility and potential of having public-private partnerships to secure subsidized and affordable housing for PLWH
Prevent	Access to PrEP	Improve process for same-day PrEP, as well as TelePrEP
	Social marketing & media	Use social media messages to educate the population on HIV prevention and further destigmatize HIV
Respond	Mobile response team	Improve linkage to care in response to HIV clusters, including mobile response unit or team to engage clients and link them to appropriate resources (medical home, HIV medical care, and ART) in the community
	Strategy and planning	Increase HIV genotyping testing to better determine clusters or "pockets" of HIV cases

Thank you! Any questions?



Get the latest updates on community initiatives and how we are working to improve the health and wellness of Miami-Dade and Monroe counties

Connect with us on social media!





Health Council of South Florida: <u>@HealthCouncilSF</u>



HCSF LinkedIn Profile

www.linkedin.com/company/health-council-of-south-florida

Ending the HIV Epidemic in Miami-Dade County, a partnership between the Florida Department of Health in Miami-Dade County and the Health Council of South Florida





Thank you!