

**Jurisdictional Prevention Plan 2012 – 2016**

**Defining HIV Planning Through Our Eyes**

HIV Stakeholders Engaged for AIDS-Free Broward County

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## **Acknowledgements**

Florida Department of Health  
Department of HIV/AIDS

Broward County Health Department  
AIDS Program Office

Broward County Public Schools

Broward County HIV Prevention Planning Council

Black AIDS Advisory Group

Latinos en Acción Advisory Group

Perinatal HIV Provider Advisory Group

Transgender Advisory Group

## Executive Summary

The Broward County Jurisdictional HIV Prevention Plan, covering multiple years (2012-2016), is the product of a collaborative process conducted through meetings, listening tours and Think Thanks in which HIV prevention, care, and treatment providers and agencies all participated. This plan is future-oriented with a focus on scale-up of health department and community collaborations designed to reach the county's "priority populations" through new and innovative initiatives.

The plan is composed of several chapters, each of which begins with the words of a county resident—a leader in HIV—on how HIV has affected life and people in Broward County. Following an epidemiological overview of the epidemic, the plan contains specific action items, goals and objectives as well as timelines for implementation to insure that populations identified as having the greatest risk for HIV transmission and acquisition receive the necessary education and resources to reduce new infections. Included in the plan are the lead entities with whom implementation responsibility rests. This jurisdictional plan for Broward County is intended to serve as a roadmap to guide future prevention efforts in the county.

## Introduction

Despite three decades of attention from the public health community, each year finds more than 50,000 Americans newly infected with HIV. On July 13, 2010, the White House responded to this crisis by releasing the country's first *National HIV/AIDS Strategy* (NHAS). The NHAS has three primary goals: 1) reducing the number of new HIV infections; 2) increasing access to care and optimizing health outcomes for people living with HIV (PLWHA); and 3) reducing HIV-related health disparities. As a companion to the NHAS, the White House issued a Federal Implementation Plan that requires coordination and collaboration across agencies at the federal level. The Assistant Secretary for Health, within the federal Department of Health and Human Services, received the task of coordinating the federal efforts aimed at reaching the goals of the NHAS, including working with the states and jurisdictions within states to develop HIV/AIDS implementation plans.

In January 2012, the Centers for Disease Control and Prevention (CDC) revised the way it provides funding to health departments charged with combating the HIV epidemic. CDC began by awarding the first year of a five-year HIV prevention funding cycle for health departments in states, territories, and select cities. Fort Lauderdale, the county seat of Broward County, joined the list of cities that are highly impacted by HIV and, as a result, received funding from the CDC to fight the epidemic in the most impacted areas. The State of Florida's *2012-2014 Florida Jurisdictional HIV Prevention Plan* was submitted to the CDC in September 2012. Although the state of Florida responded with a Jurisdictional Plan as part of the CDC funding for HIV prevention activities, the Broward County Health Department also created a Jurisdictional HIV Prevention Plan to assure alignment of activities on all governmental levels for the maximum benefit in HIV prevention activities—this plan is therefore in alignment and intended to complement the state plan.

**Defining HIV Planning Through Our Eyes: *HIV Stakeholders Engaged for AIDS-Free Broward County*** reflects the hard work and dedication of countless community and public partners who contributed to the plan. Contributors came from all walks-of- life and included Persons Living With HIV/AIDS (PLWHA), HIV prevention and care providers, public health providers, community members and other concerned stakeholders. The living document that follows is the result of those efforts.

### The National Vision

Vision for the National HIV/AIDS Strategy:

*The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life- extending care, free from stigma and discrimination.*

*Since 1981, over 575,000 Americans have lost their lives to AIDS and more than 56,000 people in the United States become infected with HIV each year. Currently, there are more than 1.1 million Americans living with HIV. Moreover, almost half of all Americans know someone living with HIV.*

*Our country is at a crossroads. Right now, we are experiencing a domestic epidemic that demands a renewed commitment, increased public attention, and leadership. Early in my Administration, I tasked the Office of National AIDS Policy with developing a National HIV/AIDS Strategy with three primary goals: 1) reducing the number of people who become infected with HIV; 2) increasing access to care and improving health outcomes for people living with HIV; and, 3) reducing HIV-related health disparities. To accomplish these goals, we must undertake a more coordinated national response to the epidemic. The Federal government can't do this alone, nor should it. Success will require the commitment of governments at all levels, businesses, faith communities, philanthropy, the scientific and medical communities, educational institutions, people living with HIV, and others.*

*Countless Americans have devoted their lives to fighting the HIV epidemic and thanks to their tireless work we've made real inroads. People living with HIV have transformed how we engage community members in setting policy, conducting research, and providing services. Researchers have produced a wealth of information about the disease, including a number of critical tools and interventions to diagnose, prevent, and treat HIV. Successful prevention efforts have averted more than 350,000 new infections in the United States. And health care and other services providers have taught us how to provide quality services in diverse settings and develop medical homes for people with HIV. This moment represents an opportunity for the Nation. Now is the time to build on and refocus our existing efforts to deliver better results for the American people.*

Barack Obama (2010, July), National HIV/AIDS Strategy for the United States, Washington, D.C.,

<http://www.whitehouse.gov/administration/eop/onap/nhas>

## The Local Vision

Broward County HIV Prevention Planning Council

Broward County will become a community with a collaborative and coordinated system of HIV Prevention and Care, where new HIV infections are rare and when they do occur, every person regardless of age, gender identity, race/ethnicity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

## Broward County Health Department

### Mission

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

### Vision

To be the healthiest state in the nation.

### Values

**I**nnovation  
**C**ollaboration  
**A**ccountability  
**R**esponsiveness  
**E**xcellence

## Contributors

### **Broward County HIV Prevention Planning Council**

Adrian Lee; Marie Brown-Hayes; John Daly; Roland Foulkes; Jorge Gardela; Lazaro Gonzalez; Andrea Hardwick; Maria Lago; Juliette Love; Bishop Mahee; Charles Martin; Loretta Moore; Rafaele Narvaez; Manh Nguyen; Amalio Nieves; Magaly Prezeau; Donna Sabatino; Wesley Schultz; Kimberly Strong; Evelyn Ullah

### **Black AIDS Advisory Group**

Jacqueline Aronoux; Tenesha Avent; Chico Arenas, Jr.; Karen Creary; Patricia Fleurinard; Roland Foulkes; Frantz Massenat; Kimberly-Spin Green; Kimberly Hale, Andrea Hardwick, Darlene Jackson, Kenny Kristopher; Juliette Love, Lorette Moore; Jean-Marie Oliver; Norman Powell; Magaly Prezeau; Lorenzo Robertson; Vanice Rolle; Henry Ross; Taylor Albert; James Thomas; Felicia White-Ford; Debbie Wilkins.

### **Latinos en Acción Advisory Group**

Emilio Aponte; Silvana Baner; Oscar Caballero; Damaris Cruz; Rosalia Curbelo; Chico Arenas, Jr.; Maria Tenorio Fernandez; Edith Garcia; Eduardo Garcia; Jorge Gardela; Fernando Gill; Francisco Gomez; Lazaro Gonzalez; Maria Julia Iglesias; Juliette Love; Deisy Mercado; Carlos Moega; Evelyn Morales; Magno Morales; Zulma Muneton; Rafaele Narvaez; Sergio Patino; James Perigny; Edme Pernia; Alez Quintero; Joshua Rodriguez; Elvin Ruiz; Tania Sánchez

### **Transgender Advisory Group**

Tiffany Arieagus; Mark Angelo Cummings; Jessica Cummings; Tory Holder; Jodi Ihme; Bishop Mahee; Victoria Michaels

# Defining HIV Planning Through Our Eyes

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## Lead Authors

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*Special thanks to all the Think Tank and Listening Tour participants who were invaluable.*

*Special thanks to Leisha McKinley-Beach for her visionary leadership during this important planning process.*

## Letters of Concurrence

### Broward County HIV Prevention Planning Council

November 13, 2012

Ms. Marlene LaLota, MPH  
Director, HIV Prevention  
HIV/AIDS and Hepatitis Program  
Bureau of Communicable Diseases  
4025 Esplanade Way  
Tallahassee, FL

Dear Ms. LaLota:

The Broward County HIV Prevention Planning Council (BCHPPC) concurs, with the following regarding submission by the Broward County Health Department (BCHD) in response to Funding Opportunity Announcement PS12-1201.

