

2020

FLORIDA'S UNIFIED ENDING THE HIV EPIDEMIC PLAN

Florida Department of Health
Division of Disease Control and Health Protection
Bureau of Communicable Diseases
HIV/AIDS Section

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FLORIDA UNIFIED EHE PLAN, CONCURRENCE LETTER

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

December 18, 2020

Ms. Rhonda Burton
Grants Management Specialist
Centers for Disease Control and Prevention
Infectious Disease Services Branch
2939 Flowers Road TV-2
Atlanta, GA 30341

Dear Ms. Burton:

The Florida Comprehensive Planning Network (FCPN) **concurs** with the following submission by the Florida Department of Health in response to the guidance set forth for the seven Phase 1 EHE jurisdictions' county health departments (CHD) funded by the Centers for Disease Control and Prevention (CDC) to support integrated HIV programs; and ensure development and maintenance of strategic communication channels and partnerships that advance national HIV prevention goals and contribute to ending the HIV epidemic in the U.S.

The FCPN is composed of the representatives from all parts of the Ryan White Program, Federally Qualified Health Centers (FQHC), state and local government, academia, service providers, consumers, and advocates. The FCPN has reviewed the Florida Unified Ending the HIV Epidemic (EHE) Plan submission to the CDC and verified that the goals, strategies, and activities identified statewide and locally in the plan are responsive to the needs of those priority populations and communities with the greatest burden of HIV in Florida. The FCPN concurs that the Florida Unified EHE Plan submission fulfills the requirements put forth by the Funding Opportunity Announcement PS19-1906 and program guidance.

The process used to develop this plan included the involvement of the FCPN. As a precautionary measure amidst the COVID-19 pandemic, the FCPN primarily met virtually to discuss and develop Florida's Unified EHE Plan. FCPN members were able to provide feedback and suggestions regarding the proposed objectives and the development of the plan. The FCPN membership reached consensus and concurrence during a virtual meeting held on December 18, 2020 to officially adopt Florida's Unified Ending the HIV Epidemic plan.

The signatures below confirm **concurrence** of the Florida Comprehensive Planning Network (FCPN) with the Florida Unified Ending the HIV Epidemic Plan.

Sincerely,

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Area 5/6/14 Department of Health
Representative/Health Department Co-Chair

Riley Johnson
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ACRONYMS

ADAP	AIDS Drug Assistance Program	HERR	Health Education Risk Reduction Specialist
AETC	AIDS Education and Training Center	HFUW	Heart of Florida United Way
AHCA	Agency for Health Care Administration	HIP	High-Impact Prevention
AHEC	Area Health Education Center	HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome	HMS	Health Management System
ARV	Antiretroviral	HOPWA	Housing Opportunities for Persons with AIDS
BCMA	Broward County Medical Association	HRSA	Health Resources and Services Administration
BRTA	Business Responds to AIDS	IDU	Injection Drug Use
CBO	Community-Based Organization	LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
CDAT	Community Development Center, Inc.	MHS	Molecular HIV Surveillance
CDC	Centers for Disease Control and Prevention	MMP	Medical Monitoring Project
CHAG	Community HIV Advisory Group	MMSC	Male-to-Male Sexual Contact
CHD	County Health Department	MSM	Men Who Have Sex with Men
ED	Emergency Department	nPEP	Non-Occupational Post-Exposure Prophylaxis
EMR	Electronic Medical Record	OMHHE	FDOH Office of Minority Health and Health Equity
FDCF	Florida Department of Children and Families	PrEP	Pre-Exposure Prophylaxis
DIS	Disease Intervention Specialist	PWH	Person with HIV/AIDS
EHE	Ending the HIV Epidemic	PWID	Person Who Injects Drugs
EHEAC	Ending the HIV Epidemic Advisory Council	REC	Rapid Entry to Care
EIS	Early Intervention Specialist	REI	Racial Equity Institute
FCPN	Florida Comprehensive Planning Network	RWHA	Ryan White HIV/AIDS
FDC	Florida Department of Corrections	SEP	Syringe Exchange Program
FDOE	Florida Department of Education	STI	Sexually Transmitted Infection
FDOH	Florida Department of Health	SWOT	Strength, Weakness, Opportunity and Threat
FOCUS	Frontlines of Communities in the United States	TAC	Telehealth Adherence Counselor
FQHC	Federally Qualified Health Center	TOPWA	Targeted Outreach for Pregnant Women Act
FRTA	Faith Responds to AIDS	TTRA	Test and Treat/Rapid Access
HAART	Highly Active Antiretroviral Therapy	U=U	Undetectable=Untransmittable
HAPC	HIV/AIDS Program Coordinator	UM-AETC	University of Miami AIDS Education and Training Center
HBCU	Historically Black College/University		
HBV/HCV	Hepatitis B/Hepatitis C		
HCSF	Health Council of Southeast Florida		

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EXECUTIVE SUMMARY

This document serves as the State of Florida (Florida) Unified Ending the HIV Epidemic (EHE) plan, representing the state and the seven counties identified as Phase 1 EHE jurisdictions: Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach and Pinellas. Florida's Unified EHE plan corresponds with a comprehensive strategic approach, otherwise known as the 4 Key Component Plan the Florida Department of Health (FDOH) HIV/AIDS Section developed to eliminate HIV transmission and reduce HIV-related deaths: 1) implement routine HIV and sexually transmitted infection (STI) screening in health care settings and priority testing in non-health care settings; 2) provide rapid access to treatment and ensure retention in care (Test and Treat); 3) improve access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP); and 4) increase HIV awareness and community response through outreach, engagement and messaging. Florida's 4 Key Component Plan corresponds with the four EHE initiative pillars—diagnose, treat, prevent and respond—awarded by the U.S. Department of Health and Human Services (HHS) February 2019 to expand access to HIV care, treatment, medication and prevention services. This plan will be reviewed annually and updated as needed following its final submission to the Centers for Disease Control and Prevention (CDC) on December 31, 2020.

With a population of approximately 21.3 million (2019), Florida is the third largest state in the nation. Its residents include people from a wide variety of ethnic, racial and religious backgrounds. There were 116,689 persons with diagnosed HIV living in Florida at the end of 2019; an additional estimated 17,700 (12.9 percent, based on the CDC methodology for Florida's population) persons with HIV (PWH) who were unaware of their status. Keeping PWH in care and virally suppressed is key to ending the epidemic. Holistic management can stop transmission. For this reason, it is important to expand access to care for those with HIV/AIDS by implementing person-centered care models, streamlining protocols, offering mental health and substance use treatment and training more health care workers on the Ryan White HIV/AIDS (RWHA) Program, which provides a comprehensive system of care, with primary medical care and essential support services, for uninsured or underinsured PWH.

To reduce new HIV diagnoses in Florida, it is critical to ensure that everyone with HIV is aware of their status, is linked to and retained in HIV medical care and maintains viral suppression. Collaborative efforts from prevention and patient care programs at the state and local levels, including by county health departments (CHDs), RWHA Program partners, community-based organizations (CBOs) and health care providers, are an integral part of EHE in Florida. There must also be a focus on the social determinants of health that preclude people from engaging in prevention activities, seeking treatment and acquiring an adequate level of health literacy. Key social determinants for the state include homelessness, poverty, racism, violence, stigma, homophobia and transphobia. Initiatives such as anti-stigma campaigns and collaborations with faith-based organizations, as well as those that address social determinants, will aid in EHE. The FDOH HIV/AIDS Section will collaborate with the FDOH Office of Minority Health and Health Equity (OMHHE) to promote synergistic initiatives between the Closing the Gap grant program and the HIV/AIDS Section.

Between mid-October 2019 and October 2020, community engagement took place at the state and local levels throughout the EHE planning and implementation process. As our country continues to battle the COVID-19 pandemic, “the most acute global health crisis since HIV,”¹ FDOH and the seven Phase 1 EHE jurisdictions remain committed to working toward EHE in Florida while considering the health and safety of the communities, including vulnerable and marginalized groups, we serve.

SECTION I: COMMUNITY ENGAGEMENT

Many definitions of ‘community’ exist. Community may refer to geographically defined areas or groups that share a common history or interest; a sense of collective identity, values and norms; mutual influence among

members; common symbols; or some combination of these dimensions.² Community engagement is an overriding element of Florida's 4 Key Component Plan which intersects with the EHE initiative efforts. In the events described below, community engagement took place at the state level and in the seven EHE Phase 1 jurisdictions. Community members were engaged in all phases of the planning process and will continue with the implementation of strategies and activities to end the HIV epidemic in Florida.

FLORIDA COMPREHENSIVE PLANNING NETWORK

The FDOH HIV/AIDS Section works in partnership with the statewide planning body—the Florida Comprehensive Planning Network (FCPN). Members of FCPN include PWH and representatives across the state representing patient care and prevention groups, local planning bodies, CBOs, academic institutions, local and regional clinics, city and county governments, RWHA Program recipients, the transgender community, advocacy groups, substance use and social service providers and behavioral science groups.

November 19–21, 2019, in Lutz, Florida, the full FCPN membership (48 voting members and 60 guests) met to discuss the state of HIV/AIDS at the federal, state and local levels. Participants were divided into working groups tasked with providing input on common strategies for each of the four EHE pillars. These common strategies reflected a unified approach to EHE in Florida. July 8–9, 2020, and August 27–28, 2020, the FDOH HIV/AIDS Section and FCPN met again virtually to further refine the elements of the unified EHE plan from the state perspective. Strategies identified as *county specific* are included in subsequent sections of this plan.

AD-HOC CONSULTATIONS

From 2016 to 2020, the FDOH HIV/AIDS Section held sessions with representatives from priority populations in an effort to engage in conversation and obtain programmatic feedback on HIV prevention and care activities. Certain recommendations from these sessions became key strategies and activities in FDOH's statewide plans—the Agency Strategic Plan and State Health Improvement Plan—as well as the state's Integrated HIV Prevention and Surveillance Cooperative Agreement (CDC PS18-1802), which was funded in January 2018.

Black Cisgender Women

In 2017, a group of 15 Black women from across the state convened in Fort Lauderdale, Florida, to participate in a Black women's consultation. The participants were tasked with summarizing and discussing data presented by FDOH on the HIV epidemic in Florida. The group identified a common agenda, which was to recommend systems, activities and responsibilities by various entities that would assist in progressing toward zero HIV cases for Black women. Recommendations were provided to FDOH with examples of activities, programs, actions, messaging and messengers that should be included in a framework designed to address HIV among Black women. Recommendations focused on five areas: individuals, providers/policy, community, social media and FDOH programming. For individuals, they recommended promoting HIV education with professionals outside of the traditional work force. For providers/policy, they recommended incorporating health equity strategies and reviewing the legislative intent of the Targeted Outreach for Pregnant Women Act (TOPWA) to ensure comprehensive services are offered. For the community, the women recommended implementing an ambassador program for Black women. For social media, they suggested using minority media companies to develop minority focused materials and a campaign focused on newly diagnosed individuals to demonstrate that PWH can live happy, healthy and productive lives; HIV campaigns should also include healthy relationships between sero-discordant couples. For FDOH, the women suggested reviving and revising Sistars Organizing to Survive, approving the use of social media platforms beyond FDOH sites to promote HIV prevention and developing a statewide workgroup specifically for Black women.

Florida Gay Men's Workgroup

A consultation session was held with the Florida Gay Men's Workgroup on November 8, 2017, in Fort Lauderdale, Florida. The purpose of the consultation was to identify activities that address the rising HIV and syphilis rates among gay, bisexual and other men who have sex with men (MSM). Session participants developed recommendations for an action plan that would prioritize activities around Florida's 4 Key Component Plan, specifically within the MSM community.

The participants were divided among three groups to address these key topics: intersection of MSM and transgender populations, public sex environments and media and marketing processes. The group exercise was designed to promote a new framework to develop strategies for addressing HIV and syphilis in the MSM community. Key strategies identified included developing educational tools around acceptance, stigma, communication skills and service barriers; attempting to use local celebrities in ads and messaging; and working closely with the workgroup to review graphics and language. Additional engagement with the workgroup occurred during the accelerated planning process.

Haitian Population

A statewide Haitian consultation was facilitated by the Black AIDS Institute December 10–11, 2018, in Tallahassee, Florida. Specific leaders who are providers and advocates within the Haitian community were invited to participate in the session. Consultation objectives were to develop a shared understanding of demographic data around HIV and other STIs in Florida's Haitian communities; to understand and discuss the context in which the demographic data exist, including the effects of xenophobia, racism, language access and stigma; and to have a deeper understanding of cultural attitudes around HIV, including medical mistrust and other healing systems.

Recommendations were provided to FDOH to assist in continued engagement activities with the Haitian community. Recommendations included using materials that show positive trends in decreasing HIV transmission and/or successes in viral load suppression, using storytelling tactics to convey information about PrEP, translating written materials into both French and Haitian Creole, offering opportunities for community members to review materials, including more frontline staff from the Haitian community and further incorporating the experiences and knowledge of frontline staff into institutional decisions.

Latinx Population

In June 2016, a consultation session was held in Orlando, Florida, to assist in developing strategies that address the HIV epidemic among Florida's Latinx population. Participants were divided among three groups to address each of the National HIV/AIDS Strategy goals. A set of questions was used to facilitate the discussion. Many of the same topics surfaced among the groups and were used to identify key recommendations or strategies for inclusion in the statewide plans to address identified needs among the Latinx population. Recommendations included 1) providing a more holistic approach to health and including HIV testing along with other disease screening; 2) providing more testing opportunities in non-traditional settings during non-business hours; 3) examining the disease intervention specialist (DIS) position to determine ways to stabilize the workforce necessary to address linkage-to-care issues; 4) providing formalized training for ambassadors to assist in spreading the word in the community; 5) reinvigorating the Faith Responds to AIDS (FRTA) initiative as an effective way to reach the Latinx population; 6) reducing stigma by removing the focus on sin related to HIV and other lesbian, gay, bisexual, transgender and queer (LGBTQ+) issues within the church setting; and 7) providing cultural awareness training to clinic staff, including providers and others who may interact with clients.

PWH — Community HIV Advisory Group

The primary function of the Community HIV Advisory Group (CHAG) is to provide meaningful input into the development of FDOH procedures and programs that impact PWH. CHAG membership reflects the HIV epidemic in Florida by involving representatives of populations with the highest prevalence of HIV.

During the May 16–17, 2019 (in-person) and June 30, 2020 (virtual) statewide CHAG meetings, members engaged in discussion with FDOH HIV/AIDS Section representatives to refine the strategies and activities of the unified EHE plan from the state perspective. In response to the CHAG’s May 2019 recommendation to support the Prevention Access Campaign’s Undetectable=Untransmittable initiative (U=U), FDOH endorsed the U=U movement on June 27, 2020. Statewide, U=U is a necessary and key component of EHE, as it emphasizes the importance of getting into and staying in care, reaching viral suppression and reducing stigma.

LOCAL COMMUNITY ENGAGEMENT

FDOH collaborates with regional HIV/AIDS program coordinators to engage with local communities regarding EHE planning within the seven Phase 1 jurisdictions. Locally, COVID-19 impacted traditional outreach and engagement efforts due to the general restrictions for group gatherings. As a precautionary measure amidst the COVID-19 pandemic, the Phase 1 EHE jurisdictions adjusted outreach and community engagement efforts by using social media, virtual listening sessions and town hall meetings, surveys and virtual key informant interviews with priority populations. With social distancing measures imposed, collaboration from community partners and agencies increased the opportunities to build communities and secure invested stakeholders to support engagement, activities and strategies for alleviating the burden from populations at high risk for HIV/AIDS.

Broward County [Refer to Documentation of Community Engagement]

October 2019–October 2020, EHE community engagement efforts in Broward County involved community presentations, listening sessions, focus groups, key informant interviews, a student survey, a community survey in four languages and social media advertising using community partners. Collectively, these activities were essential to discuss both the strengths within the county that will aid in the successful implementation of EHE activities and the barriers that will need to be addressed in the local EHE plan. During the accelerated planning process, two needs-based surveys were designed and administered by FDOH-Broward from November 2019 through December 2019. One survey was conducted with service providers and the other with the community-at-large. A student survey was created November 2019 to incorporate youth voices on developing innovative strategies for future EHE planning activities. To date, over 2,300 survey responses have been submitted: nearly 1,800 from community members, over 400 from providers and CBOs and over 130 from students in public high schools. The needs-based surveys successfully reached a wide array of people and viewpoints that are reflective of the community.

FDOH-Broward hosted 40 key informant interviews between October 2019 and December 2019. Interviews were conducted with community members, stakeholders and community-based HIV service providers. To further engage the community in conversation, in-person (pre-COVID) and focus group sessions and 28 community presentations were facilitated throughout February 2020 and March 2020 by FDOH-Broward staff and representatives of priority populations (e.g., transgender, youth LGBTQ, Hispanic women, Black cisgender women, MSM). FDOH-Broward received input from planning council members; PWH; HIV service providers; community groups; HIV testing site supervisors; RWHA Program Part A, C and D partners; community partners; and local advocates. Feedback was analyzed to identify common themes for inclusion in the EHE plan. FDOH-Broward engaged over 150 new and existing partners, including community leaders and local organizations, that do not directly provide HIV prevention/care services but serve high-risk populations (e.g., providers, FQHCs, health providers and Broward County Public Schools).

Overall, great connections were made with the community. FDOH-Broward intends to continue engagement efforts with members of the aforementioned populations as well as with Native American tribes, a priority population that was under-represented, to ensure inclusion and eliminate the burden of HIV/AIDS.

Duval County [Refer to Documentation of Community Engagement]

October 2019–October 2020, EHE community engagement efforts in Duval County involved surveys, community-wide listening sessions, faith-based workshops, exclusive focus groups with priority populations and monthly Community Connection meetings. Collectively, these activities were essential to discuss both the strengths within the county that will aid in the successful implementation of EHE activities and the barriers that will need to be addressed in the local EHE plan. In addition to hosting the engagement sessions, FDOH-Duval established the EHE Planning Committee to ensure inclusion and allow the Duval community to determine priority areas for the EHE plan. Input from the various engagement sessions and the EHE Planning Committee was used to produce relevant strategies and activities that will ultimately end the HIV epidemic in Duval County.

FDOH-Duval hosted two meetings in February 2020 to engage Federally Qualified Health Centers (FQHCs) and HIV service providers specifically working in areas that are disproportionately impacted by the HIV epidemic. FDOH-Duval received input from planning council members, including PWH; HIV service providers; community groups; HIV testing site supervisors; RWHA Program Part A, C and D partners; community partners and local advocates. Feedback was analyzed to identify common themes for inclusion in the EHE plan. Additionally, FDOH-Duval designed and administered two needs-based surveys tailored to HIV service providers and the community at large. Marketing for the surveys was conducted on multiple platforms to reach priority populations (e.g., newspapers, radio stations, digital platforms). The needs-based survey successfully involved a wide array of people and viewpoints that are reflective of the community. FDOH-Duval secured multiple new partners, including community leaders and local organizations, that do not directly provide HIV prevention/care services but serve high-risk populations (e.g., providers, FQHCs, health providers and Duval County Public Schools).

FDOH-Duval, in collaboration with the EHE Planning Committee, hosted two faith-based workshops November 2019 and January 2020. The purpose of these workshops was to discuss the need for churches and other faith-based organizations to address stigma and the social justice aspect of the HIV epidemic. To further engage the community in conversation, in-person (pre-COVID) and virtual focus group sessions and three listening sessions were co-facilitated throughout February 2020 and March 2020 by FDOH-Duval staff and representatives of priority populations (e.g., transgender, youth LGBTQ, Hispanic women, Black cisgender women, MSM). Over 50 individuals representing the priority populations participated in the focus groups to discuss the impact of HIV on the Duval community. To specifically engage youth and young adults, FDOH-Duval also hosted a focus group on February 20, 2020, with Edward Waters College students to discuss growing up, the HIV epidemic, sex and peer pressure. The listening sessions were a great success—approximately 25 youth/students were in attendance per meeting. While great connections were made, FDOH-Duval intends to continue its community engagement efforts with members of Hispanic/Latinx communities and transgender persons, who were under-represented, to ensure inclusion and eliminate the burden of HIV/AIDS.

Hillsborough County [Refer to Documentation of Community Engagement]

October 2019–October 2020, EHE community engagement efforts in Hillsborough County involved an online community survey, focus groups, individual phone interviews and virtual town hall meetings. Collectively, these activities were essential to discuss both the strengths within the county that will aid in the successful implementation of EHE activities and the barriers that will need to be addressed in the local

EHE plan. FDOH-Hillsborough formed a diverse EHE planning committee in October 2019. To assess needs and identify service gaps for inclusion in the EHE plan, the EHE planning committee designed and administered an HIV care needs survey; over 600 surveys were completed by community members, HIV service providers and CBOs. The needs-based survey successfully involved a wide array of people and viewpoints that are reflective of the community. FDOH-Hillsborough secured multiple new partners and re-engaged existing partners, including community leaders and local organizations, that do not directly provide HIV prevention/care services but serve high-risk populations (e.g., providers, FQHCs, health providers and Hillsborough County Public Schools).

