

III. Floor Open to the Public

Strategic Planning Committee Vice Chair, David Goldberg, opened the floor to the public with the following statement:

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.”

There were no comments or questions, and the floor was subsequently closed.

IV. Review/Approve Agenda

Members reviewed the agenda. Mr. Bennett will lead the Resource Persons item and Dr. Robert Ladner will lead the New Business items attributed to Petra Brock.

Motion to approve the agenda with changes.

Moved: Miguel Puente

Seconded: Travis Neff

Motion: Passed

V. Review/Approve February 11, 2019 Minutes

Members reviewed the meeting minutes from the February 11, 2019 meeting. Minutes were accepted without changes.

Motion to approve the February 11, 2019 minutes as presented.

Moved: Barbara Kubilus

Seconded: Karen Hilton

Motion: Passed

VI. Standing Business

Membership

Travis Neff

Partnership Chair, Travis Neff, noted the *Vacancy Report* dated May 1, 2019 was in the meeting packets for reference (copy on file). Mr. Neff encouraged members to invite clients to the Community Coalition Committee (CCC) meetings which include Health Resources and Services Administration (HRSA) trainings for Ryan White Program Planning Councils.

Part A/Minority AIDS Initiative (MAI) Recipient Report

Carla Valle-Schwenk

Carla Valle-Schwenk, Office of Management and Budget-Grants Coordination (OMB), reviewed the *Ryan White Part A/MAI Expenditure Report for Fiscal Year (FY) 2017* dated April 30, 2019 (copy on file). Final close out of the previous fiscal year expenditure data is still pending.

OMB is up to date on HRSA reporting, and is on target to complete the Annual Progress Report, due at the end of May.

The Board of County Commissioners approved an extension to existing Ryan White Program subrecipient contracts that ended February 28, 2019.

Next month, HRSA is planning a site visit to meet with OMB, the Partnership’s Executive Committee, Ryan White Program (RWP) subrecipients, RWP clients, and BSR administrative staff. OMB and BSR are coordinating meetings and attendees.

Guidance is expected soon for the HRSA Ending the HIV Epidemic grant to fund 48 jurisdictions most heavily impacted by the HIV epidemic.

VII. New Business

BSR and Florida Department of Health in Miami-Dade County FDOH presented data on the National HIV/AIDS Strategy (NHAS) goals as detailed in the Integrated Plan (copy on file). Following data presentations, members and guests were separated into four (4) workgroups to answer the questions noted below.

P1.3 Implement combined STD/HIV education to raise STD/HIV prevention awareness among HIV-vulnerable populations, including but not limited to IDU, trans-identified persons, gay and bisexual men. (IP Page 4)

1. *What is prevention education and how can we use it as a strategy to reduce stigma?*
 - Ensure that conversations/education about HIV also includes STDs.
 - Counseling and testing sometimes focuses on HIV; STDs need to always be a part of education.
 - Routinized testing opens the door for conversations about HIV and STDs: greater opportunity to have a captive audience for education while people are waiting for results.
 - During community outreach/education sessions, ensure HIV and STD education includes HIV/STD 101, how PrEP works, how to access PrEP, safer sex practices and positive behaviors.
 - Make sure to reach geographic areas most at risk for HIV.
 - Regarding stigma – what can we do that hasn't been done before? Need to normalize the conversations about prevention.
 - Normalizing the conversation in popular culture is very important and there are already instances of this; TV characters with HIV or taking Pre-Exposure Prophylaxis (PrEP), for instance.
 - Need to infiltrate the entertainment industry and keep this prevention message in popular culture.
 - What is prevention education? Defined as presentations by FDOH staff and funded agencies.
 - Reduce stigma by promoting education of Undetectable equals Untransmittable (U=U), PrEP, non-occupational Post-Exposure Prophylaxis (nPEP), STDs, etc.
 - Discuss/address stigma directly.

2. *How do we quantify prevention education? (Number of classes? Number of people educated? What is the work plan?)*
 - FDOH knows how many outreach and face-to-face sessions take place among contracted providers, however if providers are offering group-level, community level, or one-on-one sessions, there is not currently a way to capture that data.
 - Include quantitative analysis of the types of populations being reached, for instance how many transgender persons, how many Hispanic women, etc.
 - Quantify types of training, e.g., how many role-playing sessions were conducted; how many reducing stigma sessions; how many sessions on HIV/STD.
 - Determine leaders in the community/public figures such as entertainers who would want to work as ambassadors
 - Quantify number of group and individual sessions conducted; number of people reached.
 - Get feedback from funded providers.

3. *How do we measure its effectiveness?*

- Some agencies use the pre- and post-test method in one-to-one sessions.
- This is a strategy to continue and explore.
- Similar to Group #1: pre- and post-testing.
- Include questions reviewing what is known about HIV: How do you get it? How do you protect yourself? What are ARTs? What is PrEP?
- Include questions about attitudes and beliefs: Would you help a friend who needs to get tested?
- Similar to Group #1: pre- and post-testing.
- Similar to Group #1: pre- and post-testing.
- Ask a Yes/No question, such as, “My level of understanding of HIV was increased by this interaction/intervention/education session.”