The BCHPPC reviewed and provided input into the development of the Fort Lauderdale/Broward County Jurisdictional HIV Prevention Plan. The goals, objectives, activities and strategies identified in the Plan are responsive to the needs of those priority populations and communities with the greatest burden of HIV.

Furthermore, the BCHPPC concurs that the plan demonstrates alignment with the goals of the National HIV/AIDS Strategy to effectively depict and address the HIV epidemic within Fort Lauderdale/Broward County.

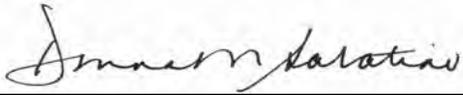
Based on the review of the Fort Lauderdale/Broward County Jurisdictional Plan for 2012 through 2014, the BCHPPC reached consensus and concurrence with the priorities and strategies proposed in the Plan, as a joint planning process with the Broward County Health Department.

The Community Co-Chairs and Governmental Co-Chairs for the Broward County HIV Prevention Planning Council and the Florida Prevention Planning Council are designated as signatories to this letter of concurrence.

Sincerely,

# Defining HIV Planning Through Our Eyes

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Donna Sabatino, Community Co-Chair  
Broward County HIV Prevention Planning Council

11/13/2012  
Date



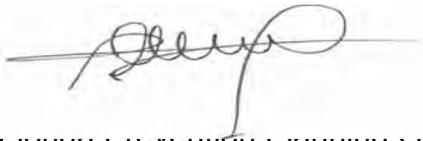
Evelyn Grant, Board Co-Chair  
Broward County HIV Prevention Planning Council

11/13/2012  
Date



Juliette Love, Community Representative  
Florida Prevention Planning Group

11/13/2012  
Date



Florida Prevention Planning Group  
Community Representative

11/13/2012  
Date

# Defining HIV Planning Through Our Eyes

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October 22, 2012

Dearest Friends in the Fight:

I repeatedly get asked this question as I travel across this beautiful state of ours, "Why High Impact Prevention (HIP)?" I am going to attempt to put my thoughts and feelings into words and justify why this CDC prevention concept is so important in the fight to help reduce new HIV infections throughout this country, but of utmost concern to us, in Florida and in Broward County. The National HIV/AIDS Strategy (NHAS) has set very clear priorities for increasing the impact of our HIV prevention efforts. The focus is to increase HIV prevention in communities hardest hit, expand effective combinations of evidence based prevention approaches and educate all Americans about HIV and how to prevent infection.

As a nurse in the fight for well over 15 years, I have struggled with how divided HIV care and prevention have been. The two need to be much more integrated. We need to prioritize the practices of treatment as prevention, reduction in community viral load and linking patients into care to accomplish this task of integration. We need to focus on the components of the NHAS released from the White House in June 2010, reducing new infections, reducing health disparities, linking clients to care and ultimately getting to "ZERO new infections".

"Fish where the fish are", "do more with less", "focus on those at greatest risk". I am sure we have all heard these statements more than we care to admit, but they are the true push behind the development of HIP. The CDC has come to realize they need to combine scientifically proven, cost-effective and scalable interventions targeted at the "right" populations in all geographic areas. The expected outcome is this approach will greatly increase the impact on HIV prevention efforts. We need to maximize limited resources for prevention while targeting affected populations throughout the largest prevalence areas in the state. In Broward County these target risk populations are Black MSM, white MSM and Black heterosexual.

The components of HIP are dependent on effectiveness and cost, full scale implementation and coverage as well as prioritization in target populations. We need to focus on interventions that have the greatest impact on HIV rates and health equality. We need to expand HIV testing efforts and high impact prevention projects for our hardest hit populations. We need to break down barriers, increase collaboration among ASO/CBO partners and we need to put the community at the center of our conversations and efforts. It is no longer about "my client or your patient"; it is about making an impact on reducing new infections and continuing to keep our "eye on the prize", eradicating this virus.

After 3 decades of fighting HIV infection in the US, we have to put our proven prevention strategies to work and continue to dramatically reduce new infections if we are ever going to get to an "AIDS free generation". These HIP strategies are going to be tough in some of the smaller prevalence areas around the state, I get that, and believe me, I know they are feeling the pain of funding cuts, but if we can target the hardest hit areas first, reduce the transmission rate in larger areas as a start, hopefully we can then get the prevention efforts extended to the other targeted areas. We truly need to "do more with less" in all aspects of healthcare and in all facets of life, all while trying to balance the impact of the economy.

No one ever said this would be easy, we have struggled in this fight, we have lost many friends, colleagues, family members and loved ones along the way, but if we can begin to change the way we have done things in the past, concepts that have worked, just not enough, I feel we will have success ahead and we will not look back.

Yours in the fight,

/s/

Donna M. Sabatino, RN, ACRN

Broward County HIV Prevention Planning Council Community Co-Chair

## Forward

### The Honorable Alcee L. Hastings



Dear Broward Community Member:

As you may know, it is truly a historic time in the domestic and global response against HIV/AIDS. Thanks to years of advocacy by countless individuals and the leadership of former President George W. Bush and President Barack Obama, the United States' misguided travel and immigration ban against people with HIV was lifted in 2010. This was a tremendous step forward in addressing social stigma and discriminatory practices against people living with HIV/AIDS and, as a result, our nation recently played host to a major scientific conference on HIV/AIDS for the first time in over 20 years. From July 22-27, 2012, the XIX International AIDS Conference (AIDS 2012) brought together in Washington, DC leading scientists, public health experts, policymakers, community leaders, and individuals living with HIV/AIDS from around the world to facilitate a collective strategy to combat the international HIV/AIDS pandemic.

The return of the International AIDS Conference to the United States could not have come at a more critical time. Here at home, more than one million people are living with HIV and approximately 50,000 individuals become newly infected with the virus each year. And among individuals living with HIV, one in five is unaware of his or her infection. This not only increases one's risk for developing worse health outcomes and unknowingly transmitting the virus to others, but undermines HIV prevention efforts as a whole. Furthermore, significant disparities persist across diverse communities and populations with regard to incidence, access to treatment, and health outcomes, particularly for men who have sex with men (MSM), African Americans and other racial and ethnic minorities, women, and young people.

## Defining HIV Planning Through Our Eyes

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Although HIV/AIDS knows no borders, it has taken a particularly devastating toll on South Florida. Since 2008, areas in my Congressional district have experienced the highest rate of HIV-infection per-capita in the nation, with new HIV infections rising by 25 percent over the past year and new AIDS cases also increasing significantly. This underscores the critical need for greater education about HIV/AIDS and access to testing, treatment, and regular health care services. To make matters worse, our nation's AIDS Drug Assistance Program (ADAP) remains in crisis. Due to ongoing federal funding challenges, state budget cuts, and an increase in the number of individuals who rely on ADAPs for access to HIV-related medications and other vital services, nine states, including Florida, have had to create ADAP waiting lists and cut services.

However, more than 30 years after the first cases of HIV was reported in 1981, we are now at a point where we have the tools necessary to prevent the spread of HIV and bring an end to the crisis. Implementing health care reform, formulating sound public health policy, protecting human rights, addressing the needs of women and girls, directing effective programming toward the populations at the highest risk of infection, ensuring accountability, and combating stigma, poverty, and other social challenges related to HIV/AIDS are key to overcoming HIV/AIDS. In addition, we must also encourage the ongoing development of innovative therapies and advances in clinical treatment for HIV/AIDS in the public and private sectors, as well as provide strong support for the Ryan White HIV/AIDS Program, the Minority HIV/AIDS Initiative, and the National AIDS Strategy.

While we have certainly made great strides in the struggle against HIV/AIDS, our work is far from over. We must ensure that individuals living with HIV/AIDS have reliable access to the treatment they need and deserve, and that our communities have the knowledge and tools necessary to prevent the spread of HIV. A future without HIV/AIDS is closer today than ever before. Please know that I stand committed to working with my colleagues in Congress to protect the rights of HIV/AIDS patients and increase access to testing and treatment. I encourage you to use this booklet as a resource for yourself, your family and friends, and your community to learn more about HIV/AIDS prevention and treatment. Together, we know that we can overcome HIV/AIDS as a nation once and for all.