FDOH-Hillsborough coordinated with the Health Council of West Central Florida and the Hillsborough County Government to provide outreach and opportunities in Hillsborough County. Due to social distancing measures imposed in March 2020, adjustments were made to activities initially planned for face-to-face communication (i.e., pivoted to virtual communication methods). The online survey reached 95 participants across the county. Focus groups were held June 2020 through video conferencing with a diverse group of participants, ages 18–24, representing the youth perspective. Local business leaders participated in the focus groups to discuss the impact of HIV on the Hillsborough business community and vice versa. In August 2020, virtual town hall meetings were held weekly to engage community members; each meeting addressed one EHE pillar, and there were 10–16 participants per meeting. To further engage the community in conversation, EHE planning committee members also conducted phone interviews with individuals engaged with partner organizations. While great connections were made with the aforementioned target groups, FDOH-Hillsborough intends to continue its community engagement efforts with all members of the target groups and especially the priority populations that were under-represented: youth, Asians/Pacific Islanders and Native Americans. FDOH-Hillsborough will make efforts to engage local police departments, faith-based organizations/institutions, agencies serving homeless individuals, correctional facilities, emergency departments and chambers of commerce/business organizations.

Miami-Dade County [Refer to Documentation of Community Engagement]

October 2019–October 2020, EHE community engagement efforts in Miami-Dade County involved surveys, listening sessions, town hall meetings, online community forums and key informant interviews. Collectively, these activities were essential to discuss both the strengths within the county that will aid in the successful implementation of EHE activities and the barriers that will need to be addressed in the local EHE plan. During the accelerated planning process, a needs-based survey tailored to the county/community was designed and administered by FDOH-Miami-Dade. To date, over 2,000 surveys have been conducted on multiple platforms and in multiple languages. Survey respondents included community members, HIV service providers and CBO representatives.

Eleven listening sessions were completed January 2020 through March 2020 in conjunction with community mobilization groups, including local advisory groups, support groups and organizations that primarily serve Black and Latinx communities and transgender persons. Simultaneously, 23 key informant interviews took place with senior-level representatives of organizations whose field intersects with HIV-related services. Participants provided a unique perspective on gaps in HIV prevention and care. Moreover, interviews were conducted with local government representatives of the Miami-Dade area. Interviewees included a city mayor, United States congressperson, county commissioner, city official and county official. Questions were tailored toward policy and recommendations in relation to the EHE pillars.

Four online community forums were coordinated and facilitated by representatives of targeted communities (e.g., LGBTQ+, Black, Latinx and PWH). Facebook Live was used as the medium for each online forum and Instagram Live was used for one of the forums. Four town hall meetings were also

organized in different geographic areas—North, Central, West and South Miami-Dade—to capture different portions of the population. The North town hall was facilitated in Haitian-Creole by a representative from FDOH-Miami-Dade, and the South town hall was facilitated in Spanish by the regional planning council. Feedback was analyzed to identify common themes for inclusion in the EHE plan. While great connections were made, FDOH-Miami-Dade intends to continue its community engagement efforts with all members of the key priority populations to ensure inclusion and successfully eliminate the burden of HIV/AIDS.

Orange County [Refer to Documentation of Community Engagement]

October 2019–October 2020, EHE community engagement efforts in Orange County involved key informant interviews, EHE and HIV stigma conversations on Facebook Live with iHeart Media, town hall meetings (in-person and virtual), eight pop-up HIV testing events, as well as targeted conversations with members of the priority populations (i.e., Black cisgender women, trans women, youth, non-binary people, young Black and Latinx MSM and Latinx cisgender women). Collectively, these activities were essential to discuss both the strengths within the county that will aid in the successful implementation of EHE activities and the barriers that will need to be addressed in the local EHE plan. In addition to hosting the engagement sessions, FDOH-Orange designed and administered two county-wide surveys, one tailored to the community at large and the other tailored to providers. Marketing for the surveys was conducted on multiple platforms (e.g., newspapers, radio stations, digital platforms). The provider survey was distributed to service providers, including medical providers and case managers. The community survey focused on clients and advocates, Black cisgender women, trans women and young Black and Latinx MSM to gather feedback on strategies that will help decrease HIV transmission rates in the county. To date, close to 300 surveys have been conducted. The needs-based surveys successfully reached a wide array of people and viewpoints that are reflective of the community.

FDOH-Orange contracted with Heart of Florida United Way (HFUW), a local non-profit organization that provides outreach and opportunities in Orange County. Together with HFUW, FDOH-Orange hosted six listening sessions to engage HIV service providers (e.g., medical providers, front-line staff, volunteers) specifically working in areas that are disproportionately impacted by the HIV epidemic. Feedback was analyzed to identify common themes for inclusion in the EHE plan. To ensure regular participation, FDOH-Orange organized four quarterly provider meetings to discuss EHE plans and implementation. FDOH-Orange also conducted key informant interviews with PWH and other key priority populations in November 2019 to discuss gaps and barriers that should be addressed through EHE activities.

To further engage the community in conversation, FDOH-Orange coordinated with local partners and advocates representing each priority population to conduct community-specific engagement sessions in person (pre-COVID) and virtually via Facebook Live and other social media platforms December 2019–October 2020. Ten community-specific town hall sessions took place with trans women of color, Black women, young adults, non-binary individuals, Black MSM and young Latinx MSM. The sessions were sponsored by FDOH-Orange, but the discussions were led by representatives revered by advocates of the respective populations (e.g., a prominent trans woman named Mulan hosted an open dialogue around EHE with local trans women of color). The community-specific town halls were a great success because they were hosted and led by relatable peers of the community members. Approximately 25 individuals were in attendance per town hall meeting. While great connections were made, FDOH-Orange intends to continue its community engagement efforts with all members of the key priority populations and especially with Latinx MSM and Hispanic women, who were under-represented, to ensure inclusion and eliminate the burden of HIV/AIDS.

Palm Beach County [Refer to Documentation of Community Engagement]

October 2019–October 2020, EHE community engagement efforts in Palm Beach County involved provider interviews, virtual focus groups, community-wide conversations and Palm Beach resident interviews in English, Haitian-Creole and Spanish. During the accelerated planning process, FDOH-Palm Beach developed data collection instruments based on the four pillars of EHE and disseminated a community survey to obtain feedback from community members, HIV service providers and CBOs. In sum, about 100 surveys were conducted. In addition to hosting engagement sessions, FDOH-Palm Beach established a multidisciplinary EHE team to ensure inclusion and allow the Palm Beach community to determine priority areas for the EHE plan. The EHE team includes PWH, individuals who currently participate in the planning council, community leaders, health planners and community health advocates. The various engagement sessions and the EHE team produced relevant strategies and activities that will ultimately end the HIV epidemic in Palm Beach County.

FDOH-Palm Beach contracted with the Health Council of Southeast Florida (HCSF) to solidify the county's plan to end the HIV epidemic. FDOH-Palm Beach and HCSF developed a diverse network of community partners, which provided strategic key access points for many people with or at risk for HIV. FDOH-Palm Beach successfully engaged over 20 new and existing partners, including the RW Care Council and Community Prevention Partnership, the local Community HIV Advisory Group, HIV service organizations, LGBTQ+ community centers/service providers, FQHCs, safety-net clinics, health and hospital systems, health insurance providers, homeless service entities, behavioral health providers, the school district, academic institutions, transportation/transit partners, the faith-based community and neighborhood businesses and local organizations that do not directly provide HIV prevention/care services but serve high-risk populations in Palm Beach County. Moreover, over 400 community members and HIV service providers were reached through provider interviews, virtual focus groups, community-wide conversations and resident interviews. Participants engaged represented 39 ZIP codes across Palm Beach County. While great connections were made, FDOH-Palm Beach intends to continue its community engagement efforts with all members of the key priority populations to ensure inclusion and successfully eliminate the burden of HIV/AIDS.

Pinellas County [Refer to Documentation of Community Engagement]

October 2019–September 2020, EHE community engagement efforts in Pinellas County involved virtual town halls, community-wide listening sessions, focus groups and social media advertising using community partners. Collectively, these activities were essential to discuss both the strengths within the county that will aid in the successful implementation of EHE activities and the barriers that will need to be addressed in the local EHE plan. In addition to hosting the engagement sessions, FDOH-Pinellas established the Ending the HIV Epidemic Advisory Council (EHEAC) to ensure inclusion and allow the Pinellas community to determine priority areas for the EHE plan. Members of the EHEAC include PWH, individuals who currently participate in the Pinellas Planning Partnership and community leaders. The various engagement sessions and the EHEAC produced relevant strategies and activities that will ultimately end the HIV epidemic in Pinellas County.

FDOH-Pinellas contracted with the Community Development Center, Inc. (CDAT), a local grassroots organization that provides outreach and training services to connect people, groups and businesses to community resources and opportunities in Pinellas County. Together with CDAT, FDOH-Pinellas and EHEAC hosted five focus group sessions and three listening sessions to engage HIV service providers specifically working in ZIP codes that are disproportionately impacted by the HIV epidemic. The focus groups were facilitated by representatives of targeted communities (e.g., LGBTQ+, Black, Latinx and PWH). Over 50 individuals representing the priority populations participated in the focus groups to discuss the

impact of HIV on the Pinellas community. The racial breakdown of the focus groups was 78.2 percent Black/African American, 12.7 percent White, 7.3 percent multi-racial and 1.8 percent Native American.

FDOH-Pinellas and the EHEAC also conducted one-on-one meetings over the phone with youth leaders of several CBOs. To engage local youth, the EHEAC hosted “Teen Talk Thursdays,” monthly webinars to provide a space for youth to freely express and educate themselves about growing up, the HIV epidemic, sex and peer pressure. The sessions were sponsored by FDOH-Pinellas, but the discussions were led by representatives revered by youth (e.g., Green Bay Packers Wide Receiver Marquez Valdes-Scantling). Approximately 50 youth/students were in attendance per meeting. FDOH-Pinellas engaged over 30 new and existing partners, including community leaders and local organizations, that do not directly provide HIV prevention/care services but serve high-risk populations (e.g., providers, FQHCs, health providers and CBOs). While great connections were made, FDOH-Pinellas intends to continue its community engagement efforts with all members of the aforementioned target groups as well as priority populations that were under-represented, such as Hispanic/Latinx and trans people, to ensure inclusion and eliminate the burden of HIV/AIDS.

CONCURRENCE APPROACH

For the purpose of this Unified EHE Plan, the FCPN membership served as the designated entity to certify concurrence with the strategies and activities included in the plan. The FCPN Membership held the concurrence session on December 18, 2020, to officially adopt Florida’s Unified EHE Plan. Moving forward, all updates to concurrence will be completed through the Statewide EHE Committee.

The concurrence process included:

- Several virtual EHE planning sessions that reflected the progression of the Unified EHE Plan to ensure that members of the committee were aware of goals, objectives, strategies and activities proposed within the EHE plan.
- Opportunities for committee members to submit their feedback to the state health office and Phase 1 EHE county representatives with a response to their inquiry and/or recommendations.

SECTION II: EPIDEMIOLOGIC PROFILE

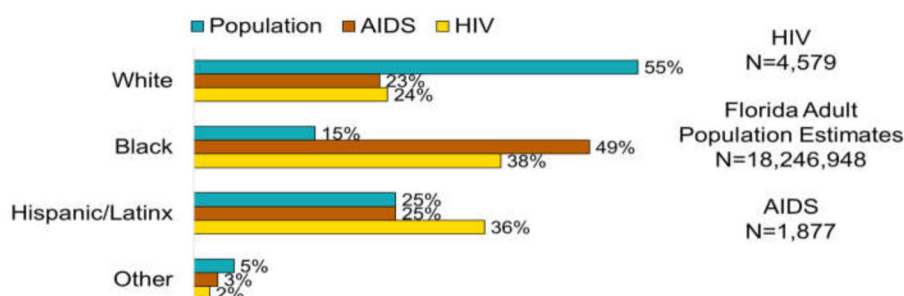
According to the CDC, in 2018, Florida was ranked second for new HIV diagnoses and third for new HIV diagnosis rates per 100,000 population in the U.S. (including the District of Columbia).³ In 2019, 4,584 persons in total received an HIV diagnosis in Florida, of whom 82 percent were linked to HIV-related care within 30 days of diagnosis. There were 116,689 PWH living in Florida through 2019; an additional estimated 13.5 percent were living with HIV but not aware of their HIV status.

GEOGRAPHICAL REGION AND SOCIO-DEMOGRAPHIC CHARACTERISTICS OF FLORIDA

Florida is a southern state that spans a geographic region of 53,624 square miles, comprises 67 counties and 283 cities, and has a mix of urban, suburban and rural areas. The 2019 population in Florida was 21.5 million residents, with over 350 residents per square mile. Approximately 20 percent of the population is under 18 years of age, and 20.9 percent is over the age of 65. According to the U.S. Census Bureau, in 2019, 13.6 percent of Floridians were living in poverty, and 16 percent under the age of 65 were without health insurance.⁴ The population of Florida is very diverse, with approximately 20.5 percent of persons residing in the state being foreign born (born outside the continental U.S.). Although most new HIV diagnoses in 2019 were among those born in the U.S. (61.1%), 38.9 percent of new HIV diagnoses in Florida were among foreign-born persons.

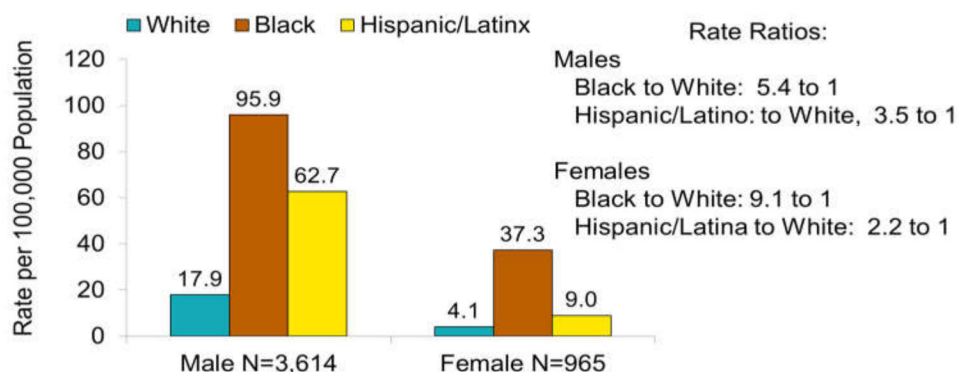
The racial distribution among adults (age 13 and above) in Florida in 2019 was 55 percent White, 15 percent Black, 25 percent Hispanic/Latinx and five percent other races, including American Indian, Asian or multiracial.⁵ There were 4,579 HIV diagnoses among adults (age 13+) in 2019. The greatest burden was among the Black population, which received 38 percent of the new HIV diagnoses and 49 percent of AIDS diagnoses despite only representing 15 percent of the adult population in Florida. Hispanic/Latinx persons were also disproportionately represented for new HIV diagnoses compared to those who identified as White, with 36 percent of the new HIV diagnoses among Hispanic/Latinx persons compared to 24 percent among White persons (Figure 1).

Figure 1: Percentage of Adult (Age 13+) HIV and AIDS Diagnoses and Population by Race/Ethnicity, 2019, Florida



In 2019, Florida continued to see disparities in HIV diagnoses among adults, despite an annual decrease in the HIV diagnosis rate among Black adults in the past five years. The HIV diagnosis rate per 100,000 population among Black men (95.9) was more than five times higher than for White men (17.9) and the rate for Hispanic/Latino men (62.7) was more than three times higher than for White men. The HIV diagnosis rate among Black women (37.3) was nine times higher than for White women (4.1); the rate for Hispanic/Latina women (9.0) was two times higher than for White women (Figure 2). Black Floridians had a lower statewide viral suppression (<200 copies/mL) rate of 62 percent compared to 76 percent for White Floridians and 70 percent for Hispanic/Latinx Floridians.

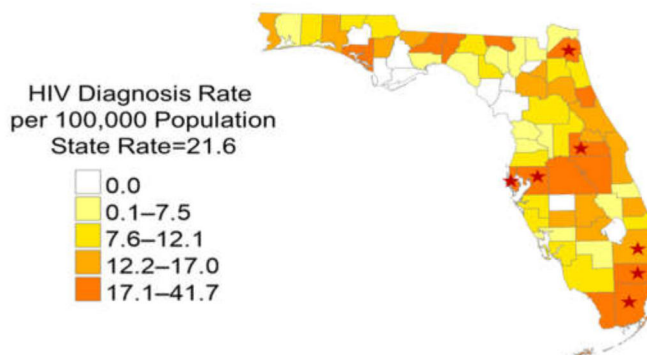
Figure 2: Adult (Age 13+) HIV Diagnosis Rates by Sex and Race/Ethnicity, 2019, Florida



In 2019, there was at least one HIV diagnosis in all but nine counties in Florida, and the state HIV diagnosis rate was 21.6 per 100,000 population (Figure 3). Miami-Dade (41.7), Orange (34.1), Broward (32.4) and Duval (29.2) counties had rates higher than that for the state in 2019. The greatest numbers of HIV diagnoses were from the seven counties identified in Phase 1 of the national EHE initiative: Miami-Dade (N=1,181), Broward (N=624), Orange (N=474), Hillsborough (N=285), Duval (N=284), Palm Beach (N=248) and Pinellas (N=196). These seven counties diagnosed a combined total of 3,292 cases in 2019, or 72

percent of the statewide total.

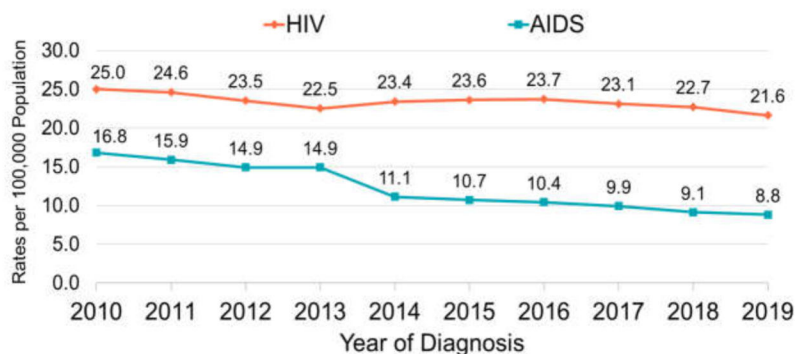
Figure 3: HIV Diagnosis Rate by County in 2019, Florida



TRENDS IN HIV DIAGNOSES

Over the past 10 years (2010–2019), the rates of diagnosed HIV and AIDS in Florida have decreased 14 percent and 48 percent, respectively (Figure 4). Furthermore, the number of HIV diagnoses decreased by two percent over the past five years and by four percent in the past year, from 4,765 (2018) to 4,584 (2019). Additionally, the number of new HIV diagnoses decreased by two percent among adult men and by one percent among adult women over that same time. The number of new HIV diagnoses over the past five years decreased among all but two age groups: persons aged 30–39 (8% increase) and persons aged 50 and older (7% increase). The number of new HIV diagnoses over the past five years decreased among all but two race/ethnicity groups. HIV diagnoses increased by 13 percent among Hispanic/Latinx persons and by 125 percent (from four to nine) among American Indians/Alaskan Natives. Although male-to-male sexual contact (MMSC) continues to be the primary mode of exposure for HIV among men (75 percent of men diagnosed in 2019), MMSC was the only mode of exposure among men with a decrease (down 4%) in the number of HIV diagnoses over the past five years. Among men, injection drug use (IDU) was the mode of exposure with the highest increase (25%) over the past five years. Of the women diagnosed with HIV over the past five years, there were decreases in both IDU (down 1%) and heterosexual contact (down 3%) modes of exposure.

Figure 4: Ten-Year Trend (2010–2019) of HIV and AIDS Rates Per 100,000 Population in Florida



More than half of the counties in Florida (37 of 67) saw a decrease in the number of new HIV diagnoses from 2018 to 2019. All but two of the seven Phase 1 EHE counties in Florida saw a decrease in HIV diagnoses from 2018 to 2019. Orange County saw a one percent increase from 2018 (N=469) to 2019 (N=474), while Pinellas County saw a 9 percent increase from 2018 (N=180) to 2019 (N=196).

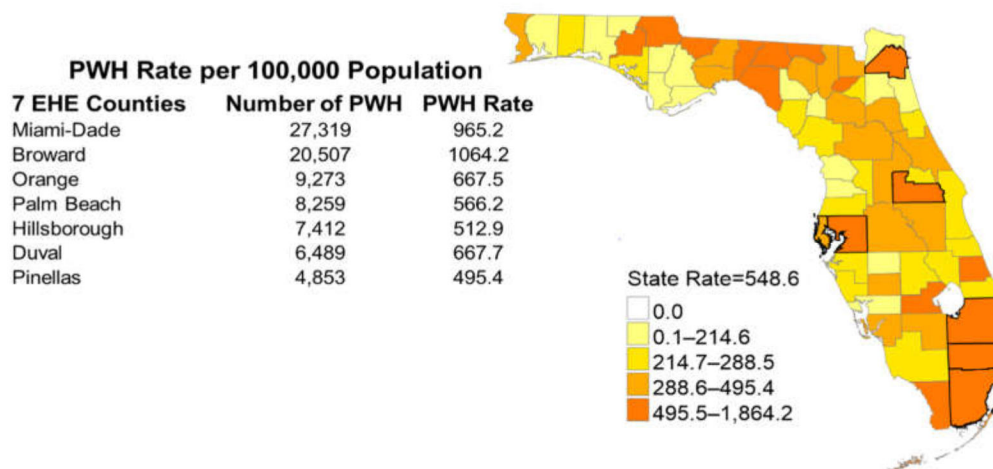
PERINATAL HIV TRANSMISSION

A strategic long-term goal in Florida is to reduce the annual number of babies born in Florida with perinatally acquired HIV to fewer than five. Over the past five years (2015 to 2019), an average of 494 babies born in Florida were perinatally exposed to HIV each year, of whom a total of 35 (an average of nine per year) perinatally acquired HIV. For the first time in the history of the HIV epidemic, there were no perinatally acquired HIV diagnoses in Florida in 2019. There were nine in 2018.