4. *How do we develop a network of health educators and educational sessions?*

- FDOH gets requests through the Test Miami web site for HIV 101, PrEP 101, etc. However, not all requests can be fulfilled by FDOH.
- Develop a comprehensive network:
- Identify person key contact in each agency to form a network of educators.
- Develop a central hub where a person/group can request educational sessions.
- Refer requests out to different agencies and design the central hub so that agencies can see who is looking for education and make those connections directly.
- Determine the capacity and areas of expertise of each agency to best pair requests with educators.
- There are models for this type of networking that can be replicated.
- Conduct outreach for specialized training of providers to conduct educational sessions.
- Ensure providers have the expertise to address specific issues in key populations they serve
- Collaborate among agencies to promote capacity building; hold cross-agency train the trainers sessions whereby one agency with a particular level of expertise can train another, for instance if an agency has a high level of expertise in transgender or Hispanic populations, they could train another agency.
- Fill the vacancies on the Ryan White Planning Council - the Partnership - particularly the vacant seat for Miami-Dade County School Board representative.
- Note: Education in schools is allowed with a request from a teacher/professor, although each school has parameters on what can and cannot be presented.
- Conduct health educator trainings, similar to HIV501 but specific to agencies contracted to do health education.
- FDOH Community Mobilization groups are active and represent a good basis for a network of health educators.
- Collaborate with AETC, FIU, UM

P2.1 Increase availability of – and access to – PrEP/nPEP programs. (IP Page 5)

5. *Are the proposed Evaluation Questions and Outputs sufficient? If not, please note your suggestions.*

Evaluation Questions currently in the Integrated Plan

- Was there an increase in number of screenings of HIV-negative persons for PrEP?
- What percentage of persons screened were prescribed PrEP?
- What percentage of persons prescribed PrEP filled prescriptions?

Other Feedback

- Why did you take PrEP?
- How many stayed on PrEP for 6 months, 12 months, etc. What is the continued care data?

- Did you discontinue PrEP?
- Why did you discontinue PrEP?
- Data from 1628 Testing Forms
- Need to track nPEP usage, not just PrEP

Outputs currently in the Integrated Plan

- # screened for PrEP
- % of those screened who are prescribed PrEP
- % of those prescribed PrEP who fill their prescription

Suggested Outputs

- # screened
- # eligible
- Do we need “screened” and “eligible” or just eligible?
- Use # referred for PrEP instead of screened; and of those, # who filled the prescription

P3.1 Increase number of OB/GYN healthcare providers engaging in HIV prevention activities with pregnant women. (IP Page 6)

6. *Are the proposed Outputs sufficient? If not, please note your suggestions. (P3.1 and P3.2)*

Outputs currently in the Integrated Plan:

- % HIV positive post-partum women linked to family planning services / contraception services
- # of HIV positive pregnant women in HIV care
- % of HIV positive pregnant women in HIV care

P3.2 Conduct targeted public information campaigns toward pregnant women at risk of HIV, to have access to OB/GYN providers, HIV prevention materials and information on community services for women with HIV/AIDS.

7. *Are the proposed Outputs sufficient? If not, please note your suggestions. (P3.1 and P3.2)*

Output currently in the Integrated Plan

- # of agencies

Discussion on P3.2 to P3.1

- Move the “# of agencies” output from P3.2 to P3.1.
- Suggested outputs: % patients accepting family planning referrals; how many OB/GYN are retained from year to year?; where are the OB/GYN located throughout the county?; how many women were advised on breastfeeding recommendations?
- Note: Queen Holden, Perinatal HIV Coordinator, FDOH advised that the number of healthcare providers cannot be quantified but that all are required by law to offer HIV testing to pregnant women (state law 64D-3.042-STD Testing Relating to Pregnancy). Also, providers received a mail out last year advising them of the state law as well as the local protocol of High Risk Pregnancy Notification and Newborn Exposure Notification and the Protect Yourself, Protect Your Baby (PYPYB) campaign.
- There are currently six locations where HIV positive women are known to be receiving care and those are coordinated with FDOH. The number of OB/GYN practitioners who also specialize in HIV care is small and some with HIV positive patients do not refer them to HIV care because they have a relationship with the patient already. However, FDOH will provide education to any doctor seeking assistance for their HIV positive clients.
- AETC no longer teaches the prenatal care component of HIV training to providers.

- UM has a group where they will be discussing post-partum retention in care and can bring back further input.

L1.2 Provide Partner Services to identified HIV+ individuals, allowing for the notification, screening and referral to appropriate services for partners of newly-diagnosed PLWHA. (IP Page 9)

New language as presented was accepted without change. (See copy on file).

VIII. Meeting Evaluation

Attendees were given several minutes to complete their evaluation forms (copies on file).

IX. Announcements

Staffa announced the upcoming Annual Needs Assessment and reminded attendees to promote the Community Coalition Committee meeting.

X. Next Meeting

The next Joint Integrated Plan Review Team meeting is August 12, 2019, beginning at 10:00 a.m., at the United Way Ansin Building.

XI. Adjournment

Ms. Iglesias called the meeting adjourned at 1:47 p.m.