Sincerely,

/s/

Alcee L. Hastings

Member of Congress

## Defining HIV Planning Through Our Eyes

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### HIV Leader: Andrea Hardwick



We had a baby in 1986, and my husband wanted to give some blood. And we donated some blood and we both found out we were positive. We didn't want to deal with that, so we hid. I was angry. How could God let this happen? I did a lot of praying. I went to church. I read my Bible. I already had to deal with the stigma of being dark-skinned, and I didn't want another added stigma. With women, if you were light-skinned you were more accepted, and if you were dark-skinned you weren't accepted. And I had the stigma of being dark-skinned and having AIDS and I didn't want to deal with all that. AIDS finally did come in my face in 1994 when my husband got sick. He lost 40lbs. in a week, and he was having diarrhea so bad. I said, 'Naw, don't go to the hospital!' because I knew I'd have to deal with having AIDS. But he finally went to the hospital. I remember visiting him, he was so skinny. He looked just like a person who had AIDS. They put him on hospice. And I remember just being angry with him because I had to look at myself. How do I tell my family? How do I tell my church? How do I tell my community that I have AIDS?

## Chapter 1: Epidemiology

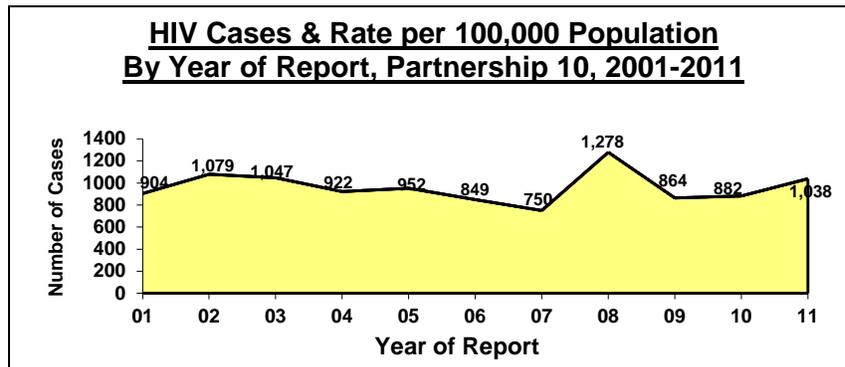
### The Epidemiology of the Crisis of HIV and AIDS in Broward

According to the CDC HIV Surveillance Report, 2010, the Fort Lauderdale Division of the Miami, FL, Metropolitan Statistical Area has the second highest rate of newly diagnosed HIV cases in 2010 and the second highest rate of newly diagnosed AIDS cases in the entire United States.

Florida reported a total of 95,335 persons living with HIV and/or AIDS through 2010, 15,952 of these in Broward County. This means that Broward has about 9% of the State's population and 17% of persons living with HIV and/or AIDS. The CDC reports Broward and two additional South Florida Eligible Metropolitan Areas (EMAs) rank as the highest in population-adjusted AIDS cases in the country.

Broward County has a diverse racial and ethnic population. Approximately, 43% are white, 26% are Black, 25% are Hispanics, and 6% comprise all other races. Broward's largest age group is the 50 year and older (34%); the second largest is the 0-12 years of age (16%), followed by the 40-49 (15%), 30-39 (13%), 20-29 (12%) and then the 13-19 (9%).

As of December 31, 2011, there were approximately 16,780 people living with HIV/AIDS in Fort Lauderdale/Broward County. The number of persons living with HIV/AIDS in Broward has continued to increase while deaths attributed to HIV/AIDS have continued to decline.

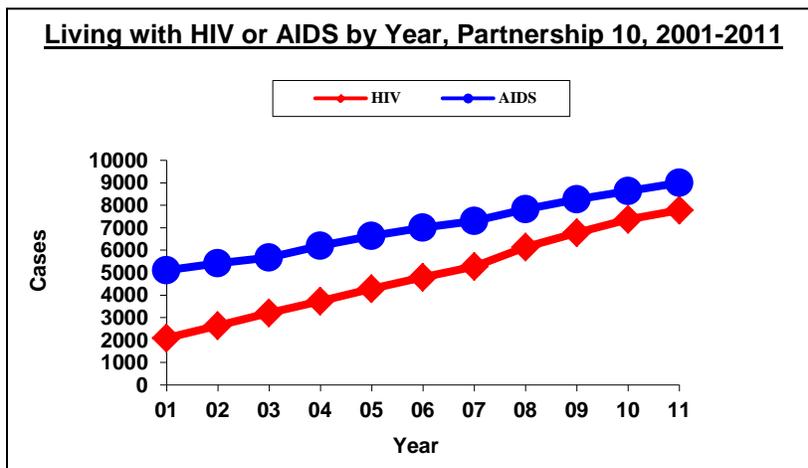


#### Understanding the data

- The number of new HIV cases in Broward County has fluctuated over the last 10 years, but there is no significant trend in these fluctuations. For example, as is seen in the above chart enhanced reporting definitions and laws implemented in November 2006, along with the expansion of electronic lab reporting in 2007, led to an artificial peak in 2008 followed by an artificial decrease in 2009.
- The number of new HIV cases in Broward in 2011 (1,038) is not significantly different than the number of new HIV cases in 2002 (1,079).

## Defining HIV Planning Through Our Eyes

Over the last 10 years the number of people living with HIV has doubled in Broward County as it expressed in the chart below with the increase in the number of people living with HIV and AIDS each year since 2001. Increased testing and improved treatment are main factors in the identification of those who are infected.



### Gender and HIV

While forty-eight percent (48%) of the population is male and fifty-two (52%) is female, the epidemic is disproportionately male. The greatest disparity is among Black women; Among women in Broward three-quarters of new HIV infection cases are among Black women.

Seventy-one (71%) percent of people living with HIV/AIDS are male; the remaining twenty-nine percent (29%) are female. New HIV case rates are 3.7 times greater among males than among females. The prevalence of people living with HIV/AIDS is 2.6 times greater for males in Broward County.

1 in 62 males in Broward County are HIV positive  
1 in 159 females in Broward County are HIV positive

### Epidemic of Disproportionate Impact: Race/Ethnicity and MSM

Black communities in Broward County, as well as Black communities across the country, are the most impacted by HIV/AIDS. In Broward County, fifty-one (51%) of people living with HIV/AIDS are Black. Blacks are three times more likely than whites to be infected with HIV/AIDS.

## Defining HIV Planning Through Our Eyes

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Thirty-five percent (35%) of the people living with HIV/AIDS are white. Fourteen percent (14%) are Hispanic.

1 in 43 Blacks (includes Caribbean Blacks) has HIV  
1 in 127 Whites has HIV  
1 in 168 Hispanics has HIV

Men who have Sex with Men (MSM) constitute the largest number of those impacted by the HIV epidemic in Broward County accounting for sixty-seven percent (67%) of the cases from 2001-2011. New cases reflect similar numbers as sixty-one percent (61%) of new HIV infection case from January through October 2011 were MSM. MSM of all races are heavily impacted. Eighty-eight percent (88%) of whites who are HIV infected are MSM; 35% of Blacks with HIV are MSM; and, 77% of Hispanics with HIV are MSM (these numbers exclude MSM who are injection drug uses who represent another 5% (white), 3% (Black) and 4% (Hispanic) of those living with HIV/AIDS from data up to 2010).

Because of incongruent identities and behavior, it is difficult to calculate a “one in” statement based on behavior, such as for MSM. Although such calculations have been released in the past, this plan does not include “one in” statements for “behavioral groups” as there is such a discrepancy in attaining an accurate accounting of the population of a behavioral group.

### **Age and HIV/AIDS**

Consistent with prior reports, the greatest proportion of AIDS cases reported in 2011 was among 40-49 years of age (31%). The 50 and older age group had 30% of the reported AIDS cases followed by the 30-39 age group with 24% of the reported AIDS cases. A greater proportion of HIV cases in 2011 were seen in those aged 40-49 (28%) in the 50 and older age group (16%) and among those between 30-39 years of age (31%).

The HIV/AIDS epidemic has severely affected Broward County. It is estimated that one in 90 persons (age 13 and over) were living with HIV in Broward County through 2011.

## Defining HIV Planning Through Our Eyes

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### **Migration as a main factor**

Over one million tourists visit Broward County each year. More than just being a tourist destination, South Florida is a hub for people from many Caribbean nations as well as those from Latin America. Broward County has the highest rate of immigration in recent years from Haiti and Jamaica and this trend is continuing. Resources for treatment are scarce in many Caribbean nations, making Broward County a center for people seeking healthcare.