PREVALENCE OF PWH IN FLORIDA

The rate of PWH in Florida is 548.6 per 100,000 population, with the majority of PWH living in the large metropolitan areas and the seven counties outlined in the EHE plan. However, there is also a high rate of PWH living in smaller, more rural counties, such as those in Northern Florida (Figure 5). There were 116,689 PWH living in Florida in 2019. Among the adult PWH (N=116,547), 45 percent were Black, 28 percent were White, 25 percent were Hispanic and two percent were American Indian, Asian or multiracial. More than half (55%) were over the age of 50. MMSC was the mode of exposure for 70 percent of men, and heterosexual contact was the mode of exposure for 86 percent of women. Eleven percent of PWH had a history of IDU. Among the PWH in 2019, 347 were transgender women and 13 were transgender men. Among transgender PWH, sexual transmission was the primary (89%) mode of exposure. Florida continues to try to overcome the barriers to obtaining complete identification and HIV surveillance of transgender PWH. Florida collects data and information on transgender persons from case report forms and laboratory imports and matches with other HIV databases to increase understanding of the burden of HIV among our transgender population. All data on transgender persons are validated to maintain integrity of the data.

Figure 5: PWH Living in Florida, by County of Residence, Year-End 2019



LATE HIV DIAGNOSIS AND RESIDENT DEATHS DUE TO HIV/AIDS

HIV/AIDS-related deaths in Florida decreased markedly from 1996 to 1998 after the advent of highly active antiretroviral therapy in 1996. Furthermore, HIV-related deaths in Florida decreased 38 percent over the past ten years, 25 percent over the past five years and three percent in the past year, from 665 in 2018 to 644 in 2019. The Black community has been disproportionately affected by HIV in Florida since the epidemic began in 1981, and despite a great decrease in the rate of HIV-related deaths among Black Floridians (49% since 2010), disparities still exist among Florida's Black population. In 2019, rates of HIV-related deaths were five times higher for Black men (14.3 per 100,000 population) than for White men

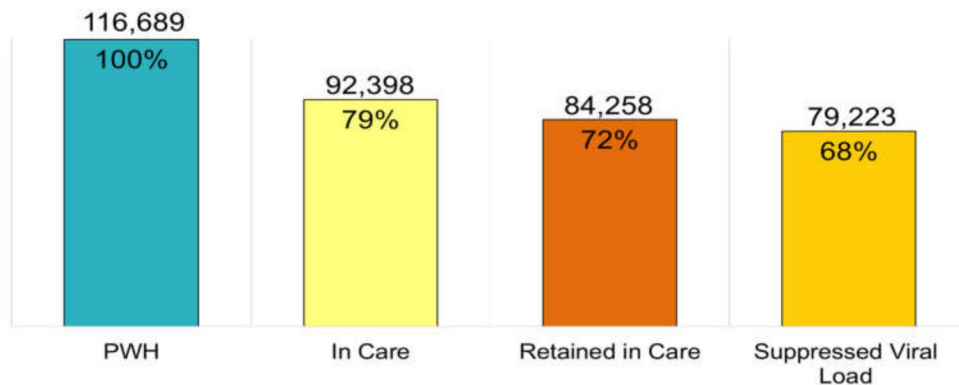
(2.8 per 100,000 population) and 14 times higher for Black women (7.4 per 100,000 population) than for White women (0.5 per 100,000 population) with HIV.

Geographically, all but two of the seven Phase 1 EHE jurisdictions in Florida saw a decrease in HIV-related deaths from 2018 to 2019. HIV-related deaths in Broward County increased by 24 percent, from 82 (2018) to 102 (2019); in Orange county they increased by 13 percent, from 39 to 44, over the same time period. Of the 4,584 HIV diagnoses in 2019, 19 percent (876) were late diagnoses (diagnosed with HIV/AIDS simultaneously). By race/ethnicity, 21 percent of Black diagnoses, 18 percent of White diagnoses and 18 percent of Hispanic/Latinx diagnoses were late. Among adults (age 13+), the age group with the highest proportion of late diagnoses was 40 and over (25%) and heterosexual contact was the mode of exposure with the highest proportion (23%) of late diagnoses.

HIV CARE CONTINUUM

The HIV Care Continuum is a diagnosis-based model that reflects the series of stages from initial diagnosis to being retained in care and achieving viral suppression. The HIV Care Continuum has four main stages: HIV diagnosis, linkage to care, retention in care and viral suppression. It demonstrates the proportion of individuals diagnosed and living with HIV who are engaged at each stage. This model is used by federal, state and local agencies to identify issues and opportunities related to improving the delivery of services to PWH across the entire continuum. The Florida model, like the federal and other models, represents data on persons living in Florida (regardless of where they were diagnosed) at the end of the year being measured. In 2019, of the 116,689 PWH in Florida, 72 percent (N=84,258) were retained in care and 68 percent (N=79,736) achieved viral suppression; 21 percent (N=24,291) did not receive any HIV-related care in 2019 (Figure 6).

Figure 6: PWH Living in Florida along the HIV Care Continuum, Year-End 2019



The seven EHE counties make up approximately 13 percent of the total national HIV burden as outlined in the EHE plan and represent 72 percent of the total PWH in Florida. Four of the EHE counties, Pinellas (76%), Hillsborough (72%), Broward (70%) and Orange (68%) had a viral suppression rate equal to or greater than the state rate of 68 percent; Duval (64%), Palm Beach (63%) and Miami-Dade (62%) counties had lower viral suppression rates than the state at the end of 2019.

HIV-RELATED CO-MORBIDITIES

STIs and hepatitis B (HBV) and C (HCV) have been steadily increasing in Florida over the past five years, including a 68 percent increase in early syphilis, a 53 percent increase in gonorrhea and a 23 percent increase in chlamydia. Tuberculosis diagnoses, however, have decreased by seven percent over the past five years. Co-infection of PWH in 2019 with STIs has increased during this same time period, with an increase of 118 percent for HIV/gonorrhea, 107 percent for HIV/chlamydia and 48 percent for HIV/early

syphilis. Of those co-infected with early syphilis, 93 percent (N=3,291) had MMSC as their mode of exposure. In 2019, there were 246 PWH who were also co-infected with HBV, 81 percent of whom were male; 64 percent of these men reported MMSC and 17 percent of women reported IDU. There were 401 PWH who were co-infected with HCV in 2019, the majority of whom were men (80%) with an MMSC (56%), IDU (19%) or MMSC/IDU (13%) mode of exposure. Forty-five percent of female PWH co-infected with HCV had an IDU mode of exposure. Increased routine screening of all STIs, HIV and hepatitis is needed to capture and prevent disease burden.

HIV TRANSMISSION CLUSTERS AND NETWORKS

One aspect of the EHE plan is to detect and respond to rapidly growing HIV transmission clusters and networks and prevent future HIV diagnoses using data and laboratory results collected through routine public health surveillance. Cluster network analyses are conducted using data from point-of-care HIV-1 genotypic resistance testing to identify genetic (molecular) links of similar virus strains by comparing those with similar HIV genetic sequences; those data are then used to identify networks of recent and rapid transmission for prevention and linkage-to-care interventions. The observed HIV transmission rate in molecular clusters identified across the U.S. is on average 11 times higher than the transmission rate within the general HIV population, according to the CDC, indicating the importance of quickly using proven interventions to stop further transmission of HIV. HIV molecular clusters are considered rapidly growing when there have been five or more new HIV diagnoses within the previous 12 months. Since the beginning of FDOH's cluster detection program in November 2017, the HIV/AIDS Section has identified 44 clusters at a 0.5 percent genetic distance between strains of HIV demonstrating rapid growth. These molecularly linked transmissions comprise a total of 739 persons receiving an HIV diagnosis in Florida with a much larger, often underdefined, risk network. Though members of molecular clusters live across the state, 415 (56%) received a diagnosis in an EHE Phase 1 county. Furthermore, of those diagnosed and currently living in the state of Florida as of September 8, 2020, 482 (71%) have a current residence within one of the seven EHE counties.

PRIORITY POPULATIONS AT RISK FOR HIV

Priority populations for primary HIV prevention are derived from the average proportion of those diagnosed with HIV in the last three years (2017–2019). This information is used to address those at the highest risk of acquiring HIV and with the greatest need for primary prevention services. The top five priority populations are Hispanic/Latino MSM (25 percent of new diagnoses over the past three years), Black heterosexual men and women (21%), Black MSM (18%), White MSM (17%) and Hispanic/Latinx heterosexual men and women (7%).

Priority populations for prevention for PWH represent the proportion of each of the race/mode of exposure groups to the total PWH. This information is used to prevent HIV transmission through care services provided to PWH in these affected demographic groups. For 2019, top priority groups include Black heterosexual men and women (26%), White MSM (22%), Hispanic/Latino MSM (17%), Black MSM (15%) and Hispanic/Latinx heterosexual men and women (6%). Efforts to reduce the transmission of HIV include improving viral suppression among Black men and women and among women of childbearing age (aged 15–44).

SECTION III: SITUATIONAL ANALYSIS

Florida is one of the most diverse states in the nation. With this diversity comes a higher incidence of disease burden from those in the emerging racial/ethnic minority populations from rural, socio-economically disadvantaged and medically underserved backgrounds. FDOH recognizes that Florida's

racial/ethnic minority populations continue to increase in size, correlating with persistent and often growing health disparities.

Florida is at a critical juncture in determining the best strategies for EHE among racial/ethnic minorities and other underserved groups. HIV prevention needs exist among PWH, Black and Hispanic gay and bisexual men, Black heterosexuals, including Black cisgender women of childbearing age and transgender persons of all races/ethnicities. For those PWH in Florida, activities centering around access to HIV care, including antiretroviral (ARV) treatment, retention in HIV care and viral suppression, should be focused toward Black heterosexuals (specifically Black cisgender women of childbearing age), gay and bisexual men of all races/ethnicities and transgender persons of all races/ethnicities.

PILLAR ONE: DIAGNOSE

Routine HIV, STI and Hepatitis C Testing in Health Care Settings

In July 2015, the Florida Legislature amended Florida's HIV testing law to remove the need for separate informed consent prior to HIV testing in health care settings. In September 2016, Florida Administrative Code Rule 64D-2.004 was adopted to implement the amended HIV testing law. The intent of this amendment was to simplify routine HIV testing in health care settings, improve the identification of new or existing HIV infections and help to normalize HIV testing as a routine component of primary health care. There was no change in the law regarding non-health care settings. These changes align Florida more closely with the CDC's 2006 Revised Recommendations for HIV Testing in Adults, Adolescents and Pregnant Women and the U.S. Clinical Preventive Services Task Force's 2013 Updated Recommendation for HIV Screening.

The most recent Behavioral Risk Factor Surveillance System survey (2019) data show that 60.7 percent of Florida adults under the age of 65 had ever been tested for HIV and, of these, 21.1 percent had been tested in the past 12 months.⁶ Individuals who know their status tend to practice safer sex behaviors, and when PWH achieve and maintain an undetectable viral load, there is effectively no risk of HIV transmission to sexual partners.⁷ Florida maintains over 1,460 registered HIV test sites and annually conducts over 350,000 publicly funded HIV tests, with an average positivity rate of 0.9–1.0 percent; however, there are missed opportunities and gaps with HIV testing in non-public health settings (e.g., private physicians, hospitals, clinics).

In 2015, FDOH established a public/private partnership with Gilead's On the Frontlines of Communities in the United States (FOCUS) initiative to implement routine HIV and HCV testing in hospital emergency departments (EDs) and community health centers located in high HIV incidence areas. Since that time, the number of participating FOCUS sites has risen to 14 partners with 30 locations and in 2019, over 131,000 HIV tests and 104,071 HCV tests were conducted.

- 2019 Aggregate: 131,235 HIV tests and 104,071 HCV tests performed by FOCUS partners;
- 2020 YTD (January–August): 66,149 HIV tests and 55,175 HCV tests performed by FOCUS partners; COVID-19 impacted testing numbers beginning in March.

Gaps still exist in the implementation of routine HIV, STI and HCV testing in hospital EDs and primary health care settings. Accounts of individuals seeking medical care in hospital EDs for symptoms akin to acute HIV infection are frequent, and, oftentimes, persons visit the ED several times before being tested for HIV, diagnosed and linked to care. From June 2019 to April 2020, the University of Miami AIDS Education and Training Center (UM-AETC) performed outreach to health care facilities in the highest HIV incidence areas throughout Miami-Dade and Broward counties to conduct assessments and academic detailing. Facilities included community health centers and primary care and internal medicine clinics.

Assessments examined the status of health care facilities in implementing routine HIV testing and PrEP provision in accordance with CDC guidelines and in implementing or extending third-party billing for routine HIV screening. Less than a quarter (20%) of the health care provider practices reported offering routine HIV screening services to all patients ages 13–64, regardless of symptoms or demographics. Of the remaining clinics, 28.6 percent reported that they test patients based on symptoms and demographics and 30 percent reported testing only those who requested an HIV test. Among barriers to rapid HIV testing, most practices indicated that they never considered rapid HIV testing as a service (30%). Other barriers to providing rapid HIV testing were the perceived need to obtain consent, staff lacking training for administering and billing, the concern that testing would not be reimbursed by payors and uncertainty about the implementation of in-office rapid testing.

Rapid HIV Testing through Non-Traditional Settings and Modalities

Considering Florida’s percentage of PWH unaware of their status (13.5%), increased access to rapid HIV testing is required. Feedback received through community engagement indicated a need for expanded use of mobile testing units, HIV self-test kits, social/sexual network screening and testing at non-traditional settings and hours. FDOH currently supports over 1,460 testing sites with rapid HIV test kits at no cost to the site. Sites must register with FDOH and submit HIV testing data as criteria to receive rapid HIV test kits. Rapid HIV tests are typically costlier than traditional lab-based tests (when controls are considered) and HIV self-test kits (or in-home test kits) are significantly more expensive than a point-of-care rapid HIV test. In-home rapid HIV test kits average \$28–\$30, whereas point-of-care rapid HIV tests range between \$5–\$10, depending on the device. FDOH currently makes several rapid HIV testing kits available to registered test sites and, in June 2019, began an in-home testing pilot program to provide self-test kits to individuals, at no cost, through an online request form. Additional funds will be needed to support and sustain the expansion of the in-home and point-of-care HIV testing program. Concerns around linkage to care for persons using HIV self-test kits exist, and mechanisms will need to be developed to ensure appropriate follow-up and timely linkage to care.

Integrated HIV, STI and HCV Testing

The increasing burden of HIV, STI and HCV in Florida presents a need to encourage the integration of routine HIV testing in conjunction with STI and HCV testing as well as the integration of routine STI and HCV testing in HIV primary care settings. Testing for STIs and HCV should occur in tandem with HIV testing. Persons with a diagnosed STI are at increased risk for HIV if exposed sexually, and not testing them for HIV, STIs and HCV is a missed opportunity for diagnosis, education and treatment.

Partner Notification Services

Per section 384.26, Florida Statutes, FDOH is the only entity authorized to perform HIV and STI partner services and notification, and these activities are carried out by trained DIS. While Florida maintains a mature and robust HIV/STI partner services program, opportunities to strengthen the DIS workforce and update partner notification mechanisms exist. Extensive training needs, high caseloads and low staff retention not only contribute to high DIS turnover rates, averaging 40 percent annually over the past five years, but also impact the effectiveness of partner elicitation. Numbers of claimed partners have decreased as numbers of anonymous partners reported through mobile dating applications has increased, creating challenges for intervention. In 2017, FDOH piloted the usage of mobile dating applications as an added partner notification tool for persons exposed to HIV/STIs, with marginal success. Additional strategies are being explored to allow for HIV partner notification via text messaging or phone calls.

Third-Party Billing and Reimbursement

Billing third-party insurance was reported as a barrier to billing and reimbursement by almost one-third of providers assessed by UM-AETC and was the most prominent barrier encountered. Most clinics

reported staff lack of knowledge regarding billing/coding and corporate decisions to be the greatest barriers to implementing routine HIV screening. Other notable barriers were lack of time/staffing capacity to perform billing, challenges in contracting with third-party payors and difficulty managing multiple contracts with third-party payors.

Stigma

Stigma related to HIV/STI screening can occasionally lead individuals to state they do not possess insurance coverage for the service. Similar confidentiality concerns exist for young people who receive health insurance coverage through their parent or guardian (e.g., Explanation of Benefits). Fear of disclosure of confidential health information can deter youths and adults from seeking out HIV/STI screening and PrEP services.⁸ HIV testing locations that are associated with HIV/AIDS service organizations are also perceived as more stigmatizing, with clients citing additional disclosure concerns. There is a need for integration of HIV testing locations with other health care services and screenings to minimize stigma.

PILLAR TWO: TREAT

Access to Comprehensive Care

Florida's Test and Treat program offers patients newly diagnosed with HIV, as well as those who have been lost to care and are returning to care, an opportunity to obtain expedited practitioner office visits, labs and ARV therapy, combined with a support system of retention-in-care specialists, to reduce barriers to care engagement. In this expedited "red-carpet" scenario, PWH have immediate access to a medical provider who can start them on ARV medications immediately. Since 2016, over 4,500 clients have been enrolled in the FDOH statewide Test and Treat program. Wider expansion and adoption of this strategy is needed to impact linkage, retention and viral load suppression rates. Almost all of Florida's 67 counties have a Health Resources and Services Administration (HRSA)-designated Health Professional Shortage Area (areas categorized as rural, partially rural or non-rural), which represents a need to recruit and train more primary health care and dental service providers. Additionally, needs exist for expanded access points, hours of operation (to include non-traditional hours and locations) and telehealth capabilities to reach persons in rural areas. There is also a need for increased access to treatment for PWH with co-occurring HCV/HIV.

There are gaps in the level of knowledge about the Ryan White system of care among non-Ryan White network health care providers. More education and training are needed for providers on the services available to clients (including the AIDS Drug Assistance Program [ADAP]), eligibility requirements and access points within their service regions. It is also important to note the need for more training and resources for health care providers related to trauma-informed care and intersectionality. Past and current traumatic experiences have an impact on whether a person acquires HIV, is diagnosed, is linked to care and retained and maintains viral suppression.⁹ Because HIV disproportionately impacts marginalized communities, it is important to consider intersectionality in concert with trauma-informed care. Intersectionality is a framework for conceptualizing a person, group of people or social issue as affected by several discriminations and disadvantages; it considers people's overlapping identities and experiences to better understand the complex prejudices they may face.⁹ Examples of social categorizations that inform identity include race/ethnicity, class, gender, sexual orientation, poverty/homelessness and substance use.

Housing

Many Floridians experience homelessness or unstable housing, which presents a barrier to wellness for PWH as well as those at increased risk for HIV acquisition. Stable housing is closely linked with and is often one of the main determinants affecting HIV health outcomes.¹⁰ Florida's Council on Homelessness annual report showed that prior to the emergence of the COVID-19 pandemic, homelessness in Florida has

declined steadily from 57,551 identified as homeless in January 2010 to 28,328 in January 2020 — a 50.8 percent reduction in homelessness over the last 10 years. Now there is even more concern that this current financial crisis may lead to an increasing number of people experiencing homelessness. It is anticipated that millions of Floridians will face a severe economic impact, jeopardizing their housing stability, due to COVID-19. When these already cost-burdened, income restrained families experience job loss, a disability or a medical emergency, it is often the catalyst for a family's entrance into the crisis response system.¹¹ Homelessness in Florida currently includes: 2,472 homeless veterans, 2,171 persons in homeless families and 5,727 chronically homeless and disabled persons.¹¹ While the federal Fair Housing Act makes it illegal to discriminate against PWH in the provision of housing, consumers frequently cite discrimination, fear of disclosure and stigma as barriers to safe and affordable housing.

Having a stable living environment plays a major role in the health of people, including those with HIV. To meet the housing needs of low-income persons with HIV/AIDS and their families, FDOH administers the Housing Opportunities for Persons with AIDS (HOPWA) program. The HOPWA program is a federally-funded initiative that helps people maintain stable housing and have access to treatment and support services—which can all lead to better health. In Florida, eleven regional agencies and six cities deliver HOPWA-funded housing services. In addition to the State HOPWA Program, there are six city HOPWA programs administered locally.¹²

Patient Navigation

HIV health navigators (both patient and peers) have a positive impact on the health and well-being of PWH. Numerous studies show that patient navigation programs for persons newly diagnosed with HIV or those previously diagnosed and returning to care have consistently proven to be efficacious in ensuring individuals get linked to and are retained in treatment.¹³ Peer navigators' lived experiences are drivers for meeting the diverse needs of newly diagnosed individuals who may be overwhelmed by the thought of entering a health care system as complex as the HIV system of care. In addition, peer navigators act as a support line for persons newly entering or re-entering the care system, providing non-judgmental guidance. There is also a need for expanded patient or peer navigation among persons diagnosed with HCV. About one in four PWH is co-infected with HCV, and the current opioid epidemic is fueling the number of co-infections.¹⁴ People living with HCV often have difficulty accessing HCV treatment and related health care. In recent years, there have been improved HCV treatments that can cure HCV in as little as 8–12 weeks. There are opportunities for more uninsured HCV patients to be treated at some free clinics, FQHCs, private clinics and a limited number of CHDs, but many patients are unaware of where to go when they are first diagnosed. Expanded patient navigation is also needed for HIV-negative partners of PWH seeking PrEP services.

Case Management

Case management plays a critical role in the care coordination of PWH as it assists patients in accessing services, identifying needs and addressing gaps in services. Case manager caseloads are high and continue to increase, impacting the ability to effectively manage complex issues, such as providing medication adherence counseling, helping navigate the health care system and staying informed and educating PWH on available health care coverage plans. There is a need for additional resources and training to support the case management workforce.

Insurance Coverage and Affordable Health Care

Florida remains a non-Medicaid expansion state, and from 2013–2017, 14.9 percent of people in Florida did not have health insurance coverage (compared to 10.5 percent for the U.S.).¹⁵ In Hendry, Liberty, Glades, DeSoto and Miami-Dade counties, over 20 percent of the population was uninsured. The Affordable Care Act enabled more individuals to enroll in health insurance, but some, particularly those

who live just above the federal poverty level (i.e., the working poor), are still unable to afford the cost of coverage. Individuals who fall into this category who need health care are often forced to make difficult choices based on competing life priorities.

As a Part B grant recipient through the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87), FDOH administers the ADAP. Florida ADAP provides access to life saving medications for low-income PWH between 0-400 percent federal poverty level, either through the provision of medications directly (Direct-Dispense) or through payment of insurance premiums and medication copays/deductibles. Increasing HIV viral load suppression is a key strategy for EHE in Florida. PWH must have timely access to HIV ART medications to both achieve and sustain viral load suppression. Research has shown that PWH who have an undetectable viral load cannot transmit HIV through sexual contact. Data from ADAP indicate that clients served by the Insurance Program have achieved a viral load suppression rate of 96 percent, whereas those served in the Direct-Dispense Program have achieved a viral load suppression rate of 89 percent. As a means to increase access to improve adherence to ART and retention in care for direct dispense clients, FDOH partnered with CVS Specialty Pharmacy in 2019. The project with CVS Specialty Pharmacy allows ADAP clients the choice of having their medications shipped to their home address or picking up their medications at a CVS store. These client choices have greatly improved timely access to medication for uninsured ADAP clients. With additional sites offered to clients through the CVS project, ADAP experienced a five percent increase in the percentage of direct-dispense clients who were virally suppressed.¹⁶

Additional Unmet Needs of PWH

The Medical Monitoring Project (MMP) is a surveillance system designed to understand the met and unmet needs of PWH. Among those surveyed in Florida in the 2018 questionnaire, the most common unmet need was access to dental services (61%), followed by food assistance (27%), case management (26%) and housing services (18%). Other unmet needs included transportation assistance (15%), access to meal and food services (11%), mental health counseling (10%) and patient navigation services (7%).

Stigma

The MMP surveillance system also asks questions to understand the various types of stigma PWH have experienced, including anticipated, enacted and internalized stigma. Analysis of the 2015–16 Florida MMP cycle data (N=603) found that overall, 20 percent of those surveyed experienced low levels of stigma, 52 percent experienced moderate levels of stigma and 24 percent experienced high levels of stigma. It was also found that the proportion of PWH with a detectable viral load increased based on the level of stigma they experienced. When analyzed by demographic and risk factors, overall stigma was found to be significantly higher among those with a disability and those experiencing high levels of depression. Anticipated stigma, concerns of others knowing one's status and how that would be perceived, was significantly higher for those ages 18–29, White persons, those who do not use drugs and those experiencing depression. Internalized stigma, negative self-image due to HIV, did not show significant differences between groups.

PILLAR THREE: PREVENT

Access to PrEP and nPEP

The use of ARV medications to prevent HIV infection in persons at risk for acquiring HIV is an effective tool in HIV prevention. Part of CDC's high-impact prevention (HIP) approach includes PrEP, and in 2014, CDC issued clinical PrEP guidelines for health care providers. CDC recommends PrEP as a prevention tool for persons at increased risk for HIV: persons in sero-discordant relationships, gay and bisexual men who have sexual partners of unknown HIV status and persons who inject drugs (PWID). As of December 2019, all 67 FDOH CHDs are providing PrEP services (counseling, medications, follow-up testing) with support from

state funding. CHDs provide PrEP primarily through the STI and family planning clinics, and medication is provided at no cost to the client (repeatedly) through the state's supply of medication. Since the beginning of the FDOH's PrEP Drug Assistance Program (i.e., 2018), over 7,500 CHD clients have received PrEP medications.

Disparities in the uptake of PrEP and nPEP still exist among key priority populations (e.g., Black and Hispanic men and women, including transgender women). Taking a sexual history and discussing sexual health with patients should be a routine practice for primary health care providers; however, limited time for office visits and the reluctance of some providers to discuss sex with their patients presents barriers to routinization. There is a need for increased access to PrEP services in non-traditional settings and through innovative practices. PrEP delivery via telehealth (or "TelePrEP") was recommended by community groups, clients and providers as a mechanism by which people facing transportation and employment barriers could access PrEP and increase adherence to follow-up testing. Partnerships with retail pharmacies and clinics and through mobile applications may assist in bridging gaps in PrEP access.

Currently, federal funding requires the implementation of PrEP and nPEP services but does not allow states to allocate funding for medications and associated clinical costs. While there are patient assistance programs available to offset the cost of medications, medical visit and lab testing costs still pose a significant barrier to already disproportionately impacted populations. Clients receiving PrEP have reported that returning every three months for follow-up testing is a barrier to remaining adherent, and in rural and semi-rural areas of the state, transportation to follow-up medical appointments can present further challenges. Clients also cited the cost of medical visits and lab tests and not being able to get time off from work for appointments as barriers to PrEP initiation and maintenance.

Additionally, increased public/private partnerships are needed to fill gaps in access to nPEP services. Many CHD clinics have traditional hours, making them ill-suited as delivery points. Access to nPEP is needed quickly after exposure to HIV (within 72 hours) to prevent seroconversion. Clients requesting nPEP tend to do so more often during evening hours and weekends. Partnerships with retail pharmacies, rape crisis centers and sexual assault nursing teams in hospital EDs are needed to expand access points to nPEP.

Syringe Exchange Programs (SEPs) and Substance Use Treatment

Florida's first approved SEP, the University of Miami IDEA Exchange, opened in Miami-Dade County on December 1, 2016. The program provides compassionate and nonjudgmental services and empowers people who use drugs to make healthier and safer choices, regardless of whether they are ready to stop using drugs. Effective July 1, 2019, section 381.0038, Florida Statutes, was revised to allow county commissions to authorize the establishment of additional SEPs through county ordinances. These programs cannot be funded with state, county or municipal funds and must provide for one-to-one sterile needle and syringe exchange. The law requires counties to enlist the help of CHDs to provide ongoing advice and recommendations regarding program operation. The Florida Department of Children and Families (FDCF) is assisting FDOH by ensuring that new programs are equipped with overdose reversal kits and establishing the processes and relationships needed to effectively link individuals to addiction treatment services. Florida's amended legislation is the first step in increasing the state's ability to expand SEPs and reduce HIV and HCV transmissions among PWID. As of December 30, 2020, eight counties have passed ordinances approving SEPs: Alachua, Broward, Hillsborough, Leon, Manatee, Miami-Dade, Orange and Palm Beach. At present, Miami-Dade and Palm Beach counties are the only counties with an operational SEP.

Comprehensive Sexual Health Education and Interventions for Youth

In 2018, more than 34,000 persons between 15 and 19 years of age in Florida were diagnosed with a bacterial STI (syphilis, chlamydia, gonorrhea), for a rate of 2,859 per 100,000 population.¹⁷ The presence of an STI increases a person's risk of acquiring HIV. Over the past five years, 871 persons aged 15–19 were diagnosed with HIV, with 60 individuals being diagnosed late with AIDS over the same period. To see reductions in the rates of STIs and HIV among this age group, progress is needed to expand the delivery of comprehensive sexual health education in Florida's schools. Section 1003.42(2)(n), Florida Statutes, requires comprehensive health education that incorporates both sex education and disease prevention and includes language on the benefits of sexual abstinence and the consequences of teenage pregnancy. Specific content in any subject matter is determined by local school district policy, which gives districts the latitude to determine the type of education program that is implemented. The different types of programs school districts can choose to implement are Abstinence-Based (Plus), Abstinence-Only, Abstinence-Only Until Marriage and Comprehensive Sexuality Education. Florida's current policies around sexual health/reproductive education present barriers to implementing comprehensive curricula statewide, as some counties choose to adopt abstinence-only programs.

PILLAR FOUR: RESPOND

Community-Level HIV Cluster Response

Current intervention responses to disease transmission include partner services for those newly diagnosed with HIV. As a largely individual-level intervention, this work is inherently difficult, which is exacerbated by high numbers of anonymous and unknown sex- and needle-sharing partners. Provided the difficulty in locating all those in need of testing and health services and the large proportion of those at risk for exposure to HIV, it is crucial that public health interventions be designed around broader strategies to enhance positive health outcomes at the community level. Response to HIV transmission clusters at the community level will require the incorporation of novel data analysis along with the building of partnerships with community advocates, local organizations and care providers to successfully respond to rapidly growing HIV transmission networks.

Data Systems Infrastructure

Although FDOH follows Florida Statutes and CDC guidelines related to the security and confidentiality of HIV surveillance data, there is increased need to improve the state's capacity and infrastructure to be able to share data appropriately. Simultaneously, community concerns about confidentiality should be considered. FDOH continues to streamline and enhance standards of operation for establishing and maintaining data use agreements for improved and ongoing program planning and evaluation.

Provider Ordering and Laboratory Reporting of Genotype Tests

Efforts are needed to educate and inform providers of HRSA recommendations and the necessary function that genetic sequence testing plays in the accurate conducting of molecular HIV surveillance (MHS) and the improvement of MHS programs. Further engagement of health care providers is needed to better understand and assess barriers for the ordering of genetic sequence tests and to strategize to reduce deficits and fill gaps in treatment best practices. A recent publication investigating the cost effectiveness of genotype testing at diagnosis and its clinical impact indicated that baseline genotyping did not provide significant clinical benefit and was not cost effective to the patient when integrase inhibitors are used as first-line regimens. This may have a potential impact on provider attitudes and perceptions.

To promptly identify and assess molecular HIV transmission clusters, complete, accurate and timely reporting of genetic sequence data must be improved through collaboration with all reporting laboratories in Florida.

HIV Criminalization Laws

While MHS cannot determine the directionality of disease transmission, it remains a great public and community concern that MHS data could be used in criminal transmission prosecutions.¹⁸ An often-required aspect of criminal prosecutions is the “intent to transmit” disease, which cannot be presumed through molecular surveillance or epidemiologic data. However, the ability to use these data in a criminal prosecution poses a threat to community buy-in of public health surveillance practices and the use of these data for improving HIV prevention efforts.¹⁸ Education to the community at-large is needed on the recent advancements in biomedical interventions, since PWH on medication are unlikely to transmit the virus to others.

ADDITIONAL GAPS, NEEDS AND BARRIERS SPANNING ACROSS ALL PILLARS

Meaningful Community Engagement with Priority Populations

The Department received feedback from community partners on the perceived effectiveness of current public health initiatives. Partners identified across all EHE pillars determined there is a need for increased and meaningful community engagement with all of Florida’s populations that are disproportionately affected by and/or living with HIV. Transgender persons and gay and bisexual men continue to be disproportionately impacted by HIV, and increased engagement with these populations is needed along with more sensitivity training for public health staff and health care providers.

FDOH recognizes that Florida’s racial/ethnic minority populations continue to increase in size, correlating with persistent and often growing health disparities. Despite improvements in HIV outcomes over the last decade, substantial gaps continue to exist for Black persons, Hispanic persons, Native Americans and Asians/Pacific Islanders compared to the state’s majority population. For Florida’s racial/ethnic minority populations, HIV outcomes have not improved for everyone at the same rate due to health disparities and inequities related to many social determinants of health.

While Florida has maintained the Business Responds to AIDS (BRTA) and FRTA initiatives for over a decade, additional efforts are needed to involve faith-based and business leaders. Faith-based leaders, as trusted members of their communities, are well-poised to educate and mobilize Black and Hispanic populations around HIV/AIDS. Feedback received from Black gay men indicates that churches sometimes perpetuate stigma associated with HIV (e.g., homophobia, transphobia).¹⁹ There is a need for business leaders and leaders of faith-based institutions to help raise awareness and educate their congregants, employees and customers in communities highly impacted by HIV.

Geography and Transportation

Whereas there are major metropolitan areas in the state, 30 of Florida’s 67 counties (45%) are designated as rural per the 2010 U.S. Census. Many Floridians live in areas that have both rural and urban characteristics, which makes addressing the needs of these communities challenging. Transportation is often a barrier for clients attempting to access HIV care services and can lead to missed appointments, decreased medication adherence and disengagement from care.²⁰

Poverty and Education

In 2018, 13.6 percent of people living in Florida reported living below the FPL.²¹ Counties with over a quarter of the population experiencing poverty that year included DeSoto, Hamilton, Hendry, Holmes, Madison and Putnam. In 2014–2018, 88 percent of people age 25 and older living in Florida had at least graduated from high school (compared to 87.3 percent for the U.S.).²¹ Counties with less than three quarters of the population with at least a high school diploma were DeSoto, Glades, Hardee, Hendry, Lafayette and Okeechobee.

Mental Health and Substance Use Disorders

Persons experiencing mental health and/or substance use disorders are at increased risk for HIV and frequently lack access to HIV/STI education, prevention and care services.²² In 2018, nearly 68 percent of the 4,698 reported drug overdose deaths in Florida involved opioids—a total of 3,189 fatalities.²³ There was an approximate 28 percent increase in the number of persons treated for addiction with self-reported IDU between 2014 and 2018.²⁴ During that same time period, acute HCV infections and HIV with IDU-associated risk increased 165 percent and 10 percent, respectively.⁷ Efforts are needed to ensure organizations providing behavioral health and substance use treatment services are providing education around HIV, STIs and HCV and are knowledgeable about local testing and treatment resources.

Multicultural and Multilingual Issues

Florida population estimates for 2019 show racial/ethnic distributions as follows: 77.3 percent White (of whom, 53.2 percent are non-Hispanic), 16.9 percent Black or African American (includes Afro-Caribbean), three percent Asian American, and 0.5 percent Native American. Hispanic/Latinx persons make up over a quarter (26.4%) of the population.⁵ Florida ranks within the top five states with the highest Hispanic/Latinx populations in the U.S. and has one of the largest Black/African American populations in the country. Florida's Asian population is growing, particularly in Gulf Coast locations. The state is home to two federally recognized American Indian tribes (the Seminole and the Miccosukee, in South Florida) and many more non-federally recognized tribes, bands and clans. The Miami metropolitan area (along with New York City) maintains one of the highest populations of Caribbean immigrants, with approximately 63 percent of Caribbean immigrants in the U.S. living in these two metro areas. Just over 20 percent of Florida's population is foreign-born, and nearly 30 percent of households in Florida speak a language other than English.⁵ There is a lack of bilingual and multilingual health care providers and media/marketing messages in certain regions of the state.²⁵

Racism, Discrimination and Medical Mistrust

Persons experiencing racism and discrimination are less likely to remain adherent to care and more likely to have poorer health outcomes.²⁶ Medical mistrust tends to be higher among Black/African American and American Indian populations in Florida. The Tuskegee Study conducted by the U.S. Public Health Service left lasting impacts on the way Black/African American persons view health care, particularly public health.²⁷ Similarly, studies have shown the sterilization of American Indian women by the Indian Health Service in the 1960s and 70s created a culture of distrust of government-funded health care services.²⁸

In-Migration, Transient and Mobile Populations

Florida sees more than 100 million tourists each year, many of whom are drawn to popular beach towns and cities like Miami, Fort Lauderdale and Key West.²⁹ Its many theme park attractions and over 8,400 miles of coastline make Florida a destination for tourists from around the world. The state also has a large population of seasonal residents—students, seasonal workers (in industries such as hospitality, agriculture and tourism) and those who reside here part time to avoid harsh winters. In addition, Florida is home to several state and private higher learning institutions, including Historically Black Colleges/Universities (HBCUs). These colleges and universities are often located in major metropolitan areas, which have higher than average HIV incidence.

Immigration

Over the past few years, foreign-born individuals and individuals born in U.S. dependent areas immigrating to Florida have accounted for roughly half of the population's growth; more than one in five Florida residents is an immigrant.³⁰ Individuals born outside the continental U.S. comprise roughly 20 percent of the state's population, and in Miami-Dade County, more than 60 percent of the population is foreign-born. Florida

residents born in Haiti, Cuba, Venezuela and Puerto Rico experienced the highest numbers of HIV diagnoses in 2018.³¹ This presents a need for increased cultural competency training to ensure health education, prevention and care services are delivered in a culturally and linguistically appropriate manner.

Criminal Justice

Florida's incarceration rate is slightly over 800 per 100,000 population, which is higher than the U.S. average incarceration rate of 698 per 100,000 population.³² In 2017, the U.S. Bureau of Justice Statistics ranked Florida 11th among states in terms of incarceration rates.³² Most incarcerated PWH were diagnosed prior to entering the correctional system; however, HIV testing within a correctional setting may be the first time persons who are incarcerated take advantage of testing and prevention education. Section 945.355, Florida Statutes, requires inmates of Florida Department of Corrections (FDC) to be offered HIV testing prior to release, while jails (which are governed by each county) do not have statewide HIV testing policies. Over time, FDOH has built relationships with county jails to establish HIV testing and linkage programs. Increased partnerships with county jails are needed to expand HIV, STI and HCV testing.

Environmental Impact

Severe weather events can disrupt and interrupt HIV prevention and care delivery systems. Florida is a state particularly vulnerable to frequent hurricanes. When Hurricane Michael hit the Florida panhandle in October 2018 as a category 5 storm, it caused mass destruction. Thousands of homes were destroyed, and many residents were displaced. PWH in the area had trouble accessing services and medications due to widespread devastation. Many people were forced to find housing elsewhere in Florida or even in other states. Emergency medication fills were available through the ADAP program, however increased efforts are needed to identify PWH in need of re-engagement in care and ancillary services following a natural disaster.

SECTION IV: UNIFIED EHE PLAN

The overarching goal of Florida's Unified EHE Plan is to decrease the number of HIV transmissions diagnosed annually. The key strategies and activities provided represent unified approaches for the State Health Office and seven counties identified in Phase 1 of the EHE initiative. These strategies and activities result from the completion of comprehensive community engagement conducted with key priority populations and stakeholders.

PILLAR ONE: DIAGNOSE

GOAL: By 2025, increase the availability and accessibility of HIV testing in traditional and non-traditional health care settings

OBJECTIVE: Increase the percentage of individuals who know their serostatus from 86.5 in 2019 to at least 90 by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Expand routine HIV, HCV and STI screening in health care settings and particularly in non-health care settings
 - a. Identify at least one ED, urgent care center or community health center located in a Phase 1 EHE county to implement a routine screening project
 - b. Support local establishment of non-traditional HIV testing sites (e.g., mobile units, pharmacies, retail venues)
 - c. Leverage partnerships with industry partners to have them assist with provider detailing and messaging around routine HIV testing
 - d. Assess the impact of existing jail testing and linkage programs

- e. Initiate an inter-agency EHE working group involving key representatives (e.g., from the Agency for Health Care Administration [AHCA], FDCF, Department of Education [FDOE], FDC to address policies and activities that impact Florida's EHE activities
 - f. Identify and build partnerships with counties to increase participation in jail testing and linkage programs
- 2. Amplify the effectiveness of peer workforce performance and services to positively impact the health of PWH and promote behavior change
 - a. Explore collaboration with the AIDS Education and Training Center (AETC) entities to institute a statewide peer certification training program
 - b. Ensure the feasibility of the peer education program with FDC
 - c. Strengthen mechanisms to increase and improve the capacity of the HIV field workforce (i.e., DIS/linkage staff)
- 3. Strengthen field workforce conducting partner services, linkage and re-engagement activities to identify at-risk persons in need of intervention
 - a. Strengthen mechanisms to increase and improve the capacity of HIV field workforce (i.e., DIS/linkage staff)
 - b. Increase the availability of HIV self-test kits for non-health care settings
- 4. Reduce stigma in communities and among providers around HIV testing by helping them recognize stigmatizing situations
 - a. Develop a pilot intervention plan that details program interventions that will be used to address HIV-related stigma associated barriers
 - b. In collaboration with members of key populations, train medical providers to create environments that are welcoming and culturally aware
 - c. Encourage medical providers to collaborate with leaders in key populations (e.g., transgender persons, minority groups) to develop resources on accessing HIV prevention and care

KEY PARTNERS: Academic institutions (University of Miami, University of South Florida, University of Florida, Nova Southeastern University, Florida State University, Florida A & M University), AHCA, CHDs, FDOE, CBOs, FDC, emergency room physician groups, FQHCs, Florida Hospital Association, Insurance Commission, hospital systems, private providers, local planning bodies, local coalitions, other southern states addressing stigma

OUTCOMES: Increased number of individuals who know their status, increased number of health care settings implementing a routine screening protocol, increased number of DIS trained to perform comprehensive functions, increased number of persons receiving care, increased number of peers trained, minimized stigma as a barrier to obtaining care for PWH

MONITORING DATA SOURCE: State surveillance data, local testing data, peer program data

PILLAR TWO: TREAT

GOAL: By 2025, increase the number PWH receive ongoing care and treatment, regardless of Ryan White status

OBJECTIVE: Increase newly diagnosed PWH linked to care in 30 days from 82 percent in 2019 to at least 85 percent by 2025

KEY STRATEGIES AND ACTIVITIES:

- 1. Expand the rapid access to treatment model (Test and Treat)
 - a. Assess access points of Test and Treat sites (rapid access points)
 - b. Support the use of mobile units to provide access to care for individuals experiencing transportation issues
 - c. Use telehealth to establish initial visits, engage PWH and monitor medication adherence