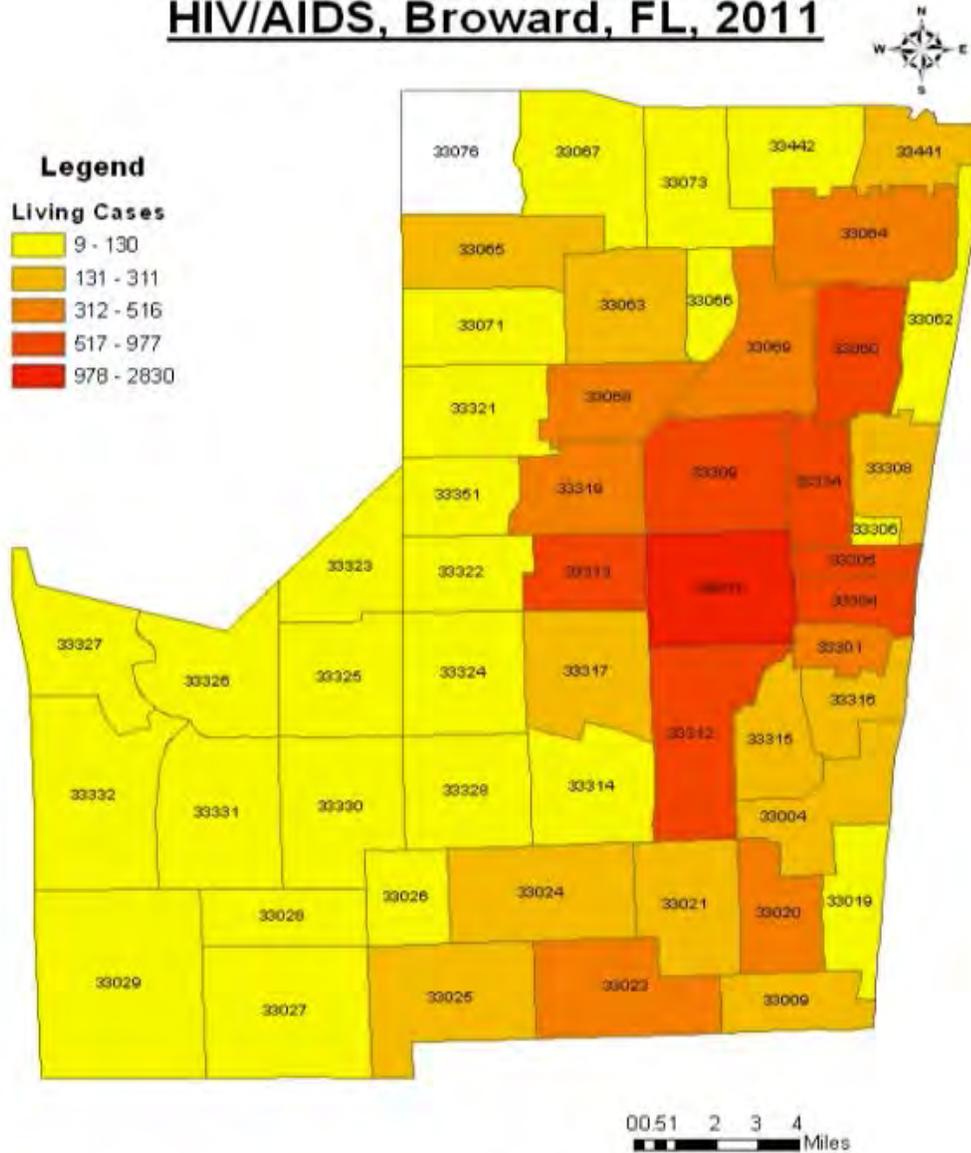
Thirty percent (30%) of Black adults living with HIV in Broward County reported through 2010 are from Caribbean nations. The immigrants from Haiti, 21%; Bahamas, 5%; and Jamaica, 3% make up 29% of the Black population living with HIV. One percent of Black immigrants come from other nations.

For Hispanics living with HIV, the majority living in Broward County are foreign born constituting 62% of those infected with HIV in the county. This very diverse Hispanic immigrant population living with HIV comes from Puerto Rico, 11%, Cuba, 7 %; Colombia, 7 %; Venezuela, 6%; Mexico, 5% and Honduras, 3%. Twenty-three percent (23%) living in Broward County are from Hispanic countries of unknown origin.

Other migration patterns exist as Broward County is the home of a large MSM population. Many MSM have come to live in the East-Central part of the County (making up cities such as Fort Lauderdale, Wilton Manors and Oakland Park). One-half of HIV positive residents live in Broward's East-Central section, home to one of the largest population-adjusted gay communities in the United States and many of Broward's poorest minority neighborhoods.

The chart below expresses the number of people living with HIV by zip code. Note that the zip codes with the highest number of cases in the geographic area mentioned in the previous paragraph.

## People Presumed Living with HIV/AIDS, Broward, FL, 2011



Disclaimer: Map is for BCHD use. Map by Lashawnda White, 2/21/2012.  
Source: FL DOH HIV/AIDS Surveillance Program.

Florida Department of Health (FDOH) estimates that 19% of Broward residents living with AIDS and 18% of HIV (not AIDS) cases immigrated to the EMA, rates that far exceed those of any other Florida Eligible Metropolitan Area.

# Defining HIV Planning Through Our Eyes

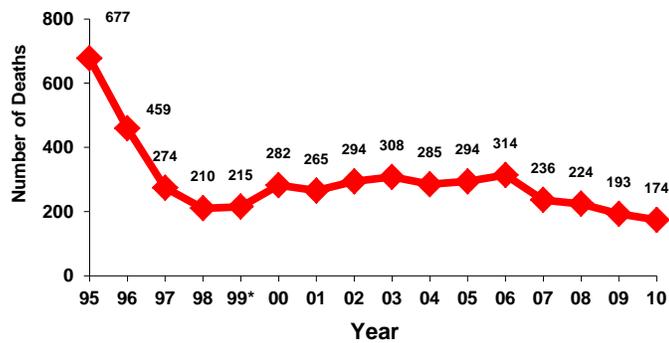
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## Mortality

While the number of the HIV infected has continued to increase in Broward County, death attributed to HIV/AIDS related illnesses has significantly declined. However, there continue to be disparities among these mortality rates with Blacks having the highest rates.

The chart below shows the overall decline in deaths in Broward County from HIV/AIDS related illness, decreasing from 677 per year in 1995 to 174 per year in 2010.

**Resident HIV/AIDS Deaths by Year, Partnership 10, 1995-2010**



## Defining HIV Planning Through Our Eyes

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### HIV Leader: Kristopher Fegenbush

So many gay and bisexual men have experienced shame and stigma; they've experienced a lack of validation. Not just from their families or from their communities of faith, but from society at large. Things that are big and political like marriage equality, or the appeal 'don't ask, don't tell', directly impact the HIV epidemic.

One of the things I've dealt with in the last ten years is seeing how HIV can isolate people. I love being a part of the community center that brings people from a place of isolation to a place of community.



# Chapter 2: Methodology for Prioritization

A priority population is a population group that is disproportionately impacted by HIV/AIDS. Priority populations are identified through the use of HIV/AIDS surveillance data and a community services assessment. These groups require intensive HIV prevention efforts due to high rates of HIV infection and high incidences of risky behaviors. Individuals within these populations may come from various socioeconomic and demographic backgrounds and may engage in behaviors that place them at risk for HIV infection.

Priority populations are designated as such by the Broward County HIV Prevention Planning Council (BCHPPC), which is committed to serving local priority populations through its community planning process. BCHPPC strives to eliminate disparities in prevention, early intervention, access to care, health outcomes, and to improve the cultural relevance of health information for all populations served.

While the BCHPPC recognizes the constraints imposed by limited resources, it understands that the best way to mount consistent, organized, and effective responses to the HIV crisis is to acknowledge and respond to the increasing rates of new HIV infection among all MSM, Black and Latino population groups. Certainly stigma, discrimination, social and economic stressors are key drivers of the local epidemic. As a result, the BCHPPC ranked the identified priority populations listed below using both epidemiological data and information from the diverse group of key informants participating in the community planning process. Although the data show that White MSM constitute the greatest number of new HIV infections in the community, BCHPPC determined that Black heterosexual men are the number one priority population based on a disproportionate risk for HIV infection. Key informant information attributes the following factors in ranking Black heterosexual men as a priority population: rampant stigma; isolation, poverty, high rates of sexually transmitted infections, fewer social networks, fatalism and Black churches slow to embrace the concerns and issues among minority MSM's and men on the "down low".