- d. Educate and mobilize hospitals and primary care providers to begin treatment at initial HIV diagnosis
2. Broaden the secure use of public health data to identify persons not in care (Data to Care)
 - a. Enhance the engagement and retention infrastructure in HIV medical care and treatment adherence
 - b. Expand and strengthen the practice of individual comprehensive care for PWH among providers and other partners
3. Partner with housing, transportation, oral health and case management services to increase access to care and other unmet needs for PWH in Florida
 - a. Partner with entities to increase access to care and unmet ancillary needs for PWH and their families in Florida

KEY PARTNERS: AHCA, CBOs, CHDs, FDCF, FQHCs, Florida Association of Health Plans, Florida Hospital Association, Florida Medical Association, pharmaceutical partners, private providers, hospital systems, Ryan White partners, state and city HOPWA programs

OUTCOMES: Improved access to the system of care for PWH, increased number of PWH retained in care, decreased number of persons out of care, increased number of persons linked to care in 30 days, increased number of PWH virally suppressed and adherent to medication regimen

MONITORING DATA SOURCE: State surveillance data, local testing data, peer program data

PILLAR THREE: PREVENT

GOAL: By 2025, increase the proportion of individuals in Florida accessing prevention services, including PrEP and SEPs

OBJECTIVE: Reduce the rate of new HIV transmission in Florida from 21.6 in 2019 to 5.4 by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Accelerate efforts to increase PrEP awareness and adoption, particularly for populations with the highest rates of new HIV diagnoses and low PrEP use among those with indications for PrEP
 - a. Expand the availability and use of PrEP among those with indications
 - b. Improve PrEP delivery in clinical and non-clinical settings
 - c. Provide culturally competent education on PrEP to three priority populations
 - d. Leverage partnerships with industry partners to have them assist with provider detailing and messaging around PrEP
2. Address HIV-related stigma and misconceptions about HIV
 - a. Develop and implement community-driven stigma reduction approaches
 - b. Promote collaborative efforts with the Southern HIV and Alcohol Research Consortium Stigma Working Group to identify sources of HIV-related stigma and reduce stigma in Florida
3. Reinforce access to and availability, use and quality of comprehensive SEPs in the state
 - a. Support the infrastructure for SEPs and educate communities on the purpose and intent of SEPs
 - b. Partner with the University of Miami IDEA Exchange to provide training and technical assistance to new SEPs as well as education to local communities on the evidence behind these programs in the prevention of HIV, HCV and overdoses
4. Establish consistent nPEP delivery systems
 - a. Assess current nPEP delivery systems

KEY PARTNERS: AHCA, academic institutions (University of Miami, University of South Florida), community colleges, CBOs, corporate entities, CHDs, FDC, FDCF, FQHCs, HIV/AIDS service organizations, insurance commission, private providers, social media platforms, hospital systems, medical schools, public health education programs, schools of allied health, health care clinics, licensed addiction receiving facilities , FDOH

OMHHE, FDOH Office of Rural Health, FDOH Bureau of Chronic Disease, FDOH Division of Children's Medical Services

OUTCOMES: Increased number of PrEP/nPEP prescriptions provided (in person and via telemedicine services), reduced number of HIV infections, reduced disparities, improved access to the system of care for PWH, number of organizations funded, number of participants in trainings, PrEP prescribing data, number of physicians detailed

MONITORING DATA SOURCE: State surveillance data, local testing data,

PILLAR FOUR: RESPOND

GOAL: By 2025, enhance the state's infrastructure to rapidly detect and respond to regions and networks of rapidly growing HIV transmission

OBJECTIVE: By 2025, improve the timeliness and effectiveness of the state's response to HIV clusters

KEY STRATEGIES AND ACTIVITIES:

1. Educate the community at large on the recent advancements in biomedical interventions
 - a. Develop a community-level response for HIV transmission networks and communities
2. Enhance physician capacity to order genotype testing for those newly diagnosed or those not on ARV therapy returning to care
 - a. Develop a protocol for data dissemination and appropriate use of data obtained through routine HIV surveillance activities
 - b. Engage and educate providers on current HRSA recommendations to order baseline genotypes for newly diagnosed PWH
 - c. Increase community engagement around biomedical interventions for HIV medical care and prevention
3. Engage the community in developing a community-level response framework
 - a. Collaborate with the University of Florida to conduct focus groups on molecular surveillance
4. Improve community awareness of rapidly growing transmission network response
 - a. Leverage local partnerships and stakeholders to implement a community-level response to transmission networks in areas of high burden
5. Improve use of aggregated routinely collected HIV laboratory data to improve precision prevention
 - a. Engage laboratories to improve the completeness and timeliness of electronic reporting of all reportable HIV lab results, including genotype consensus sequences used in transmission network analysis

KEY PARTNERS: Academic institutions (University of Miami, University of Florida, Florida State University, University of South Florida, Florida International University), community colleges, CHDs, FQHCs, Florida AIDS Institute, private providers, CBOs, social media platforms

OUTCOMES: Increased number of genotype tests performed, reduced stigma, increased viral load suppression and retention in care

MONITORING DATA SOURCE: State surveillance data, Provide Enterprise

SECTION V: BROWARD COUNTY

In 2019, 624 persons received an HIV diagnosis in Broward County, of whom 85 percent were linked to HIV-related care within 30 days of diagnosis. There were 20,507 PWH in Broward County through 2019, of whom 74 percent (N=15,148) were retained in care and 70 percent (N=14,404) achieved a suppressed viral load. This compares to 72 percent and 69 percent, respectively, for the state. A total of 4,038 PWH (20%) in Broward County did not receive any HIV-related care in 2019. In 2019, Broward County continued to see disparities in HIV diagnoses among adults (age 13+). The HIV diagnosis rate per 100,000 population among Black men (90.6) is

nearly three times higher than for White men (32.0), whereas the rate among Hispanic/Latino men (80.8) is 2.5 times higher than for White men. The HIV rate among Black women (38.8) is 6.6 times higher compared to White women (5.9), whereas the rate among Hispanic/Latina women (8.3) was 1.4 times that of White women. Among PWH living in Broward County, Black persons have a lower viral suppression rate (64%) compared to White (78%) and Hispanic/Latinx (73%) persons. HIV diagnoses in Broward County have decreased by four percent from 2015 (N=651) to 2019 (N=624). Over that same time, the number of new HIV diagnoses among men declined by four percent; among women it declined by six percent. The age group with the highest increase in new HIV diagnoses over the past five years was those aged 30–34 (47%). The age groups with the largest decrease over the past five years were 45–49 (25%) and 25–29 (19%). Although MMSC continues to be the primary mode of exposure for HIV among men (69 percent of men diagnosed in 2019), there was a 129 percent increase from MMSC/IDU and a three percent increase from heterosexual contact. For women diagnosed with HIV over the past five years, there was a five percent decrease from heterosexual contact.

PILLAR ONE: DIAGNOSE

GOAL: By 2025, increase the availability and accessibility of HIV testing in traditional and non-traditional health care settings

OBJECTIVE: Increase the percentage of individuals who know their serostatus in the state from 86.5 in 2019 to at least 90 by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Expand routine HIV testing in targeted health care settings
 - a. Expand detailing regarding routine HIV testing (opt-out law, sexual history taking, stigma, insurance reimbursement) to primary care physicians
 - b. Provide continuing education regarding routine HIV testing (opt-out law, sexual history taking, stigma, insurance reimbursement, to health care professionals and students (explore mandatory continuing medical education with each license renewal)
 - c. Partner with the FOCUS Project to recruit additional EDs to provide routine HIV testing
 - d. Partner with big box stores, retail pharmacies and urgent care centers to offer routine HIV and STI testing in on-site clinics
 - e. Explore the provision of routine HIV testing in dental practices starting with a pilot at a university or college
 - f. Explore the provision of HIV testing in a mobile health care clinic
 - g. Partner with Broward County Sheriff's Office to provide routine HIV testing upon intake and/or in clinics in correctional facilities
 - h. Partner with substance use treatment providers to provide routine HIV testing on admission
 - i. Partner with assisted living facilities and skilled nursing facilities to provide routine HIV testing
 - j. Partner with academic institutions to provide routine HIV and STI testing in the student health clinics
2. Expand targeted HIV testing of priority populations in non-health care settings
 - a. Use the social network strategy to identify and test persons at risk for HIV through peers and partners
 - b. Expand access to HIV testing through the provision of in-home test kits at community sites
 - c. Expand the free in-home test kit program to high risk ZIP codes
 - d. Partner with schools to expand the provision of HIV and STI testing for students
3. Develop and implement a social marketing campaign
 - a. Develop and implement a community-driven campaign to decrease stigma and fear around HIV testing

- b. Develop and implement a community-driven campaign to educate the community on the importance of knowing your HIV status and where to obtain an HIV test
- 4. Incorporate health equity into HIV testing
 - a. Provide Racial Equity Institute (REI) training to all registered HIV testing counselors
 - b. Provide cultural competence training to all registered HIV testing counselors to better serve the LGBTQ+ community
 - c. Provide capacity building assistance to grassroots organizations that serve priority populations
 - d. Provide mini grants to grassroots organizations that serve priority populations
- 5. Create a seamless status-neutral HIV care continuum
 - a. Collaborate with community partners to conduct strength, weakness, opportunity and threat (SWOT) analyses of the Broward County HIV care continuum

KEY PARTNERS: Primary care physicians, pharmaceutical companies, FDOH-Broward, academic institutions (Nova Southeastern University, Florida International University), pharmaceutical companies, Broward County Medical Association (BCMA), Southeast AETC, FOCUS Project, hospitals, free-standing EDs, big box stores, retail pharmacies, Broward County Dental Association, testing device manufacturers, FQHCs, hospital districts, Broward Sheriff's Office, contracted correctional medical providers, substance use treatment providers, United Way, Broward Addiction and Recovery Center, assisted living facilities, specialized nursing facilities and their medical directors, AHCA, CDC, CDC Capacity Building Assistance (CBA) providers, CBOs, peers, BRTA partners, adult entertainment venues, public schools, private schools, charter schools, technical schools, HIV prevention contracted providers, REI, Broward County, registered HIV testing sites, trans-led organizations, PRIDE Center, SUNSERVE, priority-population-founded/focused CBOs, Children's Services Council, HIV planning councils and advisory boards, test and treat providers and PrEP/nPEP providers

OUTCOMES: Increased number of individuals who know their status, increased number of health care settings implementing a routine screening protocol, increased number of persons receiving care, increased number of peer programs, as a barrier to obtaining care for PWH

MONITORING DATA SOURCE: State surveillance data, local testing data, local physician detailing reports

PILLAR TWO: TREAT

GOAL: By 2025, increase PWH receiving ongoing care and treatment, regardless of Ryan White eligibility

OBJECTIVE: Increase newly diagnosed PWH linked to care in 30 days from 85.1 percent in 2019 to at least 90 percent by 2025

KEY STRATEGIES AND ACTIVITIES:

- 1. Expand access to Test and Treat services in HIV primary care
 - a. Expand hours of operation at public HIV primary care providers to include evenings and weekends
 - b. Expand the network of Test and Treat providers in the private sector
 - c. Expand detailing regarding Test and Treat to primary care physicians
 - d. Partner with hospitals for rapid initiation of treatment during hospital stays and appropriate discharge planning
 - e. Explore the provision of rapid initiation of treatment and HIV primary care in a mobile health care clinic
 - f. Use telemedicine to provide rapid initiation of treatment and HIV primary care
- 2. Incorporate health equity into HIV care and treatment
 - a. Provide REI training to all Ryan White Part A HIV primary care providers
 - b. Provide cultural competence training to all Ryan White Part A HIV primary care providers
 - c. Provide trauma-informed care training for all Ryan White Part A HIV primary care providers

3. Expand access to safe/affordable housing opportunities for PWH
 - a. Increase communication and coordination across agencies that provide affordable housing opportunities
 - b. Identify and provide additional affordable housing opportunities in Broward County
4. Increase retention in care and treatment and viral suppression
 - a. Improve the provision of care coordination using multi-disciplinary teams, including peers, coaches and navigators, to provide varying intensity services over the course of a lifetime to meet patients' needs
 - b. Explore the implementation of a pilot project to provide incentives for attaining and maintaining viral load suppression
 - c. Implement a social marketing campaign promoting the U=U strategy
 - d. Explore the expansion of our local resource and referral line to serve PWH
 - e. Provide HIPAA-compliant medical transportation

KEY PARTNERS: Ryan White Part A grantee office and primary care providers, primary care physicians, infectious disease specialists, pharmaceutical companies, hospitals, FQHCs, hospital districts, CBOs, REI, physicians, medical schools, BCMA, academic institutions, transgender organizations, trainers, CBA, Ryan White Part A provider staff, Test and Treat and ADAP staff, HOPWA, Broward Partnership for the Homeless, Broward County, Ryan White Part B, affordable housing developments, Ryan White Part A case management, Coordinating Council of Broward, elected officials, peers, coaches, navigators, disease case management and primary care providers, housing case managers, marketing agencies, community, HIV planning councils and advisory boards, 211 Broward, ride-sharing companies, non-emergency transportation companies

OUTCOMES: Improved access to the system of care for PWH, increased number of PWH retained in care, decreased number of persons out of care, increased number of persons linked to care in 30 days, increased number of PWH virally suppressed and adherent to medication regimen

MONITORING DATA SOURCE: Electronic health records, local testing data, state surveillance data, CAREWare, Provide Enterprise

PILLAR THREE: PREVENT

GOAL: By 2025, lower the annual rate of new HIV diagnosis in Broward County

OBJECTIVE: Reduce the rate of new HIV transmission in Broward County from 32.4 in 2019 to 8.1 by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Expand access to PrEP
 - a. Expand hours of operation for PrEP/nPEP provision at public PrEP/nPEP providers to include evenings and weekends
 - b. Utilize telemedicine to provide PrEP/nPEP
 - c. Explore the provision of PrEP/nPEP in a mobile health care clinic
 - d. Work with partners to provide PrEP/nPEP in conjunction with an SEP, if implemented
 - e. Partner with big box stores and retail pharmacies to offer PrEP/nPEP in on-site clinics
 - f. Expand detailing to primary care physicians to recruit additional PrEP/nPEP prescribers
 - g. Address the financial barriers to PrEP/nPEP initiation and retention
2. Raise community awareness of PrEP/nPEP through outreach and social marketing
 - a. Expand street outreach regarding PrEP/nPEP
 - b. Develop a community-driven campaign to educate the community on PrEP/nPEP and decrease stigma
3. Incorporate health equity into HIV prevention
 - a. Provide REI training to FDOH-Broward contracted PrEP/nPEP providers
 - b. Provide cultural competence training to FDOH-Broward contracted PrEP/nPEP providers

- c. Provide capacity building and technical assistance to grassroots organizations that serve priority populations
 - d. Provide mini grants to grassroots organizations that serve priority populations
- 4. Create a seamless status-neutral HIV care continuum
 - a. Collaborate with community partners to conduct SWOT analyses of the Broward County HIV care continuum

KEY PARTNERS: FQHCs, Broward Wellness Center, PrEP/nPEP providers, physicians, urgent care centers, hospital districts, STI clinics, SEP providers, Broward County government, retail pharmacies, big box stores, clinics, 340B-qualified medical providers, HIV prevention contracted providers, marketing professionals, HIV planning councils and advisory boards, United Way, Broward School District, Gay Student Alliance, REI, Ryan White Part A provider staff, Test and Treat and ADAP staff, priority-population-founded/focused CBOs, trans-led organizations, registered HIV testing sites

OUTCOMES: Increased number of PrEP/nPEP prescriptions provided (in person and via telemedicine services), reduced number of HIV diagnoses

MONITORING DATA SOURCE: State surveillance data, local testing data, number of participants in trainings, PrEP prescribing data, number of physicians detailed

PILLAR FOUR: RESPOND

GOAL: By 2025, ensure the use of molecular surveillance to rapidly engage individuals at higher risk for HIV and re-engage PWH in care

OBJECTIVE: By 2025, improve the timeliness and effectiveness of the state's response to HIV clusters

KEY STRATEGIES AND ACTIVITIES:

- 1. Enhance the ability to conduct molecular cluster response by increasing the number of genotype tests performed
 - a. Conduct physician detailing to encourage genotype testing
- 2. Explore supporting HIV modernization activities that impact state laws (i.e., HIV decriminalization)
 - a. Provide education to community stakeholders, organizations and elected officials about U=U and Treatment as Prevention to support HIV modernization activities that impact state laws

KEY PARTNERS: Hospital systems, FQHCs, private providers, Ryan White Part A HIV/AIDS Program recipient, HIV planning councils and advisory boards, Ryan White Part A medical providers, elected officials, PWH, CBOs, advocacy groups

OUTCOMES: Increased number of genotype tests performed, PrEP uptake, reduced stigma, increased viral load suppression and retention in care

MONITORING DATA SOURCE: State surveillance data, Provide Enterprise

SECTION VI: DUVAL COUNTY

In 2019, 284 persons received an HIV diagnosis in Duval County, of whom 75 percent were linked to HIV-related care within 30 days of diagnosis. There were 6,489 PWH in Duval County through 2019, of whom 74 percent (N=4,775) were retained in care and 64 percent (N=4,143) achieved a suppressed viral load. This compares to 72 percent and 69 percent, respectively, for the state. A total of 1,132 (17%) PWH in Duval County did not receive any HIV-related care in 2019. In 2019, Duval County continued to see disparities in HIV diagnoses among adults (age 13+). The HIV diagnosis rate per 100,000 population among Black men (116.5) is four times higher than for White men (29.9), whereas the rate among Hispanic/Latino men (52.1) is nearly two times higher than for White men. The HIV rate among Black women (36.8) is nearly 3.6 times higher than for White women (10.2). There were no HIV diagnoses among Hispanic/Latina women in Duval County in 2019. Black persons have a lower viral suppression rate (61%) compared to White (71%) and Hispanic/Latinx (63%) persons. HIV diagnoses in Duval County have increased by four percent from 2015 (N=272) to 2019 (N=284).

Over that same time, HIV diagnoses increased by five percent among men and by three percent among women. The age groups with the highest increases in new HIV diagnoses over the past five years were those aged 55–59 years (73%) and 30–34 years (23%). MMSC continues to be the primary mode of exposure for HIV among men (72 percent of men diagnosed in 2019). Among men, there was a 25 percent increase from IDU/MMSC and a nine percent decrease from heterosexual contact. Of the women diagnosed with HIV over the past five years, there was an increase from IDU (150%) and a decrease from heterosexual contact (2%).

PILLAR ONE: DIAGNOSE

GOAL: By 2025, increase the number of people diagnosed as soon as possible after transmission

OBJECTIVE: Increase the percentage of individuals who know their serostatus from 86.5 percent in 2019 to at least 90 percent by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Increase the number of medical providers in Duval County who offer routine HIV screening
 - a. Work with local medical associations to provide education on routine HIV screening
 - b. Work with individual providers and EDs to implement HIV screening programs
2. Increase the number of testing locations in Duval County
 - a. Review current list of registered testing sites to determine areas of need
 - b. Work with community/faith-based organizations and schools to implement HIV testing programs in areas of need
 - c. Increase comprehensive education when providing HIV testing (reactive and nonreactive), including mental health and substance use screening and referral options
 - d. Deploy mobile testing units to areas with minimum to no access to testing services
3. Implement at-home testing program
 - a. Work with CBOs to develop model programs for at-home testing, including measures for tracking and follow-up
 - b. Secure and distribute supply of at home testing kits to test sites for distribution to the community

KEY PARTNERS: FQHCs, private providers, CBOs, social media platforms, corporate entities, hospital systems, local planning bodies, local coalitions

OUTCOMES: Increased number of newly identified PWH, increased number of health care settings implementing routine screening, increased number of DIS trained to provide comprehensive functions, increased number of peer programs

MONITORING DATA SOURCE: State surveillance data, local testing data

PILLAR TWO: TREAT

GOAL: By 2025, increase the percentage of PWH who achieve and maintain viral suppression

OBJECTIVE: Increase the percentage of newly diagnosed PWH linked to care in 30 days from 75 in 2019 to at least 85 by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Increase accessibility of medical services in Duval County
 - a. Deploy mobile medical units in areas of need (testing/medical)
 - b. Implement Uber health transportation program to medical and support services
 - c. Grow network capacity to provide/expand telehealth service
 - d. Increase the availability of providers with non-traditional service hours (evening/weekend)
2. Improve community engagement in HIV services
 - a. Increase community knowledge of U=U/Treatment as Prevention through educational materials and marketing in various languages

- b. Develop consumer leadership and advocacy skills through workshops, conferences and coaching
 - c. Engage community members that are impacted by HIV in the planning and implantation of services
 - d. Provide support for leadership development among providers and people impacted by the issues
 - e. Expand strategies and best practices for retention in care that include mental health and substance use disorder treatment
 - f. Involve community stakeholders in decisions about funding applications and allocations
- 3. Reduce stigma-related biases in the Duval County Ryan White network
 - a. Improve community engagement in HIV services
 - b. Implement network-wide trainings in cultural humility, cultural competency and trauma-informed care to develop best practices and accountability for culturally competent and stigma-busting environments and staff
 - c. Raise awareness and action through self-reflection and self and organizational assessments
 - d. Allocate funding for positions to promote these initiatives
 - e. Partner with the University of North Florida and Jacksonville University colleges of health to provide HIV-related anti-stigma presentations to health care students
 - f. Work with BRTA and FRTA partners to provide education and awareness on stigma reducing strategies

KEY PARTNERS: FQHCs, private providers, CBOs, hospital systems, Ryan White Part A recipients, provider networks, HOPWA, Work Source, Operation New Hope, community housing providers, Gateway Community Services, River Region Human Services

OUTCOMES: Increased number of newly identified PWH linked to care, increased number of new access points, expanded hours at access points

MONITORING DATA SOURCE: Local database, CAREWare, ADAP Provide, testing and linkage data

PILLAR THREE: PREVENT

GOAL: By 2025, increase access to PrEP by 35 percent for priority populations

OBJECTIVE: Reduce the rate of new HIV transmission in Duval County from 29.2 in 2019 to 7.3 by 2025.

KEY STRATEGIES AND ACTIVITIES:

- 1. Increase PrEP/PEP awareness and accessibility
 - a. Ensure all Counseling, Testing and Linkage staff have a working knowledge of PrEP/PEP and know how to access resources
 - b. Work with local providers to provide/refer for PrEP/PEP services
 - c. Increase PrEP awareness and uptake among Black women, Black and Hispanic MSM, PWID and youths through community engagement
 - d. Ensure testing information is in easy to access yet private places
- 2. Increase the number of culturally competent organizations that provide services to our Hispanic population
 - a. Secure memorandums of understanding with Hispanic-based CBOs
 - b. Create funded positions with bilingual Spanish language speakers and embed in several programs
 - c. Develop bilingual materials for HIV prevention and treatment (testing, PrEP, Treatment as Prevention, etc.)
 - d. Support a cohort of emerging leaders, supervisors, direct community service providers, and/or persons impacted by HIV to participate in training opportunities, experiences and conferences to build greater capacity for systemic advocacy and leadership development

3. Increase marketing to improve community engagement
 - a. Use local and syndicated media networks to develop a comprehensive marketing plan to include access to TV, radio, periodicals, billboards, gas stations, jumbotrons and mass transportation marketing resources (English and Spanish)
 - b. Engage community members that are impacted by HIV in the planning and development of messaging and marketing plans
 - c. Improve presence on social media sites (Facebook, Instagram, TikTok, Grinder, Jack'd) to promote prevention and care services
 - d. Develop a unified, relative message among community partners (hashtag, phrase)
 - e. Identify two to three popular opinion leaders (radio announcers, athletes, etc.)
 - f. Implement regularly scheduled FDOH-sponsored public seminars in collaboration with CBOs and academic institutions in community locations
4. Increase funding and resources for community-based providers
 - a. Support new and emerging providers with technical assistance to build capacity
 - b. Streamline funding applications and processes to move money quickly to CBOs
 - c. Increase funding for community-based providers
 - d. Increase funding/opportunities for provider capacity building for staff (trainings, incentives, etc.)
 - e. Support staff for grant writing; provide training and technical assistance

KEY PARTNERS: Family planning clinics, private providers, CBOs, Duval County Commission, Jacksonville City Council, hospital systems

OUTCOMES: Increased number of providers trained/educated, increased number of PrEP prescriptions provided, increased number of non-traditional settings offering PrEP services, increased number of academic institutions educating on PrEP

MONITORING DATA SOURCE: Local database, medical records, pharmacy records

PILLAR FOUR: RESPOND

GOAL: By 2025, increase use of combined FDOH and community resources to rapidly respond to the HIV epidemic

OBJECTIVE: By 2025, improve the timeliness and effectiveness of the state's response to HIV clusters

KEY STRATEGIES AND ACTIVITIES:

1. Support systemic advocacy and change
 - a. Organize regular open-group counseling for PWH
 - b. Implement a one-stop access line for mental health services for PWH
 - c. Support a cohort of emerging leaders, supervisors, direct community service providers, and/or persons impacted by HIV to participate in training opportunities, experiences and conferences to build greater capacity for systemic advocacy and leadership development
 - d. Engage provider chief executive officer regularly around macro-level advocacy to foster collaboration and resources to address systemic change
 - e. Allocate funding for positions to promote these initiatives and for training and a funded convener and coordinator
2. Make better use of surveillance data to develop services
 - a. Deploy testing and medical mobile units to areas of need based on ZIP code-level data
 - b. Use CAREWare data to engage linkage-to-care staff and peers to initiate re-engagement activities
 - c. Work locally to remove barriers that prevent the comprehensive free flow of information to increase linkage and re-engagement in care
 - d. Look to model programs (Houston, New York City, etc.) for coordinated plans and systems of care

KEY PARTNERS: Family planning clinics, private providers, CBOs, Duval County Commission, Jacksonville City Council, hospital systems

OUTCOMES: Increased number of genotype tests performed, reduced stigma, increased viral load suppression and retention in care

MONITORING DATA SOURCE: Local database, medical records, pharmacy records

SECTION VII: MIAMI-DADE COUNTY

In 2019, 1,181 persons received an HIV diagnosis in Miami-Dade County, of whom 85 percent were linked to HIV-related care within 30 days of diagnosis. Of the 27,319 PWH in Miami-Dade County through 2019, 67 percent (N=18,227) were retained in care and 62 percent (N=16,955) achieved a suppressed viral load. This compares to 72 percent and 69 percent, respectively, for the state. A total of 7,474 PWH (27%) in Miami-Dade County did not receive any HIV-related care in 2019. Miami-Dade County continued to see disparities in HIV diagnoses among adults (age 13+). The HIV diagnosis rate per 100,000 population among Black men (117.0) is two times higher than for White men (56.6), whereas the rate among Hispanic/Latino men (83.2) is 1.5 times higher than for White men. The HIV rate among Black women (57.9) is nearly ten times higher compared to White women (5.9), whereas the rate among Hispanic/Latina women (10.3) was nearly two times that of White women. Among PWH living in Miami-Dade County, Black persons have a lower viral suppression rate (54%) compared to White (65%) and Hispanic/Latinx (68%) persons. HIV diagnoses in Miami-Dade County have decreased by 11 percent from 2015 (N=1,333) to 2019 (N=1,181). Over that same time, the number of new HIV diagnoses among men declined by 11 percent; among women it declined by 15 percent. The age group with the highest increase in new HIV diagnoses over the past five years was those aged 60 years and over (40%). MMSC continues to be the primary mode of exposure for HIV among men (85 percent of men diagnosed in 2019). For women diagnosed with HIV over the past five years, there were decreases in both modes of exposure (IDU is down 67 percent and heterosexual contact is down 10 percent).

PILLAR ONE: DIAGNOSE

GOAL: By 2025, increase the number of people diagnosed as soon as possible after transmission

OBJECTIVE: Increase the percentage of individuals who know their serostatus from 86.5 percent in 2019 to at least 90 percent by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Expand routine testing in health care settings
 - a. Identify the barriers for routinized opt-out testing in specific health systems and design ways to reduce the systemic cost of testing
 - b. Use academic detailing to educate providers on routine testing, inclusive of HCV and STIs
 - i. Highlight changes in Florida HIV laws as they apply to health care settings
 - ii. Identify funding opportunities to support STI testing
 - c. Recruit hospitals/urgent care centers to routinize HIV testing in EDs
 - d. Provide capacity building and technical assistance to providers
2. Expand routinized HIV testing in non-traditional settings
 - a. Promote the use of in-home HIV testing kits as an alternative option, especially for hard-to-reach populations, including youths, transgender persons, sex workers and MSM
 - b. Partner with Miami-Dade County Public Schools to increase access to HIV/STI testing and education among youths

- c. Partner with faith-based organizations, domestic violence/human trafficking agencies and other non-traditional partners to offer HIV/STI testing outside traditional settings
 - d. Increase the number of mobile units offering HIV/STI testing in the community
- 3. Expand community engagement efforts for populations most at risk
 - a. Increase efforts on social media to encourage populations most at risk to get tested and into care; maintain a consistent presence in other venues (i.e., billboards, TV/radio, etc.)
 - b. Build innovative media campaigns (e.g., using geofencing) that highlight the importance of knowing your status while addressing stigma
- 4. Support development of the HIV field workforce, stakeholders and community partners
 - a. Increase capacity building and education among HIV counselors and/or case managers
 - b. Determine the needs of the DIS workforce

KEY PARTNERS: HIV service organizations, AETC, Association of Free Clinics, CBOs, community health centers, correctional facilities, FDCF, faith-based organizations, FQHCs, Gilead FOCUS, hospitals, local county government, medical associations, urgent care centers, academic institutions (University of Miami)

OUTCOMES: Increased number of providers trained, increased number of new registered testing sites, increased number of hospitals/urgent care centers that routinize HIV testing, increased percentage of newly diagnosed HIV cases in the jurisdiction, increased number of messages created, increased number of marketing messages developed

MONITORING DATA SOURCE: Surveillance data, testing linkage data, FOCUS partners

PILLAR TWO: TREAT

GOAL: By 2025, increase the percentage of PWH who achieve and maintain viral suppression

OBJECTIVE: Increase the percentage of newly diagnosed PWH linked to care in 30 days from 84.8 in 2019 to at least 90 by 2025

KEY STRATEGIES AND ACTIVITIES:

- 1. Expand capacity and access to local Test and Treat/Rapid Access (TTRA) programs
 - a. Review current TTRA partners and identify strategies to engage potential non-traditional partners working with vulnerable populations (i.e., Black and Latinx communities)
 - b. Promote and educate the benefits of TTRA to private sector organizations
 - c. Work with hospitals and health care organizations that routinely screen for HIV/HCV to ensure a streamlined path to TTRA for patients in ED settings
 - d. Maintain a comprehensive database of resources or information for TTRA partners to facilitate linking clients to appropriate care programs and services based on income and eligibility for insurance and other benefits programs
 - e. Expand the use of technology to agencies and clients to reduce barriers to care for eligible patients
- 2. Expand capacity building for health care professionals
 - a. Collaborate with the Ryan White Part A program to encourage providers to complete AETC cultural diversity training
 - b. Coordinate with medical associations to organize grand rounds and engage health care professionals on RWHA Program services
 - c. Expand service-hour availability for oral health care providers under Ryan White Part A
- 3. Address social determinants of health for PWH, including through expanding and improving the availability of subsidized and affordable housing, case management and transportation services
 - a. Increase collaboration and coordination with HOPWA to further develop housing support programs
 - b. Provide transportation for PWH to services, including for case management, ADAP, etc.

- c. Determine feasibility of using private transportation systems, such as Uber Health and Lyft, to increase access to services; expand Special Transportation Services options
- 4. Improve access to and retention in care
 - a. Support changes in ADAP policy to allow for more than one ADAP pharmacy, extended hours, or medications to be made accessible at other pharmacies
 - b. Increase the number of HIV service providers that offer extended hours for case management and clinical services
 - c. Support cost-sharing mechanisms that can help reduce the cost burden on PWH who are uninsured or underinsured
 - d. Use findings from the need assessment (conducted by the county and the state) to address barriers to retention in care by collaborating with community partners
 - e. Partner with agencies that serve individuals who have recently arrived at the jurisdiction (immigrants, uninsured and underinsured populations) and provide information on available resources (e.g., faith-based organizations/legal aid organizations, etc.)
 - f. Expand linkage-to-care systems for those who have been recently released from jails
- 5. Market strategies that destigmatize HIV care and encourage PWH to stay in care
 - a. Develop and support culturally tailored prevention messages to destigmatize HIV (e.g., U=U)
 - b. Use peer educators and representatives of the HIV-affected to deliver messages highlighting personal success and struggles to PWH, empowering them to thrive despite their status

KEY PARTNERS: Association of Free Clinics, community health centers, FQHCs, TTRA partners, Health Choice Network, HOPWA provider, hospitals, insurance plans, pharmaceutical grants, private doctors, RWHA Program recipients

OUTCOMES: Increased number of TTRA providers, increased number of patients enrolled in TTRA, increased number of trainings offered to providers, increased number of agencies offering extended hours, increased number of public/private partnerships created to support housing and transportation

MONITORING DATA SOURCE: Surveillance, RWHA Program data, linkage dashboard

PILLAR THREE: PREVENT

GOAL: By 2025, lower the rate of HIV transmission diagnosed annually in Miami-Dade County

OBJECTIVE: Reduce the rate of new HIV transmission in Miami-Dade County from 41.7 in 2019 to 10.4 by 2025.

KEY STRATEGIES AND ACTIVITIES:

- 1. Increase social media efforts to engage and connect the population on the benefits and accessibility of PrEP/nPEP
 - a. Customize messaging on PrEP/nPEP to at-risk populations with an inclusive message that promotes diversity (inclusive of multi-lingual messages)
 - b. Develop campaigns to engage health care professionals on PrEP/nPEP and identify PrEP ambassadors
 - c. Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages and further destigmatize HIV
- 2. Expand community engagement efforts related to PrEP and nPEP
 - a. Utilize mobile units to increase PrEP/nPEP uptake
 - b. Promote Ready, Set, PrEP initiative using peer educators/community health workers to better reach communities where they are and provide education on PrEP/nPEP and HIV prevention
 - c. Utilize academic detailing to educate health care providers on PrEP/nPEP accessibility
 - d. Continue distribution of free condoms at outreach events and non-traditional settings

- e. Increase access points in areas frequented by populations most at risk in Miami-Dade County and extend after-hour and weekend availability
 - f. Assess the feasibility of a PEP referral system
 - g. Create a comprehensive list of PrEP/nPEP providers to share with community partners
 - h. Support local SEPs and partner in EHE efforts when possible
3. Increase access to PrEP
- a. Support pharmacy-driven PrEP protocols
 - b. Identify and address barriers that providers may have to prescribing same-day PrEP
 - c. Identify and share best practices to expand providers' capacity for offering TelePrEP services
 - d. Educate underserved and at-risk communities on the use and accessibility of TelePrEP services
 - e. Use academic detailing to engage and educate medical providers to further increase potential access points for PrEP
 - f. Support state policy change to allow 13–17-year-olds to access PrEP without parental consent

KEY PARTNERS: Academic institutions, community health centers, FQHCs, hospitals, local county governments, pharmacies, private doctors, social media platforms, urgent care centers

OUTCOMES: Increased number of providers prescribing PrEP, increased number of clients on PrEP, increased number of PrEP messages, increased number of mobile units providing PrEP, increased number of academic detailing visits, increased number of clients accessing TelePrEP

MONITORING DATA SOURCE: Local databases, EHE dashboard, PrEP Locator

PILLAR FOUR: RESPOND

GOAL: Rapidly detect networks of growing HIV transmission in Miami-Dade County by 2025

OBJECTIVE: By 2025, improve the timeliness and effectiveness of the state's response to HIV clusters

KEY STRATEGIES AND ACTIVITIES:

1. Use mobile response team and community partners to address new HIV transmission networks and cluster-related activities in Miami-Dade County
 - a. Improve linkage to care in response to HIV clusters, including using the mobile response unit or team to engage clients and link them to appropriate resources (medical home, HIV medical care and ARV therapy) in the community
 - b. Identify HIV/STI testing partners/agencies to support the mobile response team
 - c. Incorporate information on available resources (e.g., PEP and PrEP) for delivery to at-risk communities by mobile units
2. Expand community engagement efforts and coordinate with community mobilization groups to address new HIV transmission networks in Miami-Dade County
 - a. Identify key community mobilization groups that can educate the community and assist in disseminating information on cluster-related activities
 - b. Encourage medical providers to participate more heavily in outbreak situations
3. Use FDOH surveillance and local data to identify HIV transmission networks and improve response
 - a. Develop a communication protocol for cluster investigations
 - b. Increase HIV genotype testing to better determine clusters or "pockets" of HIV cases

KEY PARTNERS: RWHA Program, Substance Abuse and Mental Health Services Administration, FDCF, CBOs, FQHCs, public health professionals, medical providers

OUTCOMES: Establishment of protocol, increased linkage for PWH, increased in PrEP uptake and referrals, increased number of partners, establishment of communication plan, etc.

SECTION VIII: HILLSBOROUGH COUNTY

In 2019, 285 persons received an HIV diagnosis in Hillsborough County, of whom 83 percent were linked to HIV-related care within 30 days of diagnosis. There were 7,412 PWH in Hillsborough County through 2019, of whom 75 percent (N=5,591) were retained in care and 72 percent (N=5,314) achieved a suppressed viral load. This compares to 72 percent and 69 percent, respectively, for the state. A total of 1,281 PWH (17%) in Hillsborough County did not receive any HIV-related care in 2019. In 2019, Hillsborough County continued to see disparities in HIV diagnoses among adults (age 13+). The HIV diagnosis rate per 100,000 population among Black men (112.6) is five times higher than for White men (20.8), whereas the rate among Hispanic/Latino men (39.5) is two times higher than for White men. The HIV rate among Black women (29.9) is seven times higher compared to White women (4.2), whereas the rate among Hispanic/Latina women (5.2) was 1.3 times that of White women. Among PWH living in Hillsborough County, Black persons have a lower viral suppression rate (67%) compared to White (78%) and Hispanic/Latinx (73%) persons. HIV diagnoses have decreased by 13 percent from 2015 (N=326) to 2019 (N=285). Over that same time, the number of new HIV diagnoses among men decreased by 13 percent; among women it declined by 10 percent. The age groups with the highest increases in new HIV diagnoses over the past five years were those aged sixty and older (108%) and 30–34 years (13%). MMSC continues to be the primary mode of exposure for HIV among men (86 percent of men diagnosed in 2019). However, there was an 83 percent decrease from IDU, a 30 percent decrease from MMSC/IDU and a four percent decrease from heterosexual contact. For women diagnosed with HIV over the past five years, there an increase from IDU (83%) and a decrease from heterosexual contact (21%).

PILLAR ONE: DIAGNOSE

GOAL: Expand the number of people in Hillsborough County who are aware of their HIV status by increasing the number of HIV tests completed by seven percent per year for each year through 2025

OBJECTIVE: Increase the percentage of individuals who know their serostatus from 86.5 in 2019 to at least 90 by 2025

KEY ACTIVITIES AND STRATEGIES:

1. Increase testing in high-risk communities and non-conventional venues, including one additional hospital system, two homeless-serving agencies and one correctional facility
 - a. Meet with non-conventional venues to establish relationships and obtain buy in to increase HIV testing
 - b. Determine baseline and capacity to increase testing in each non-conventional venue
 - c. Expand mobile testing activities at community events as well as in underserved communities through partnerships with service providers
 - d. Identify opportunities to leverage COVID-19 testing to conduct HIV testing, distribute HIV information and distribute HIV home test kits
2. Use the Community PROMISE Intervention to mobilize peers and partners to help identify persons at risk for HIV in their social network
 - a. Train two full-time peer educators to disseminate accurate and relevant HIV information in their communities
 - b. Continue HIV partner counseling and referral services
 - c. Offer testing to persons at risk as identified by PWH in their social network

3. Encourage routine HIV testing
 - a. Bring providers together to form an ad-hoc committee to identify barriers to implementation and make recommendations for implementing routine testing
 - b. Work with ad-hoc committee to create an action plan to eliminate barriers
 - c. Collaborate with FQHCs, Association of Free Clinics, etc. to encourage routine HIV testing
 - d. Prepare health care providers to comply with CDC recommendation that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care
 - e. Work with Hillsborough County Indigent Healthcare plan to determine how to incorporate routine testing through their provider network
 - f. Use social media and other non-traditional methods to promote availability and importance of HIV testing
4. Increase HIV home testing
 - a. Based on funding, determine number of kits to be distributed to and dispersed through partners
 - b. Develop a protocol to track distribution of kits and assess follow-through with testing
 - c. Develop public information campaigns to increase knowledge of HIV home testing as an option
5. Explore use of novel technologies for awareness and/or partner notification
 - a. Convene workgroup to explore contact tracing, service linking and health education technologies (e.g., phone apps/social media)
 - b. Determine feasibility for Technology-Based Partner Services through CDC Toolkit

KEY PARTNERS: Correctional facilities (Hillsborough County Jail), hospitals, PWH, area providers, Ryan White Part A recipient, homeless-serving agencies, Hillsborough County Health Plan, motels used for short-term housing, Area Health Education Centers (AHECs), Association of Free Clinics, FQHCs, Hillsborough County Medical Association, University of South Florida (USF) College of Medicine, Tampa Bay Advance Practice Nurses Council, funded HIV service providers, behavioral health providers, Health Council of West Central Florida, Hillsborough County School District, USF Student Services, Hillsborough Community College, University of Tampa, manufacturers of home testing kits, HIV testing providers, CDC, HRSA

OUTCOMES: Increased HIV testing numbers, increased linkage-to-care rates

MONITORING DATA SOURCE: HIV testing data, electronic medical record (EMR) data, surveillance data

PILLAR TWO: TREAT

GOAL 1: By 2025, expand access to HIV care and treatment in Hillsborough County for PWH

OBJECTIVE: Increase the percentage of newly diagnosed PWH linked to care in 30 days from 82.5 in 2019 to at least 90 by 2025

KEY ACTIVITIES AND STRATEGIES:

1. Increase linkage rate for newly diagnosed individuals from a baseline of 80 percent to at least 85 percent through use of innovative evidence-informed models
 - a. Link newly diagnosed individuals to care within 30 days using Florida's Test and Treat protocol (rapid access to treatment)
 - b. Track and evaluate the system by which EDs test patients for HIV and efficiently link patients to treatment
 - c. Use telehealth to establish initial visits
 - d. Ensure that cases identified through HIV home testing are linked to care
 - e. Identify and explore innovative models for implementation that address barriers to linking to care such as housing and transportation
2. Increase the re-engagement rate of PWH from a baseline of 81 percent to at least 86 percent by mobilizing interventionists
 - a. Review medical records for individuals who have missed one or more medical appointments in the past six months for outreach