There is consensus among BCHPPC members that all MSM irrespective of race require intensive efforts to stem HIV infection. As an HIV epicenter we hope meaningful resource allocation, along with technical assistance will be directed to our area to effectively provide combination approaches to HIV prevention.

# Defining HIV Planning Through Our Eyes

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## Three-Fold Path Methodology Prioritization Model

The current priority setting methodology was designed and implemented by the State of Florida's Prevention Planning Group (PPG) in 2010 to ensure that the selection of target populations and the allocation of resources were fair and uniform. Guidelines were developed by the PPG Methodology Work Group. The purpose of these guidelines was to assist local prevention planning partnerships in assessing a local population's need for prevention services. All local prevention planning partnerships submitted prioritized populations.

The Three-Fold Path Methodology consists of the following:

### **Path 1: HIV Case Data (40% of Weight)**

Rationale: Priority should be given to those populations where HIV infection is occurring. The CDC requires priority setting to be "data driven." HIV case data is a stronger indicator of where new infections are occurring than AIDS case data. At this point, HIV case reporting has been in place for over 10 years.

### **Path 2: People Living with HIV/AIDS in an Area (40% of Weight)**

Rationale: Priority should be given to those populations living with HIV/AIDS in an area. This methodology relies on people living with HIV/AIDS in an area to assist in prioritizing populations. The greater the impact of HIV on a particular population, the larger priority it will become. As the impact of HIV on a population decreases, the population will move lower on the priority list.

### **Path 3: Planning Partnership Deliberation (20% Weight)**

Rationale: Planning Partnerships consist of people "in the field"—prevention specialists, health planners, community members, behavioral scientists, epidemiologists, and others invested in making a discernible difference in this disease. Their expertise should be utilized in setting priorities.

Each of the priority populations was ranked in numerical order of HIV case rank, cases of people living with HIV/AIDS, and PPG's deliberations. The numerical total of the three group rankings by priority population was totaled. The population with the lowest ranking total was the highest priority; the next lowest total was the second highest priority, etc. This methodology was followed at the local and state level.

The priority populations determined for Broward County (Area 10) are:

- 1. Black Heterosexual**
- 2. White MSM**
- 3. Black MSM**
- 4. Hispanic MSM**
- 5. Black Injection Drug Users**
- 6. Hispanic Heterosexual**

## **Focus on Priority Populations**

### **1. Black Heterosexual**

#### **Broward County Black Leaders Mobilization Initiative: Building Black Leadership Against AIDS and Caring for our Kin (B-BLACK).**

*Building Black Leadership Against AIDS and Caring for our Kin (B-BLACK)* will be a twenty-four week training to mobilize Black leaders in Broward County and increase their capacity to address HIV/AIDS needs in Black communities. The program will be implemented in four phases. The final phase is a progress report conducted six months after the program ends to identify increased activities by Black leaders in local, state and national HIV/AIDS activities.

#### **Phase One:**

##### **Identifying needs of Broward County Health Department to address HIV/AIDS in Black communities**

Conduct a planning meeting with Broward County Health Department HIV/AIDS staff to determine the goals and objectives of the health department to address HIV in Black communities. During this meeting we will outline the expected outcomes for B-Black.

##### **National Black HIV/AIDS Awareness Day (NBHAAD)**

Participate in the candlelight vigil for NBHAAD as a speaker. During this event, promote the mobilization initiative.

#### **Phase Two:**

##### **Community Forum (1 ½ days)**

The first section of the forum will consist of an overview of HIV, National HIV/AIDS Strategy, and local community planning information. The second section will focus on treatment as HIV prevention. During this section participants will be provided an overview of biomedical prevention strategies. Then they will participate in facilitated exercises to identify the roles that Black agencies, churches, and individuals play in the new HIV prevention models. The final section of the first forum will on Black women and local initiatives to address the needs of Black women from the African Diaspora who live in Broward County.

# Defining HIV Planning Through Our Eyes

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## Phase Three:

### **Initiatives Focused on Black Women**

Broward County Health Department will host a two-day educational and skills building training to enhance an existing Broward County Health Department led community mobilization initiative that strives to achieve the following goals: 1) increase the number of women living in Broward County that test and screen for HIV, HVC and related sexually transmitted disease; 2) increase the number of women in Broward County who are linked to vital health and social services; 3) decrease the number of women who are severely impacted by HIV-related stigma; and 4) increase the number of women who are involved in implementing community HIV-related activities.

To prepare the women for achieving those goals, the training consists of three components: 1) a two-day educational and skills building session; 2) six post-session TA conference calls to assist women in organizing video screening events of *Many Woman, One Voice* and/or support their participation in HIV-related events such as HIV testing events or facilitated community conversations; and 3) post-training and community events assessments to determine the effectiveness of the training and this component of the community mobilization initiative.

Broward County Health Department will introduce two community mobilization models: *Take Charge, Take the Test* and *Sistas Organizing to Survive (SOS)*.

*Take Charge, Take the Test* focuses on African American women ages 18 to 34. Young African American women can take charge of their lives by knowing their HIV status as well as by taking steps to protect themselves from HIV.

*Sistas Organizing to Survive (SOS)* is a grassroots mobilization of Black women in the fight against HIV/AIDS. Launched on June 20, 2008, SOS encourages Black women to get tested where they live, work, play, and worship.

- To educate Black women about HIV/AIDS and how other STIs, hepatitis and substance abuse increase their risk.
- To empower Black women to take charge of and control their sexual health.
- To connect Black women to HIV/AIDS resources.
- To offer tools that enable Black women to educate others where they live, work, play, and worship.

## Defining HIV Planning Through Our Eyes

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### Initiatives Focused on Heterosexual Black Men

The participants will be introduced to the *Man Up initiative*. The goal of the initiative is to stimulate implementation of community action plans aimed at preventing the further spread of HIV/AIDS among Florida's men and their partners. Objectives of *Man Up*:

- To encourage men to “Man Up” and take responsibility for the consequences of their sexual actions and other HIV risk behaviors.
- To create an enabling environment to support awareness of men's health issues.
- To engage in a dialog about men's health, including awareness of HIV and the need for testing.

**Community Forum (1 ½ days):** A final community forum will consist of review of biomedical prevention and the role of the Black community in the prevention structure. The forum will focus on connecting the dots of national organizations that serve Black communities and how the community is able to access services. A segment of the forum will be dedicated to identifying the needs of Black heterosexual men and Black MSM.

### Phase Four:

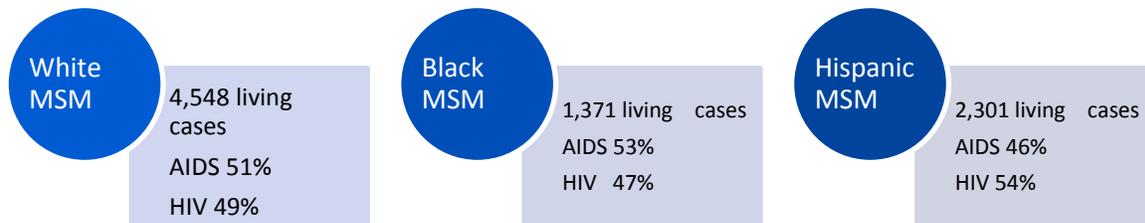
#### **Progress Report**

The progress report will consist of an update of HIV activities by Black leaders following the mobilization training.

# Defining HIV Planning Through Our Eyes

## 2. Men Who Have Sex with Men (MSM)

### Broward County HIV/AIDS Prevalence among MSM by Race/Ethnicity



### White MSM

#### **Prioritizing HIV Prevention Interventions Among HIV-Positive MSM**

While traditional risk-reduction strategies for MSM that emphasize helping HIV-negative men to protect themselves will continue to be important, a greater emphasis on interventions focusing on HIV-positive men has the potential to reduce HIV incidence among gay men.

Activities for white MSM will focus on training providers on the importance of more frequent HIV testing for MSM. Clinical decisions are left to the judgment of the provider—particularly those likely to serve MSM. To this end, the Broward County Health Department will play a key role as a resource in educating providers.

#### Activities:

- Develop an anti-stigma campaign for white gay men (in collaboration and consultation with national researchers experienced in social marketing campaigns for MSM populations).
- Conduct Pride Events and Broward>AIDS Campaign “Pride Series”, with the deciding moment cards and photo booths to spark conversation and personal stories.
- Identify gay-friendly organizations to partner with and provide prevention materials and condom distribution as part of the Business Responds To AIDS/Labor Responds To AIDS (BRTA/LRTA) campaigns.
- Conduct listening tours to ensure culturally component messaging, partner notification and disclosure topics.
- Conduct Knowledge, Abilities, Beliefs and Behaviors (KABB) survey for biomedical prevention (example topic: exploring male circumcision for medical providers and consumers).