- b. Determine who did not re-engage in care using traditional engagement strategies, including telehealth
 - c. Provide personalized assessment and assistance designed to re-engage clients
 - d. Incorporate machine learning into provider EMRs in order to address unmet needs
- 3. Mobilize early intervention specialists (EIS) to increase the number of individuals who are virally suppressed from 78 percent to 83 percent
 - a. Determine who has not reached viral suppression through traditional strategies
 - b. Provide personalized interventions designed to assist clients achieve viral suppression through use of adherence assessment and other strategies, including telehealth
 - c. Identify unmet needs and engage underrepresented organizations/individuals to improve client-level outcomes
 - d. Integrate the identified unmet needs into the Getting to Zero Tampa Bay Collaborative's existing committee infrastructure

KEY PARTNERS: PWH, area providers, Ryan White Part A recipient, Center for Systems Integration and Coordination, clinical interventionists, clinic sites

OUTCOMES: Increased rates of linkage to care within 30 days for newly diagnosed individuals, increased re-engagement rates for PWH, increased viral suppression rates, new/revised data sharing agreements

MONITORING DATA SOURCE: EMR data, surveillance data, evidence of new/revised data sharing agreements

PILLAR THREE: PREVENT

GOAL 1: By 2025, lower the rate of HIV transmission diagnosed annually in Hillsborough County

OBJECTIVE: Reduce the rate of new HIV transmission in Hillsborough County from 19.7 in 2019 to 4.8 by 2025

KEY ACTIVITIES AND STRATEGIES:

1. Increase PrEP awareness and support within Hillsborough County
 - a. Educate priority populations about PrEP: White, Black and Hispanic MSM, Black and Hispanic heterosexuals
 - b. Educate health care providers about PrEP
 - c. Identify best practices to finance PrEP
2. Increase the number of providers trained to prescribe PrEP
 - a. Identify potential PrEP providers
 - b. Educate health care professionals, including students, to collect sexual health history and prescribe PrEP
 - c. Identify resources for clinical consultation and education
3. Advocate for policy changes to support improved access and uptake by priority populations
 - a. Explore and support legislation for individuals to access PrEP without a prescription
 - b. Support provision for 13–17-year-olds to obtain access to PrEP without parental consent
4. Develop a coordinated system to allow timely delivery of nPEP to patients in need in Hillsborough County
 - a. Educate clients and expand access points and payment options
 - b. Build collaborations with private pharmacies, sexual assault teams, clinical social workers, nurses and rape crisis centers
 - c. Design and implement an information campaign for clients
 - d. Identify and recruit providers for nPEP access
 - e. Develop a community database guide
5. Combat stigma by leveraging community-wide targeted educational initiatives and social media campaigns to change attitudes that prevent people from seeking testing and/or care for HIV/AIDS

- a. Implement stigma reduction and implicit bias training for personnel in health care settings
 - b. Identify training resources
 - c. Garner support from administrators to implement training
 - d. Improve access to sexual health education
 - e. Establish relationship with Hillsborough County School District's comprehensive health education implementation team (under their CDC grant, PS18-1807)
 - f. Conduct outreach to youth-serving organizations to determine what services are being offered/willingness to add programming
 - g. Evaluate offerings and work to improve content and frequency as needed
 - h. Promote Teen Connect Website, increase community exposure to social media content focused on reducing stigma of HIV testing, treatment and prevention
6. Prevent all cases of perinatally acquired HIV in Hillsborough County through the implementation of community education initiatives, standard HIV testing and treatment in prenatal care
 - a. Support access to universal HIV testing for women during pregnancy
 - b. Provide women who test positive for HIV with access to appropriate ARV medications
 - c. Educate provider and patients regarding the necessity and success of HIV testing and treatment in prenatal care

KEY PARTNERS: PWH, area providers, Ryan White Part A recipient, Center for Systems Integration and Coordination, Getting to Zero Tampa Bay Collaborative, CBOs, FQHCs, hospitals, social media platform providers, Hillsborough Medical Association, nurses, AHEC, AETCs, maternal and child health providers, Ready, Set, PrEP program, Boys and Girls Clubs, Girl Scouts, Hillsborough County Schools, Healthy Start, Teen Connect, Choosing Myself (cis and trans young women in foster care), PACE Center for Girls, Ybor Youth Clinic, Unitarian Universalist United Church of Christ "Our Whole Lives" program, Planned Parenthood, More Health, OBGYNs, REACH UP, Planned Parenthood, USF, area providers, Ryan White Part A recipient

OUTCOMES: Increased number of providers trained, increased number of prescriptions for PrEP, increased number of community education forums, increased use of PrEP, increased number of sites where youth can obtain accurate information, increased percentage of women tested for HIV during pregnancy, continued low to no new cases of perinatally acquired HIV

MONITORING DATA SOURCE: Documentation of community forums, copies of advertisements, local databases, EMRs, pharmacy records, documentation of trainings, documented letters of support, documentation of legislative committee meetings attendance, and testimonies.

PILLAR FOUR: RESPOND

GOAL 1: By February 28, 2025, develop a countywide strategy to identify and respond to HIV transmission networks

OBJECTIVE: By 2025, improve the timeliness and effectiveness of the state's response to HIV clusters

KEY ACTIVITIES AND STRATEGIES:

1. Utilize FDOH surveillance and e2Hillsborough data to identify and improve response to HIV transmission networks
 - a. Enter into memorandums of agreement with homeless-/migrant-/immigrant-serving agencies to be better able to respond to transmission networks
 - b. Contract with EIS and health education risk reduction specialists (HERR) to locate those who were recently diagnosed to gather additional data
 - c. Review findings of EIS and HERR
 - d. Work with community partners to develop and implement new strategies to address new HIV transmission networks

KEY PARTNERS: PWH, area providers, Ryan White Part A recipient, Center for Systems Integration and Coordination, Hillsborough County Opioid Task Force
OUTCOMES: Transmission networks identified and explored; EIS hired; new strategies developed for networks
MONITORING DATA SOURCE: e2Hillsborough database, EIS interview summaries

SECTION IX: ORANGE COUNTY

In 2019, 474 persons received an HIV diagnosis in Orange County, of whom 77 percent were linked to HIV-related care within 30 days of diagnosis. Of the 9,273 PWH in Orange County through 2019, 72 percent (N=6,642) were retained in care, and 68 percent (N=6,346) achieved a suppressed viral load. This compares to 72 percent and 69 percent, respectively, for the state. A total of 1,860 PWH (20%) in Orange County did not receive any HIV-related care in 2019. In 2019, Orange County continued to see disparities in HIV diagnoses among adults (age 13+). The HIV diagnosis rate per 100,000 population among Black men (129.8) is four times higher than for White men (33.6), whereas the rate among Hispanic/Latino men (84.8) is 2.5 times higher than for White men. The HIV rate among Black women (45.8) is 7.5 times higher compared to White women (6.1), whereas the rate among Hispanic/Latina women (9.6) was 1.6 times that of White women. Among PWH, Black persons have a lower viral suppression rate (61%) compared to White (77%) and Hispanic/Latinx (72%) persons. HIV diagnoses in Orange County have increased by 13 percent from 2015 (N=420) to 2019 (N=474). Over that same time, the number of new HIV diagnoses among men increased by 15 percent; among women it increased by five percent. The age groups with the highest increases in new HIV diagnoses over the past five years were those aged 40–44 years (50%) and 25–29 years (44%). The age groups with the largest decrease over the past five years were 13–19 (44%) and 20–24 (10%). MMSC continues to be the primary mode of exposure for HIV among men (76 percent of men diagnosed in 2019). Additionally, among men, there was a 45 percent increase from heterosexual contact, while there was a 36 percent decrease from MMSC/IDU. For women diagnosed with HIV over the past five years, there was a decrease from IDU (40%) and an increase from heterosexual contact (12%).

PILLAR ONE: DIAGNOSE

GOAL: By 2025, reduce the number of new HIV diagnoses in Orange County.

OBJECTIVE: Increase the percentage of individuals who know their serostatus from 86.5 in 2019 to at least 90 by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Increase routine screenings access
 - a. Implement testing within pharmacies, minute clinics, EDs and urgent care
 - b. Increase the use of home test kits
 - c. Use mobile testing units to test in high morbidity ZIP codes
 - d. Implement routine screening in correctional facilities
 - e. Provide access outside of normal work hours and on weekends
2. Increase outreach partnerships/expand targeted testing
 - a. Redefine and expand community outreach programs to include nightclubs, sex workers, homeless shelters, detox centers, corner stores and other non-conventional testing settings
 - b. Increase corporate partnerships, e.g., Walmart, CVS, Target, Walgreens
 - c. Collaborate with grassroots organizations for increased testing
 - d. Address the young MSM community (especially Black and Latinx), trans women, Black women, the Haitian-Creole community
 - e. Use PWH and STI ZIP code data to drive testing

3. Address the public-school system
 - a. Expand on comprehensive sexual health education and assessments
 - b. Utilize school health nurses for sexual health assessments
 - c. Implement sexual health assessments as a part of school physicals
 - d. Create access to STI and HIV testing on school campuses
4. Address the medical community
 - a. Develop a provider detailing team to address medical practices
 - b. Create education incentives for providers
 - c. Provide annual 501 trainings for medical and nursing students
5. Increase advertising
 - a. Increase the use of social media ads (utilizing Google analytics), boosting banners on Facebook and Instagram
 - b. Increase education on dating apps through ads/banners that provide access to testing sites
 - c. Ensure traditional advertising (radio, billboards, bus shelters) is linguistically and culturally appropriate

KEY PARTNERS: Orange County Government, local AIDS service organizations/CBOs, Central Florida HIV Planning Council, Orange County Public Schools, University of Central Florida and Valencia Community College (School of Nursing and Medical school), hospital systems (Advent Health System and Orlando Health), Orange County Jail, Central Florida Boys and Girls Club, iHeart Media, Health Care Center for Homeless, Hispanic Federation, Walgreens Community Based Specialty Pharmacy, Walmart Center of Excellence Project Specialty Pharmacy, FQHCs, local private providers/medical groups (internal medicine, primary care, OBGYNs)

OUTCOMES: Increased number of newly identified PWH, new partnerships, increased number of outreach activities, increased number of individuals who know their status, improved capacity of correctional facilities to conduct routine screening

MONITORING DATA SOURCE: State surveillance data, local testing data

PILLAR TWO: TREAT

GOAL: By 2025, reduce the rate at which PWH in Orange County progress to AIDS

OBJECTIVE: Increase the percentage of newly diagnosed PWH linked to care in 30 days from 76.6 in 2019 to at least 85 by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Increase education to providers and increase patient access
 - a. Educate providers (primary care and internal medicine) on Test and Treat to address the need for rapid access to care
 - b. Educate private providers on Ryan White care system and eligibility requirements
 - c. Initiate treatment in county jails regardless of whether inmate is on ARV
 - d. Start treatment in the initial place of diagnosis (primary care provider, ED, etc.)
 - e. Extend clinic hours beyond 5:00 p.m. and include weekends, and provide services through mobile units (addressing transportation)
 - f. Use telehealth for CBOs to create rapid access to care
2. Increase the number of persons retained in care and streamline medical services
 - a. Use retention specialists to focus on newly diagnosed clients for up to a year after initial diagnoses as well as on clients who have dropped out of care for over a year
 - b. Increase the use of technology to remind clients of appointments (text messages)/create an alert system within medical records for clients who missed a provider visit
 - c. Implement pharmacy synchronization (coordinating the refill of medications so they can be picked up on a single day each month, which can reduce missed doses)

- d. Use telehealth medicine for clients to assist with medication adherence to reduce the number of in-person clinic visits
 - e. Establish “one-stop-shop” facilities that address housing, transportation, mental health, substance use
 - f. Develop one process for eligibility that covers all parts of Ryan White and ADAP and can be done virtually and in multiple locations at flexible hours
3. Increase advertising around treatment campaigns
- a. Create a campaign around Treatment as Prevention and U=U
 - b. Create campaigns around ADAP and HOPWA
 - c. Increase education on dating apps through ads/banners that provide access to testing sites
 - d. Ensure traditional advertising (radio, billboards, bus shelters) is linguistically and culturally appropriate

KEY PARTNERS: Orange County Government, local AIDS service organizations/CBOs, Central Florida HIV Planning Council, Orange County Public Schools, University of Central Florida and Valencia Community College (School of Nursing and Medical School), hospital systems (Advent Health System and Orlando Health), Orange County Jail, Central Florida Boys and Girls Club, iHeart Media, Health Care Center for Homeless, Hispanic Federation, Walgreens Community Based Specialty Pharmacy, Walmart Center of Excellence Project Specialty Pharmacy, FQHCs, local private providers/medical groups (internal medicine, primary care, OBGYNs)

OUTCOMES: Increased number of PWH (newly diagnosed and out of care over a year) linked to care, increased number of PWH retained in care, decreased number of persons out of care, increased number of persons linked to care within 30 days, increased number of PWH virally suppressed

MONITORING DATA SOURCE: State surveillance data, ADAP data, Ryan White Program data

PILLAR THREE: PREVENT

GOAL: By 2025, increase the proportion of individuals accessing prevention services.

OBJECTIVE: Reduce the rate of new HIV transmission in Orange County from 34.1 in 2019 to 8.5 by 2025.

KEY STRATEGIES AND ACTIVITIES:

- 1. Increase PrEP and PEP education
 - a. Disseminate a “Dear Colleague” letter from the state surgeon general/health officer to address PrEP and PEP access
 - b. Increase the use of social media (utilizing Google analytics) to target youths and young adults, boosting banners on Facebook and Instagram
 - c. Educate primary care providers, internal medicine and urgent care centers and pharmacies on PrEP and PEP
 - d. Implement an education campaign among key populations to increase PrEP education (clubs, bars, universities, provider offices, hospitals)
- 2. Increase PrEP and PEP client access to care
 - a. Provide rapid access to PrEP and PEP services during outreach activities through telemedicine
 - b. Develop a PrEP and PEP provider network to provide rapid access among primary care providers and CBOs
 - c. Use PrEP and PEP navigators in EDs and urgent care centers
 - d. Use mobile units to provide PrEP care
- 3. Implement a comprehensive SEP
 - a. Work with grassroots organizations to develop a collaborative approach to implement an SEP
 - b. Develop a referral network to ensure all clients are referred to needed services

KEY PARTNERS: Orange County Government, local AIDS service organizations/CBOs, Central Florida HIV Planning Council, Orange County Public Schools, University of Central Florida and Valencia Community College (School of Nursing and Medical school), hospital systems (Advent Health System and Orlando Health), Orange County Jail, Central Florida Boys and Girls Club, iHeart Media, Health Care Center for Homeless, Hispanic Federation, Walgreens Community Based Specialty Pharmacy, Walmart Center of Excellence Project Specialty Pharmacy, FQHCs, local private providers/medical groups (internal medicine, primary care, OBGYNs)

OUTCOMES: Increased number of providers educated on PrEP and nPEP, increased number of persons linked to PEP and PrEP services, increased number of PrEP and nPEP prescriptions, increased number of individuals receiving syringe services

MONITORING DATA SOURCE: State surveillance data, local PrEP provider database, medical records

PILLAR FOUR: RESPOND

GOAL: Achieve a more coordinated response to the HIV epidemic in Orange County

OBJECTIVE: By 2025, improve the timeliness and effectiveness of the state's response to HIV clusters

KEY STRATEGIES AND ACTIVITIES:

1. Gain state and local city/county government support in HIV testing, prevention and patient care efforts
 - a. Establish HIV taskforce to address HIV stigma
 - b. Develop a monthly partnership to address current efforts of testing, treatment and prevention
2. Gain grassroots agency and private provider support to focus on priority populations
 - a. Create linkage-to-care/HIV peer teams to address and engage transgender and young Black and Latinx MSM individuals within their social networks
 - b. Create harm reduction programs that target Central Florida transgender, Black and Latinx populations
 - c. Use BRTA/FRTA partners to provide HIV testing and awareness information based on ZIP code data

KEY PARTNERS: Orange County Government, local AIDS service organizations/CBOs, Central Florida HIV Planning Council, Orange County Public Schools, University of Central Florida and Valencia Community College (School of Nursing and Medical school), hospital systems (Advent Health System and Orlando Health), Orange County Jail, Central Florida Boys and Girls Club, iHeart Media, Health Care Center for Homeless, Hispanic Federation, Walgreens Community Based Specialty Pharmacy, Walmart Center of Excellence Project Specialty Pharmacy, FQHCs, local private providers/medical groups (internal medicine, primary care, OBGYNs)

OUTCOMES: Local protocols, increased number of BRTA/FRTA partners, increased number of peer programs, improved engagement with priority populations

MONITORING DATA SOURCE: Local reports

SECTION X: PALM BEACH COUNTY

In 2019, 248 persons received an HIV diagnosis in Palm Beach County, of whom 77 percent were linked to HIV-related care within 30 days of diagnosis. There were 8,259 PWH in Palm Beach County through 2019, of whom 66 percent (N=5,465) were retained in care and 63 percent (N=5,189) achieved a suppressed viral load. This compares to 72 percent and 69 percent, respectively, for the state. A total of 2,206 PWH (27%) in Palm Beach County did not receive any HIV-related care in 2019. In 2019, Palm Beach County continued to see disparities in HIV diagnoses among adults (age 13+). The HIV diagnosis rate per 100,000

population among Black men (69.4) is five times higher than for White men (13.6), whereas the rate among Hispanic/Latino men (36.5) is nearly three times higher than for White men. The HIV rate among Black women (43.8) is 15 times higher compared to White women (2.9), whereas the rate among Hispanic/Latina women (10.4) was 3.5 times that of White women. Among PWH living in Palm Beach County, Black persons have a lower viral suppression rate (58%) compared to White (73%) and Hispanic/Latinx (65%) persons. HIV diagnoses in Palm Beach County have decreased by 11 percent from 2015 (N=280) to 2019 (N=248). Over that same time, the number of new HIV diagnoses among men declined by 15 percent; among women it declined by four percent. The age groups with the highest increase in new HIV diagnoses over the past five years were those aged 60+ (50%) and 40–44 (24%). The age groups with the largest decrease over the past five years were 50–54 (46%) and 13–19 (43%). Although MMSC continues to be the primary mode of exposure for HIV among men (66 percent of men diagnosed in 2019), there was a 21 percent decrease in new HIV diagnoses among this mode of exposure in men over the past five years. However, there was a 25 percent increase from MMSC/IDU and a 20 percent increase from IDU. For women diagnosed with HIV over the past five years, there was a 25 percent increase from IDU and a five decrease from heterosexual contact.

PILLAR ONE: DIAGNOSE

GOAL: By 2025, identify PWH as soon as possible after transmission

OBJECTIVE: Increase the percentage of individuals who know their serostatus from 86.5 in 2019 to at least 90 by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Enhance and expand community-based HIV testing, particularly for disproportionately impacted and underserved communities
 - a. Conduct a comprehensive assessment to identify specific geographic areas (by ZIP code) and communities (disaggregated by race and ethnicity) with limited access to HIV testing
 - b. Deploy mobile HIV testing units throughout the county, with a specific focus on identified priority areas
 - c. Expand the availability and utilization of home-based HIV self-testing kits
 - d. Identify and engage potential partners, particularly non-conventional venues, to build system capacity for HIV testing where it is most needed
 - e. Strategically expand community-based HIV testing in geographic areas with the highest HIV incidence
 - f. Establish drive-thru and walk-up rapid HIV testing sites and convenient and accessible locations
2. Expand universal and routine HIV screening in health care settings
 - a. Establish a united and coordinated effort to engage hospitals and health care systems to implement universal HIV testing in EDs
 - b. Support health care providers in developing protocols for integrating routine opt-out testing into practice
3. Address and reduce HIV-related stigma
 - a. Expand opportunities for peer mentors, community health workers, promotores de salud and others who share a relevant lived experience with communities to be served
 - b. Provide enhanced training for HIV service providers on HIV-related stigma and cultural humility
4. Implement a coordinated multi-pronged marketing campaign to promote EHE and normalize HIV testing

- a. Collaborate with community residents, leaders and stakeholders, particularly among disproportionately impacted populations, to develop culturally appropriate and non-stigmatizing messaging to encourage HIV testing
- b. Enhance and expand “What will you do to end the epidemic?” messaging and marketing efforts
- c. Establish and maintain a dedicated EHE website to track Palm Beach County’s progress towards ending the epidemic, including the integration of CDC’s AHEAD dashboard
- d. Develop and disseminate EHE messaging via mass media (including television and radio commercials and newspapers)
- e. Develop EHE messaging specific to particular key demographics (e.g., youth)
- f. Develop and disseminate creative, engaging and interactive EHE messaging via a wide range of social media platforms
- g. Invest resources in professional strategic marketing to lead and coordinate EHE marketing strategies across the county
- h. Enhance and expand U=U marketing campaign

KEY PARTNERS: Palm Beach County’s diverse communities and residents, PWH and other relevant lived-experience, key stakeholders, local HIV planning councils (including RW CARE Council and Community Prevention Partnership), Community HIV Advisory Group, HIV service organizations, Palm Beach County, Local Health Planning Council, LGBTQ+ community centers/service providers, FQHCs, safety-net clinics, health and hospital systems, primary care and specialty providers, health insurance providers, medical societies, pharmacies, housing providers, homeless service entities, behavioral health providers, opioid outreach and prevention services, syringe exchange services, STI programs, youth organizations, school district, academic institutions, media partners, transportation/transit partners, the faith-based community, neighborhood businesses and community gatekeepers and others

OUTCOMES: Increased positivity rate, increased number of individuals tested (by race and ethnicity), increased number of providers conducting routine screening, increased number of EDs conducting universal testing, increased number of new testing sites, increased number of providers trained, increased reach of marketing campaigns

MONITORING DATA SOURCE: FL CHARTS, AHEAD dashboard, HIV epidemiological profile, BRFSS, EMRs, Provide, surveillance and testing data, local databases

PILLAR TWO: TREAT

GOAL: By 2025, ensure all PWH receive equitable, uninterrupted quality care

OBJECTIVE: Increase the percentage of newly diagnosed PWH linked to care in 30 days from 77.0 in 2019 to at least 85 by 2025.