## Defining HIV Planning Through Our Eyes

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### Black MSM

The Broward County Health Department will introduce two national media campaigns for MSM--Act Against AIDS and Broward>AIDS—that include efforts focused on increasing testing for Black MSM to promote HIV prevention, awareness and education. The Broward>AIDS will consist of public service messages featuring gay and bisexual men from all walks of life sharing personal “Deciding Moments”.

#### Activities:

- BRTA/LRTA for Minority Business: Barbershops, beauty shops, meat markets, drycleaners, carwashes, car repair shops, Black owned restaurants, and other business to partner with and provide prevention materials and condom distribution.
- Think Tank/Listening Tours
  - Conduct listening tours for MSM to address stigma, disclosure for those seeking to share their status with support systems (coaching) and partner services
- *Like Mother, Like Son*- Promoting HIV testing for gay men of color through their mothers
  - Revise the objectives of the Florida Department of Health Black Men initiative, *Man Up*, to include specific outcomes for MSM.
- B-Black (Building Black Leadership Against AIDS and Caring for our Kin)
  - Identify Black gay men to be ambassadors to speak to community groups with a “back to basic” messaging approach.

## Defining HIV Planning Through Our Eyes

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### Hispanic MSM

Latinos en Acción Advisory Group will collaborate with non-traditional partners and use community events to reach Latino MSM. The Advisory Group will collaborate with partners to conduct outreach and initiatives at bars, gay-friendly businesses, sex clubs and gay social events.

#### Activities:

- Work with Broward County Health Department to establish a Latino MSM workgroup for Latinos en Acción.
- Conduct Bar Outreach-Identify local clubs to conduct HIV and STI screening where Latino MSM frequent.
- Develop specialized social media programs that specifically target Latino MSM.
- Conduct outreach in non-traditional settings (gyms, colleges including beauty and fashion schools).
- Conduct Knowledge, Attitudes, Beliefs, and Behaviors (KABB) survey for biomedical prevention topic: Male circumcision for medical providers and consumers. Surveys will be in English and Spanish.

### 3. Hispanic Heterosexual

As noted above, Broward County is a key location in the HIV/AIDS epidemic and has a high percentage of Hispanic residents. Hispanic populations face particular barriers to HIV/AIDS care. They tend to be diagnosed later in the course of the disease and, thus, benefit less from treatment. Even after diagnosis, Hispanic people living with HIV/AIDS benefit less from HIV treatment, perhaps due to barriers accessing adequate medical care. Hispanic populations, in general, are less likely to have health insurance coverage. Without health insurance, Hispanic populations are less likely to take advantage of preventative health services. Against that background, Broward County will focus efforts on educating its Hispanic residents.

#### Activities:

- Treatment as Prevention: Educate patients/clients: health and treatment information in Spanish; information checklist on what to ask your doctor; dialogue about role of community-based organizations in combination approaches to prevention; and webinar on latest trends in HIV policy and science.

### 4. Additional Population: Transgender

The *Girl Talk* project was funded by the Bureau of HIV/AIDS in spring of 2006 to develop HIV prevention/education services and fact-finding activities focused on the local Transgender population. The creation of the program was an individual and group level intervention developed to acquire formative, quantitative and qualitative data on the sexually active Transgender community residing in Broward County. Data gathered during a 5-month operation phase showed that 37% were infected with hepatitis, 26% diagnosed with AIDS, and 20% infected with HIV. Prior to this endeavor no activities had been implemented in Broward County to address the specific needs of the local Transgender population.

#### Activities:

- Create a series of workshops to address some of these areas of concern; workshops will be held on a bi-monthly basis in collaboration with the Pride Center.
- Convene annual medical symposium.

### HIV Leader: Patricia Fleurinard

I had a first cousin, he caught a cold. Then the cold turned into the flu . . . they gave him medicine, but he never got better. Later we find out he had a disease. They called it the 'gay,' the GRID. It was the hardest thing to see my cousin go from 280 lbs., to when he died, less than 100 lbs. Then I had two uncles die from the virus. The another first cousin. The one that hurt me the most was when I lost my dad. I remember watching him at family members' houses on Sunday. Whatever he touched, they threw it away right in his face. They didn't know you could live with HIV. If I knew then what I know now, I feel my family members would still be here. My dad would probably still be alive.



**“My family’s been infected with this disease before we had a name for it.”**

### Chapter 3: Core Prevention Activities

Broward County Health Department will engage in the following core prevention activities with demonstrated potential to reduce new HIV infections:

- *HIV testing* – including routine testing in healthcare settings and targeted testing programs for high-risk populations
- *Prevention with HIV-positive individuals* – helping people living with HIV reduce their risk of transmitting HIV to others
- *Condom distribution* for people at high risk of acquiring HIV
- *Structural initiatives* – aligning structures, policies, and regulations to enable optimal HIV prevention, care, and treatment

#### HIV Testing

In September 2006, CDC released the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. These new recommendations, which replace CDC's 1993 recommendations for HIV Testing Services for Inpatients and Outpatients in Acute-Care Hospital Settings, advise routine HIV screening of adults, adolescents, and pregnant women in health care settings in the United States. They also recommend reducing barriers to HIV testing. See CDC Response for more information on the revised testing recommendations.

#### **Publicly Funded HIV Test Site Data Analysis**

As the number and proportion of people tested rises, the proportion of infected people who are unaware of their HIV status will fall. The number and proportion of people tested and who test positive in publicly funded sites will be documented annually. For several years in the recent past the number of people tested in certain groups such as MSM, people with STIs, drug users, partners of people with HIV, incarcerated individuals and sex trade workers has increased, but the number testing positive has declined, indicating progress in reducing their positivity rate. Broward County will continue to monitor the testing numbers and proportion testing positive.

The following chart shows Counseling and Testing data from registered testing sites in Broward County during 2011. The chart shows the total number of tests conducted, the number of those testing negative (N) and those testing positive (P) and the positivity rate (P%).

# Defining HIV Planning Through Our Eyes

Counseling and Testing Data Summary Report By Selected Variables

Report Date: 03/06/2012

County **BROWARD**

Sex	N	P	Total	P%
Female	28,419	148	28,586	0.52
Male	32,217	469	32,747	1.43
Transgender	63	2	65	3.08
Missing Data	513	3	518	0.58
<b>Grand Total</b>	<b>61,212</b>	<b>622</b>	<b>61,916</b>	<b>1.00</b>

Race	N	P	Total	P%
Asian	434	3	438	0.88
Black	32,081	344	33,351	1.03
Hispanic	11,888	91	12,000	0.78
Amer Indian/Alaskan	110	1	111	0.90
Native Hawaiian/ Pac Isle	128	0	128	0.00
White	14,377	175	14,581	1.20
Mixed	405	5	412	1.21
Refused	73	0	73	0.00
Missing Data	816	3	822	0.36
<b>Grand Total</b>	<b>61,212</b>	<b>622</b>	<b>61,916</b>	<b>1.00</b>

Site Type	N	P	Total	P%
01-Anonymous	22	0	22	0.00
02-STD	4,401	86	4,491	1.91
03-Drug Treatment	782	10	792	1.28
04-Family Planning	3,590	2	3,595	0.06
05-Prenatal/OB	0	0	0	0.00
06-TB	193	6	199	3.02
07-Adult Health	985	20	1,007	1.99
08-Prison/Jails	7,133	31	7,165	0.43
09-College	69	0	69	0.00
10-Private/MD	14,158	114	14,280	0.80
11-Special Projects	294	1	295	0.34
12-CBO	29,560	348	29,970	1.16
13-CHD FieldVisit	27	4	31	12.90
Other-Missing	0	0	0	0.00
<b>Grand Total</b>	<b>61,212</b>	<b>622</b>	<b>61,916</b>	<b>1.00</b>

Risk	N	P	Total	P%
MSM/IDU	341	22	364	6.04
MSM	8,730	299	9,079	3.29
IDU	2,414	17	2,434	0.70
Sex with HIV	889	64	956	6.69
Sex with MSM	316	1	317	0.32
Sex with IDU	731	0	731	0.00
Sex with Other	1,184	9	1,193	0.75
Perinatal	203	1	205	0.49
STD Diagnosis	7,576	50	7,635	0.65
Sex for Drugs/Money	547	4	551	0.73
Sexual Assault	1,477	8	1,486	0.54
Heterosexual	34,639	126	34,779	0.36
Other Risk	1,003	1	1,004	0.10
No Identifiable Risk	450	2	452	0.44
Refused	192	4	196	2.04
Missing Data	520	14	534	2.62
<b>Grand Total</b>	<b>61,212</b>	<b>622</b>	<b>61,916</b>	<b>1.00</b>

Age Group	N	P	Total	P%
<2	6	0	6	0.00
2-4	9	0	9	0.00
5-12	42	0	42	0.00
13-19	6,756	14	6,771	0.21
20-29	24,608	193	24,834	0.78
30-39	13,090	141	13,250	1.06
40-49	9,278	154	9,452	1.63
50+	7,064	117	7,189	1.63
Missing Data	359	3	363	0.83
<b>Grand Total</b>	<b>61,212</b>	<b>622</b>	<b>61,916</b>	<b>1.00</b>

\*\*Indeterminate test results are not shown, but are included in the total tested.\*\*

County: BROWARD

CTRS2Report.xls

01/01/2011 - 12/31/2011

## Defining HIV Planning Through Our Eyes

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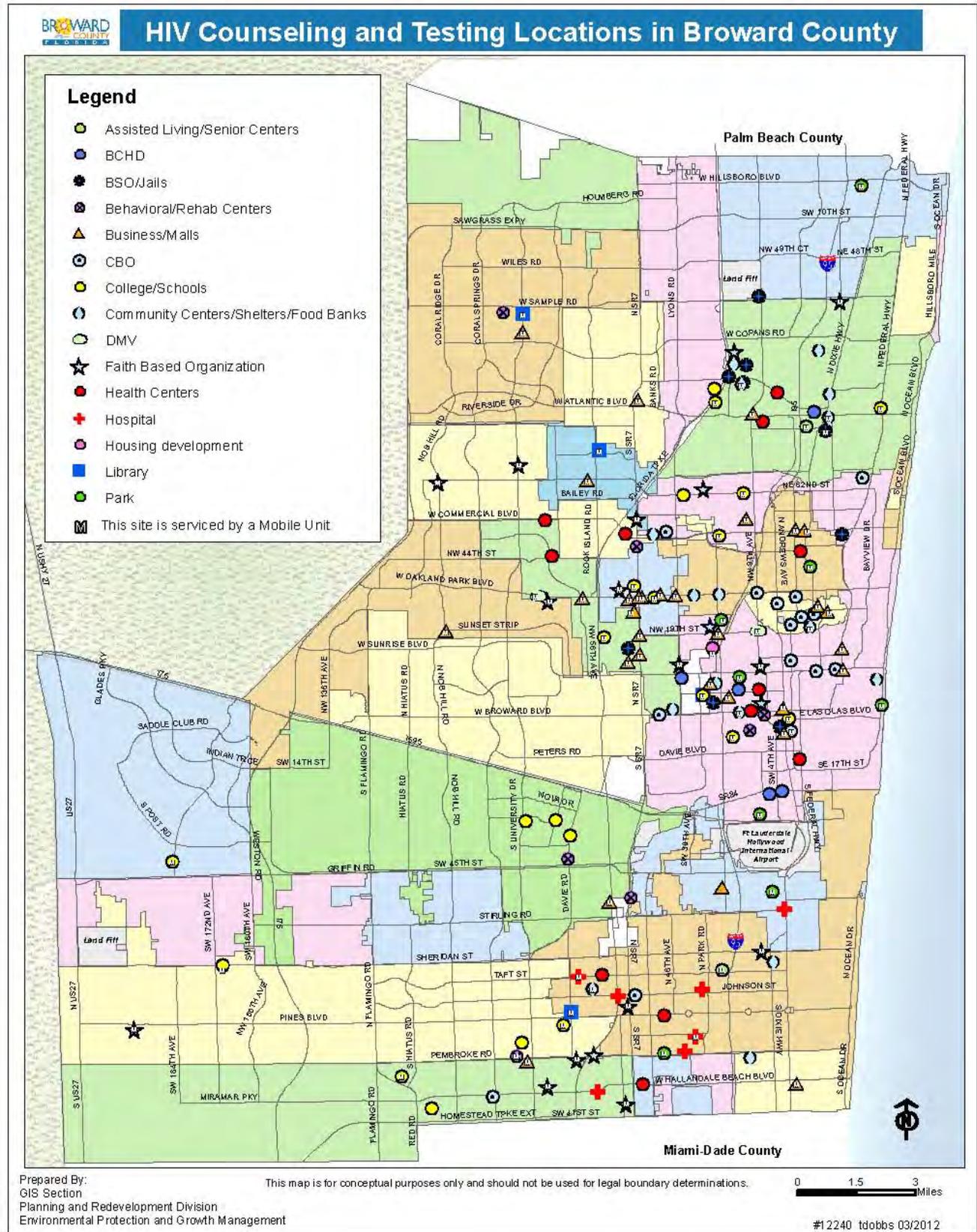
### **Rationale for Routine Screening for HIV Infection**

People who are infected with HIV but not aware of it are not able to take advantage of the therapies that can keep them healthy and extend their lives and, accordingly, are unable to protect their sex or drug-use partners from becoming infected. Knowing whether one is positive or negative for HIV confers great benefits in healthy decision-making.

### **Counseling and Testing in Broward County:**

- 29 Agencies Providing HIV Testing
- 69 DOH Registered Sites
  - 49 Approved rapid test sites
  - 20 Approved non-rapid test sites
- 159 Covered locations within Broward County
  - 140 of 159 offer rapid testing
- 7 Mobile Units
  - 3 AHF Units
  - Broward County Health Department
  - Holy Cross
  - Care Resource
  - Memorial Regional

# Defining HIV Planning Through Our Eyes



# Defining HIV Planning Through Our Eyes

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## **HIV Testing Education Program for Physicians**

Broward County Health Department proposes to increase routine HIV testing with an outreach to physicians through collaborating with the National Medical Association (NMA) and the Broward County Medical Association (BCMA). That outreach will include publications in newsletters and professional journals, oral presentations to meetings and board meetings and discussions with individual physicians and specialist groups.

Broward County Health Department will provide physician training on implementing HIV testing as a part of routine health care and screening. Areas to be covered include:

- CDC and the U.S. Preventive Services Task Force (USPTF) recommendations on routine testing to reduce stigma associated with assessment of risk behaviors
- A toolkit covering Florida statutes, billing and coding and streamlined counseling models
- Preventive services under the Affordable Care Act Funders for HIV testing in clinical settings

## **Prevention with Positives**

The Participate, Retain, Observe, Adhere, Communicate and Teamwork (PROACT) Program plans to offer time-limited, evidence-based, adherence-focused interventions for HIV positive individuals. Proposed interventions include:

### **Cognitive Behavioral Therapy for Adherence and Depression (CBT-AD)**

CBT-AD begins with a single-session HIV medication adherence intervention that covers 11 informational, problem-solving, and cognitive behavioral steps. Clients also receive adherence tools such as assistance with a schedule and a cue-dosing watch that can sound two alarms per day.

This single-session adherence intervention is followed by eight sessions of CBT-AD. This approach integrates continued adherence counseling with traditional CBT techniques for the treatment of depression.

### **Seeking Safety**

Seeking Safety is a present-focused therapy to help people attain safety from trauma/posttraumatic stress disorder (PTSD) and substance abuse. This flexible treatment approach consists of 25 topics that can be conducted in any order; in group or an individual format; and with women, men, or in a mixed-gender group. Clinicians may use all topics or fewer topics; work in a variety of settings (outpatient, inpatient, residential); and with clients who present with substance abuse or dependence. This approach has also been used with clients who have a trauma history, but do not meet criteria for PTSD.

## Defining HIV Planning Through Our Eyes

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### **Cognitive Behavioral Stress Management (CBSM)**

CBSM is a 10-week, group, expressive-supportive therapy program that includes didactic modules explaining physiological effects of stress, the cognitive-behavioral interpretation of stress and emotions, the identification of cognitive distortions and automatic thoughts, rational thought replacement, coping and assertiveness skills training, anger management, the identification of social supports, and group processing of personal issues. In the relaxation component, participants learn a variety of relaxation exercises, including: progressive muscle relaxation, autogenic training, guided imagery, meditation, and deep breathing.