KEY STRATEGIES AND ACTIVITIES:

1. Enhance and expand the availability and utilization of a broad range of telehealth services to support HIV treatment
 - a. Utilize telehealth adherence counselors (TACs) to support PWH who are in care but not virally suppressed
 - b. Support the expansion of telehealth services across the continuum of HIV care through funding, training, technical assistance and capacity building
2. Establish Rapid Entry to Care (REC) sites across the county
 - a. Deploy Community Outreach, Response and Engagement teams, using a data-to-care model, to quickly link PWH to care
 - b. Develop and implement REC protocols and procedures to ensure PWH are seen within 72 hours
 - c. Expand the number of providers with reserved capacity for appointments or walk-ins for newly diagnosed PWH

- d. Create a shared calendar of appointments available for newly diagnosed PWH at REC sites across the county
 - e. Enhance REC services to include mental health assessments and services for newly diagnosed PWH
- 3. Advance health equity and address HIV-related health disparities, particularly among racial/ethnic minority and LGBTQ+ communities
 - a. Support the expansion of peer- and community health worker-based initiatives
 - b. Expand provider training on race and health equity, health literacy, cultural humility, provider bias, intersectionality and issues of homophobia and transphobia
 - c. Support the hiring of key personnel who reflect the full diversity of Palm Beach County
 - d. Create a comprehensive database of organizations that offer training on race and health equity, health literacy, cultural humility, provider bias, intersectionality and issues of homophobia and transphobia
 - e. Identify and enroll medical providers who are willing to participate in these training opportunities
- 4. Support a holistic approach to HIV care, addressing social determinants of health, to improve retention and adherence to care
 - a. Expand and enhance partnerships with entities that provide housing services, vocational training, employment support, etc.
 - b. Convene a housing workgroup/action team
 - c. Expand and enhance partnerships with behavioral health providers (mental health, substance use)

KEY PARTNERS: Palm Beach County's diverse communities and residents, PWH and other relevant lived-experience, key stakeholders, local HIV planning councils (including RW CARE Council and Community Prevention Partnership), Community HIV Advisory Group, HIV service organizations, Palm Beach County, Local Health Planning Council, LGBTQ+ community centers/service providers, FQHCs, safety-net clinics, health and hospital systems, primary care and specialty providers, health insurance providers, medical societies, pharmacies, housing providers, homeless service entities, behavioral health providers, opioid outreach and prevention services, syringe exchange services, STI programs, youth organizations, school district, academic institutions, media partners, transportation/transit partners, the faith-based community, neighborhood businesses and community gatekeepers and others

OUTCOMES: Increased number of PWH linked to care within 30 days of diagnosis, increased number of PWH retained in care, increased number of virally suppressed PWH, increased number of TACs, increased number of REC sites, increased number of peer programs or community health workers (CHWs), increased number of providers trained, increased reach of marketing campaigns and increased number of key partnerships

MONITORING DATA SOURCE: FL CHARTS, AHEAD dashboard, HIV epidemiological profile, Provide, FDOH 1628 forms, EMRs, surveillance and testing data, other local databases

PILLAR THREE: PREVENT

GOAL: By 2025, increase the proportion of individuals accessing prevention services

OBJECTIVE: Reduce the rate of new HIV transmission in Palm Beach County from 17.0 in 2019 to 4.3 by 2025

KEY STRATEGIES AND ACTIVITIES:

- 1. Expand the PrEP/nPEP provider network, particularly in communities experiencing the highest HIV incidence
 - a. Conduct a comprehensive analysis to identify communities with low access to PrEP/nPEP prescribers

- b. Provide academic detailing to educate providers on the effectiveness of PrEP/nPEP and prescribing guidelines
 - c. Collaborate with urgent care centers, clinics and medical providers to expand the number of PrEP and nPEP providers in communities with limited access
- 2. Expand and enhance telehealth services for HIV prevention, including telePrEP
 - a. Identify and engage prescribers willing to provide telehealth appointments for PrEP/nPEP services
 - b. Collaborate with providers to develop and communicate standardized protocols and best practices for telePrEP services
 - c. Provide training and technical assistance on telePrEP
- 3. Increase access to PrEP, nPEP and comprehensive clinical prevention services in underserved communities
 - a. Deploy mobile units to provide clinical preventive services, including PrEP/nPEP, in underserved or geographically isolated communities
 - b. Expand the availability of comprehensive prevention services at non-traditional community-based venues
- 4. Increase awareness and acceptance of PrEP/nPEP
 - a. Collaborate with community residents, leaders and stakeholders, particularly among populations with the lowest utilization of PrEP/nPEP, to develop culturally appropriate and non-stigmatizing messaging
 - b. Integrate nationally recognized “Ready, Set, PrEP” messaging into overall EHE marketing efforts
 - c. Collaborate with local colleges, universities, vocational schools and the school district to increase opportunities to educate youths on PrEP/nPEP
 - d. Develop and disseminate HIV prevention resource guides (written and electronic) that include PrEP and nPEP prescribers and payment assistance programs
 - e. Develop and disseminate culturally appropriate educational materials to health care and community-based settings regarding effective prevention options (PrEP, nPEP and condoms)
 - f. Integrate enhanced PrEP and nPEP messaging into the overall EHE marketing campaign

KEY PARTNERS: Palm Beach County’s diverse communities and residents, PWH and other relevant lived-experience, key stakeholders, local HIV planning councils (including RW CARE Council and Community Prevention Partnership), Community HIV Advisory Group, HIV service organizations, Palm Beach County, Local Health Planning Council, LGBTQ+ community centers/service providers, FQHCs, safety-net clinics, health and hospital systems, primary care and specialty providers, health insurance providers, medical societies, pharmacies, housing providers, homeless service entities, behavioral health providers, opioid outreach and prevention services, syringe exchange services, STI programs, youth organizations, school district, academic institutions, media partners, transportation/transit partners, the faith-based community, neighborhood businesses and community gatekeepers and others

OUTCOMES: Decreased number of new HIV infections, increased number of individuals accessing PrEP/nPEP, increased number of providers trained, increased number of PrEP/nPEP prescriptions, increased number of PrEP/nPEP providers, increased reach of marketing campaigns

MONITORING DATA SOURCE: FL CHARTS, AHEAD Dashboard, FDOH HIV PrEP/nPEP provider list, EMRs, surveillance data, pharmacy records, other local databases

PILLAR FOUR: RESPOND

GOAL: By 2025, increase capacity to identify, investigate and respond to rapidly increasing HIV transmission

OBJECTIVE: By 2025, improve the timeliness and effectiveness of the state’s response to HIV clusters

KEY STRATEGIES AND ACTIVITIES:

1. Develop and enhance infrastructure to implement a local community-level response
 - a. Provide ongoing training/technical assistance to persons/entities implementing response efforts
 - b. Establish local protocols and procedures for local response efforts
 - c. Establish partnerships with local providers, community-based agencies, academic institutions and other entities to implement a coordinated response strategy
2. Improve understanding of cluster response among system partners and providers to provide clarity about their role in this effort
 - a. Provide tailored training on the cluster response framework as well as protocols and procedures that are most relevant to particular system partners or providers
 - b. Widely distribute response marketing materials to system partners and providers
3. Improve understanding of cluster response among communities to address fear and privacy concerns and dispel misconceptions and myths
 - a. Engage local PWH and key stakeholders to develop appropriate messaging around cluster response
 - b. Integrate cluster response messaging into overall EHE marketing efforts
 - c. Deploy peer mentors and community health workers to engage communities around cluster response, addressing stigma and privacy concerns
 - d. Integrate cluster response messaging into overall STI education and outreach
 - e. Engage local and state lawmakers in cluster response efforts

KEY PARTNERS: Palm Beach County's diverse communities and residents, PWH and other relevant lived-experience, key stakeholders, local HIV planning councils (including RW CARE Council and Community Prevention Partnership), Community HIV Advisory Group, HIV service organizations, Palm Beach County, Local Health Planning Council, LGBTQ+ community centers/service providers, FQHCs, safety-net clinics, health and hospital systems, primary care and specialty providers, health insurance providers, medical societies, pharmacies, housing providers, homeless service entities, behavioral health providers, opioid outreach and prevention services, syringe exchange services, STI programs, youth organizations, school district, academic institutions, media partners, transportation/transit partners, the faith-based community, neighborhood businesses and community gatekeepers and others

OUTCOMES: Decreased number of new HIV infections, increased number of clusters identified, the establishment of local protocols for cluster detection and response, increased reach of marketing campaigns, increased number of trained providers, increased number of partnerships, increased number of peer mentors or CHWs

MONITORING DATA SOURCE: FL CHARTS, AHEAD Dashboard, surveillance data, local protocols, other local databases

SECTION XI: PINELLAS COUNTY

In 2019, 196 persons received an HIV diagnosis in Pinellas County, of whom 85 percent were linked to HIV-related care within 30 days of diagnosis. Of the 4,853 PWH living in Pinellas County through 2019, 80 percent (N=3,904) were retained in care, and 76 percent (N=3,698) achieved a suppressed viral load. This compares to 72 percent and 69 percent, respectively, for the state. A total of 586 PWH (12%) in Pinellas County did not receive any HIV-related care in 2019. In 2019, Pinellas County continued to see disparities in HIV diagnoses among adults (age 13+). The HIV diagnosis rate per 100,000 population among Black men (138.8) is five times higher than for White men (26.4), whereas the rate among Hispanic/Latino men (66.8) is 2.5 times higher than for White men. The HIV rate among Black women (35.9) is 21 times higher compared to White women (1.7), whereas the rate among

Hispanic/Latina women (7.4) was 4.3 times that of White women. Among PWH living in Pinellas County, Black persons have a lower viral suppression rate (69%) compared to White (81%) and Hispanic/Latinx (75%) persons. HIV diagnoses in Pinellas County have increased by seven percent from 2015 (N=182) to 2019 (N=196). Over that same time, the number of new HIV diagnoses among men increased by 13 percent while they decreased by 18 percent among women. The age groups with the highest increases in new HIV diagnoses over the past five years were those aged sixty and older (157%) and 30–34 years (84%). The age groups with the largest decrease over the past five years were 35–39 (48%) and 13–19 (44%). MMSC continues to be the primary mode of exposure for HIV among men (74 percent of men diagnosed in 2019). For women diagnosed with HIV over the past five years, there was a decrease from heterosexual contact (19%) and from IDU (17%). Twenty-five PWH living in Pinellas County in 2019 identified as transgender.

PILLAR ONE: DIAGNOSE

GOAL: By 2025, identify PWH as soon as possible after transmission

OBJECTIVE: Increase the percentage of individuals who know their serostatus from 86.5 in 2019 to at least 90 by 2025.

KEY STRATEGIES AND ACTIVITIES:

1. Expand access to options for routine HIV testing in high-risk populations and non-conventional venues
 - a. Coordinate with HIP contract holders to offer HIV/STI testing and information to high-priority populations
 - b. Provide capacity building to grassroots organizations that serve priority populations
 - c. Promote the use of home HIV testing kits as an alternative option, especially for hard-to-reach populations, including youths, transgender persons, sex workers and MSM
 - d. Pilot community-coordinated night clinics hosted at non-CHD locations in high-priority ZIP codes of Pinellas County
2. Expand access to and options for routine HIV testing in high-risk populations and targeted health care settings
 - a. Coordinate with hospital systems in Pinellas County to adopt the FOCUS model to incorporate routine HIV testing during hospital visits
 - b. Provide academic detailing to educate health care providers on routine opt-out HIV testing inclusive of HCV and STIs
 - c. Host Lunch and Learns to provide capacity building to health care professionals on topics including culturally appropriate service delivery, routine HIV testing, comprehensive care of PWH and those at-risk, understanding the community served and normalizing sexual health conversations
3. Expand community engagement efforts for high-risk communities in Pinellas County
 - a. Collaborate with new and existing community partners to host Listen and Learn community conversations in various locations throughout high-priority ZIP codes in Pinellas County to increase awareness and normalization of HIV testing
 - b. Participate in community events such as local art shows, sports tournaments, parades, concerts, etc. to increase awareness and normalization of HIV testing
4. Develop and implement social marketing campaigns to reach high-priority populations throughout Pinellas County
 - a. Create campaigns to promote testing, safe sex behaviors and prevention that can be used through TV, radio and other media outlets
 - b. Use social media and other common internet applications to advertise free testing services, educate high-risk communities and create continuous online conversation about HIV and STI risks specific to Pinellas County

KEY PARTNERS: PWH, FQHCs, CBOs, academic institutions, hospitals, area providers (public and private), Ryan White Part A recipient, homeless-serving agencies, motels used for short-term housing, HIP contractors, funded HIV service providers, Pinellas County community event organizers, Pinellas Planning Partnership, manufacturers of home testing kits, HIV testing providers, CDC, HRSA

OUTCOMES: Increased number of newly identified PWH, increased number of health care settings implementing routine screening, increased HIV testing numbers, increased linkage-to-care rates

MONITORING DATA SOURCE: Surveillance data, local testing data

PILLAR TWO: TREAT

GOAL: By 2025, increase the number of PWH in Pinellas County who receive ongoing care and treatment, regardless of Ryan White status

OBJECTIVE: Increase the percentage of newly diagnosed PWH linked to care in 30 days from 84.7 in 2019 to at least 90 by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Increase retention in care and treatment and viral suppression
 - a. Coordinate with hospital systems in Pinellas County to adopt the FOCUS model to enhance linkage to care for those who test positive during hospital visits
 - b. Provide feedback to HIV providers on the number/percentage of their ADAP clients who are virally suppressed
 - c. Continue to work through the Zero Pinellas model to ensure linkage to care within 72 hours
 - d. Collaborate with new and existing community partners to challenge and incentivize PWH to maintain low/suppressed viral loads
2. Expand capacity building for health care professionals
 - a. Educate and train HIV providers to provide culturally appropriate health care experiences for PWH, specifically for those in the Black and Latinx communities with higher rates of disease
3. Address social determinants that create barriers to care, compliance and viral load suppression for PWH, including lack of subsidized and affordable housing, transportation services, access to specialty care, access to educational and economic opportunities
 - a. Organize the Pinellas County Housing Summit to expand access to safe/affordable housing
4. Develop and support culturally tailored messages (e.g., U=U) that destigmatize HIV care and encourage PWH to stay in care
 - a. Design viral suppression cards and posters to educate clients on the benefits of viral load suppression and distribute among all providers that serve PWH
 - b. Develop a community campaign to market and advertise to PWH on the benefits of maintaining low viral loads and protecting against STIs, vaccine preventable disease (e.g., hepatitis A) and other opportunistic infections

KEY PARTNERS: PWH, area providers (public and private), Ryan White Part A recipient, FQHCs, health care providers, case managers

OUTCOMES: Increased number of PWH retained in care, decreased number of persons out of care, increased number of persons linked to care in 30 days, increased number of PWH virally suppressed and adherent to medication regimen

MONITORING DATA SOURCE: Local database, CAREWare, ADAP Provide, CDC testing and linkage data

PILLAR THREE: PREVENT

GOAL: By 2025, increase the proportion of individuals accessing prevention services, including PrEP and SEPs, in Pinellas County

OBJECTIVE: Reduce the rate of new HIV transmission in Pinellas County from 20.0 in 2019 to 5.0 by 2025

KEY STRATEGIES AND ACTIVITIES:

1. Implement extensive training on stigma reduction and PrEP among health care professionals
 - a. Educate health care providers and medical students on collecting sexual history and prescribing PrEP
 - b. Identify potential PrEP providers
2. Expand access to PrEP
 - a. Use academic detailing to engage and educate medical providers to further increase potential access points for PrEP
 - b. Increase access points for PrEP throughout STI/family planning clinics
 - c. Coordinate with the City of St. Petersburg to implement free condom dispensing program in high-risk ZIP codes; this would be in venues that are easily accessible after hours.
3. Expand community engagement efforts to reduce stigma of HIV testing, treatment and prevention
 - a. Pilot the Community Ambassador Program to train influential members of high-risk communities to provide education and outreach with high-risk populations
 - b. Facilitate Listen and Learn community conversations in various locations throughout Pinellas County and focused on high-priority ZIP codes and populations, to increase awareness of PrEP
 - c. Develop local teen councils in high-risk neighborhoods to train teens to provide peer-to-peer education through local recreation centers (topics to include condom usage, sexuality/sexual health, peer pressure)
 - d. Host a series of “Dinner Discussions” with the health ministries of churches located in high-risk areas throughout Pinellas County
 - e. Integrate HIV education and awareness components into non-health related community events, including art shows, local celebrity sports tournaments (basketball, golf), community cookouts and local parades
 - f. Support local SEPs and naloxone access
 - g. Identify social influencers from high-risk communities and provide stipends to disseminate messages on PrEP and HIV-related information (prevention, testing, treatment, etc.) weekly on their social networks
 - h. Utilize street teams/foot teams to distribute outreach materials in high-risk communities
 - i. Create a campaign to promote and incentivize testing, safer sex behaviors and prevention tailored to high priority populations in Pinellas County

KEY PARTNERS: PWH; area providers (private and public); hospital systems; academic institutions; faith-based organizations and churches; Ryan White Part A recipient; Center for Systems Integration and Coordination; Zero Pinellas Project Team and partners; CBOs; FQHCs; hospitals; social media platform providers; medical associations; nurses; AETCs; maternal and child health providers; Healthy Start; Ready, Set, PrEP program; leadership from partner agencies

OUTCOMES: Increased number of providers trained/educated, increased number of PrEP prescriptions provided, increased number of non-traditional settings offering PrEP services, increased number of academic institutions educating on PrEP, increased number of non-HIV service organizations educating on PrEP

MONITORING DATA SOURCE: Local databases, medical records

PILLAR FOUR: RESPOND

GOAL: By 2025, establish a strategy to rapidly detect and respond to HIV transmission networks in Pinellas County

OBJECTIVE: By 2025, improve the timeliness and effectiveness of the state’s response to HIV clusters

KEY STRATEGIES AND ACTIVITIES:

1. Coordinate with FDOH HIV/AIDS Section to develop a plan for monitoring and following up on molecular clusters
 - a. Establish protocols for cluster monitoring and local follow-up
 - b. Expand linkage-to-care services for newly diagnosed persons and those lost to care
 - c. Provide education to community partners and organizations about molecular clusters
 - d. Conduct physician detailing to encourage genotype testing

KEY PARTNERS: Hospital systems, FQHCs, private providers, Ryan White Part A recipient, HIV planning councils and advisory boards, Ryan White Part A medical providers, PWH, CBOs, advocacy groups

OUTCOMES: Community-level response actions using developed protocol, people tested from community-level response, persons diagnosed with HIV and linked to care through response protocol, people offered PrEP as part of community-level response, community engagement sessions conducted around development of response protocol, awareness campaigns and messaging materials produced around HIV transmission network response

MONITORING DATA SOURCES: State surveillance data

SECTION XII: MONITORING AND EVALUATION

The goal of the monitoring and evaluation plan is to assess successful implementation of the unified EHE plan as measured by:

1. Completion of stated strategies and activities.
2. Annual progress toward the target measurements of stated goals, objectives and benchmarks.

Data are used to direct efforts to ensure the program achieves the intended results and to help identify additional operational and process improvement opportunities.

Through bi-annual meetings and monthly committee calls coordinated by the FDOH HIV/AIDS Section, the FCPN will actively participate in regular monitoring of strategies and activities set forth in the unified EHE plan. The FCPN Coordination of Efforts Committee will determine the most appropriate mechanism to monitor, evaluate and update the plan as necessary. This committee takes the lead in ensuring that data indicators for plan activities are being tracked and that progress is communicated with the right programs and partners to meet plan objectives. Data on performance indicators will be collected and disseminated through a status report to statewide partners. Regular FCPN meetings are the principle mechanism for updating planning bodies and stakeholders on the progress of plan implementation as well as soliciting and using feedback from stakeholders for ongoing plan improvements.

The plan will receive a detailed annual review by State Health Office leadership. As part of the annual review, the section will use surveillance and program data to assess health outcomes along the HIV Care Continuum that impact the quality of the HIV service delivery system. This will allow for adjustments to be made in response to changing conditions, and information from the review will be provided to FCPN for feedback.

The FDOH HIV/AIDS Section, with the engagement of stakeholders, will review the strategic plan using identified measures and indicators to analyze, assess and evaluate outcomes and determine whether modifications to the plan are necessary. The diverse range of perspectives—knowledge, values, needs and abilities—of stakeholders will be applied through a participatory planning and evaluation process. The collaborative approach, structured and arranged to interweave state and local community partnerships with shared discretion and responsibilities, will help to achieve the plan objectives more effectively than each program could on its own. This approach will align with, support, and advance the goals of the EHE

initiative, the National HIV/AIDS Strategy and FDOH as well as meet CDC and HRSA requirements. As the state of Florida moves forward in EHE, regularly scheduled events to inform all stakeholders and researchers of relevant data and evidence for improving or more precisely monitoring and evaluating the implementation and impact of the plan is essential. These opportunities will ensure that plan implementers are working with the best available evidence to work toward EHE.

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