### **Structural Ecosystems Therapy (SET)**

SET is a family intervention intended to improve medication adherence and reduce drug relapse among women living with HIV and recovering from drug abuse.

### **Condom Distribution**

#### **Broward County Health Department Condom Distribution Program**

Under the National HIV Strategy, Goal #1 of reducing new infections and as part of the High Impact HIV/AIDS Prevention and Testing initiative, Broward County Health Department has developed a Condom Distribution Program to increase availability, acceptability, and accessibility of condoms to high- risk populations in target areas throughout the county. The program addresses the need to intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

Broward County Health Department will

- Encourage all of its community partners to expand the availability and accessibility of condoms in their neighborhoods and among their target populations by distributing them to non-public health locations such as laundromats, barbershops, beauty salons, car washing establishments, barbecue establishments, tattoo parlors, dry cleaners, liquor stores, and other venues.
- Expand distribution at testing sites.
- Work in partnership with Ryan White Part A partners to identify county facilities to participate in the condom distribution program. Several locations have been already identified as distribution centers:
  - BARC residential, outpatient and detoxification centers.
  - Family Success Center locations at Pompano Beach, Davie, Fort Lauderdale, Coral Springs, and Hollywood.
  - VA Health Care System locations at Sunrise, Deerfield Beach, Hollywood, Coral Springs, and Pembroke Pines.

## Defining HIV Planning Through Our Eyes

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- Identify targeted areas for condom distribution through the use of epidemiologic data analysis, community gatekeepers, outreach workers, and disease intervention specialists.
- Develop Broward AIDS website. Topics to be covered include the proper use of condoms (male or female), safe sex information, and a full list of locations where free condoms and lubricant can be obtained will be included. The site will also include additional resources with information about HIV and STI testing centers. Broward County Health Department will also explore the inclusion of gender-based violence education/information.
- Integrate condom distribution into other prevention efforts/initiatives.

Broward County Health Department Condom Distribution Program will adhere to the following principles:

- Provide condoms free of charge.
- Implement social marketing efforts to promote condom use by increasing awareness of condom benefits and normalizing condom use within communities.
- Conduct both promotion and distribution activities at the individual, organization, and environmental levels.

As a structural intervention, this program will increase the availability, acceptability, and accessibility to condoms, so people will be more inclined to use them.

**Condom availability:** Condoms will be available at locations where the at risk populations are found such as local agencies, CBOs, outreach workers, “drop spots.”

**Condom Accessibility:** There will be unrestricted access to condoms available in the community. Condoms will be free of charge and easy accessible at convenient located places.

**Condom acceptability:** Norms within the community support the use of condoms. Condom support will be expressed by opinion leaders, and public figures. Different brands, types, and sizes will be distributed to increase acceptability.

## Defining HIV Planning Through Our Eyes

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	Individuals	Organizational	Environmental
Availability	Condom bowls at “drop spots”	Making condoms available at BSO probation offices and other Distribution Centers	Increasing funds for making condoms available
Acceptability	Distributing flyers and literature	PSAs, media campaign, community mobilization	Social marketing campaign
Accessibility	Massive distribution of free condoms	Expanding condom distribution centers	Policy change

### Current situation:

Currently, Broward County Health Department is distributing condoms quarterly to 19 registered testing sites and 20 other locations through the county (including substance abuse treatment centers, colleges & universities, health care facilities, homeless shelters, and family centers). Five community-based organizations are receiving allocations per contracts stipulations.

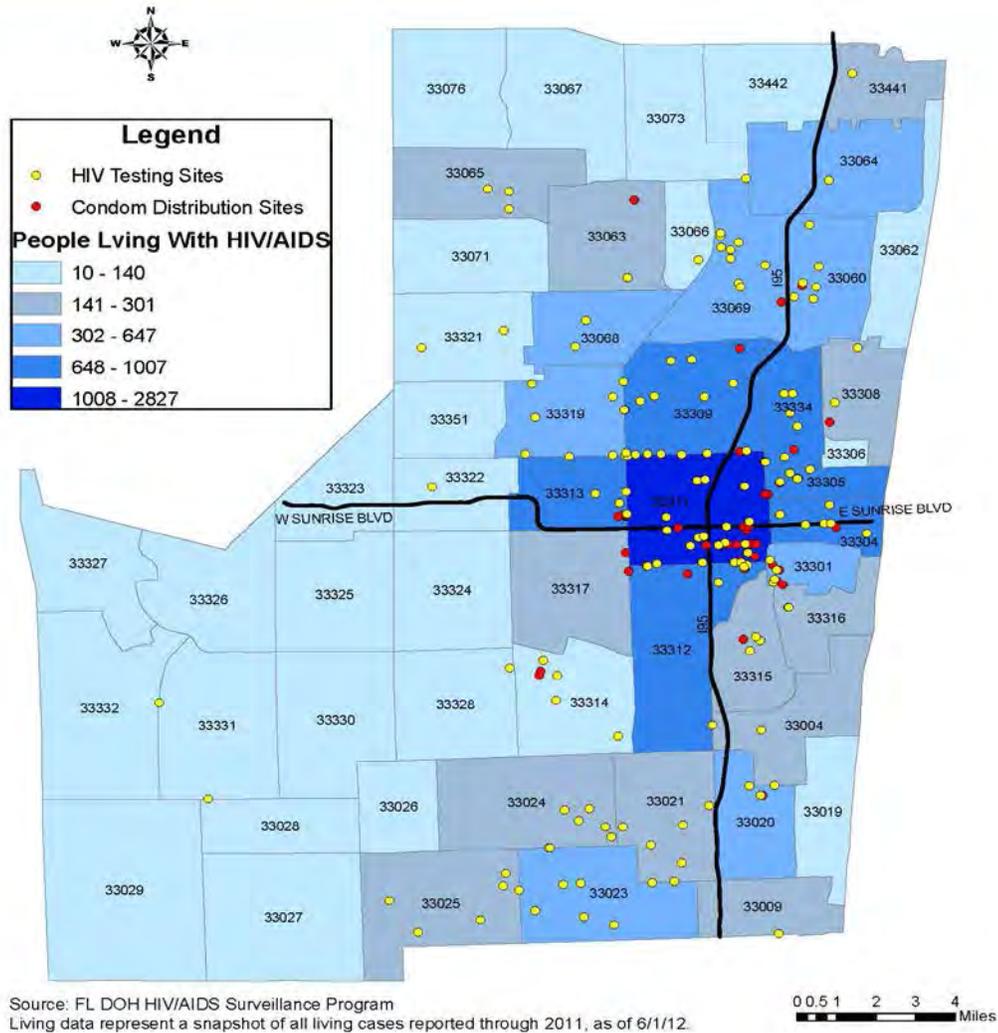
Condoms are also distributed (quarterly or as needed) at all Broward County Health Department facilities and programs (STI, family planning, TB, early intervention, Fusion, and HIV/STI prevention programs).

The total number of condoms currently distributed per quarter is as follows:

Quarter Distribution at testing Sites	256 Boxes
Quarter Distribution at other Locations	217 Boxes
Quarter Distribution at BCHD Sites	265 Boxes
Quarter Distribution at contracted Sites	51 Boxes
Total	789 Boxes

# Defining HIV Planning Through Our Eyes

 **People Living with HIV/AIDS through 2011, Condom Distribution & HIV Testing Sites, Broward County, Florida**



## Policy Initiatives

In addition to its core prevention initiatives, Broward County Health Department will look at new policy initiatives aimed to align public policies and structures, promote optimal prevention efforts, and create an enabling environment for people to seek HIV prevention information, HIV testing and HIV treatment. Broward County Health Department will work with the Florida Department of Health to address HIV prevention policies that affect the local HIV delivery structure.



### HIV Leader: Juliette Love

I worked thirty-seven years for Public Health. I started in a position that was lower than the janitor during the syphilis epidemic. This was 1982. By '89, we in Public Health were hearing about a disease that was killing what they thought was just gay men. My director said, 'Julie, there's something called GRID,' we made the mistake of calling it Gay Related Immune Deficiency; we didn't call it AIDS then. 'This new thing that CDC has discovered is going to keep us in a job.' And I said, don't say that, but he was right. It made public health go in a new direction. But I felt it was a public health issue, not sexual orientation. If you understood syphilis you understood it's about behavior, not about who anybody is.

## Chapter 4: Prevention Planning Council

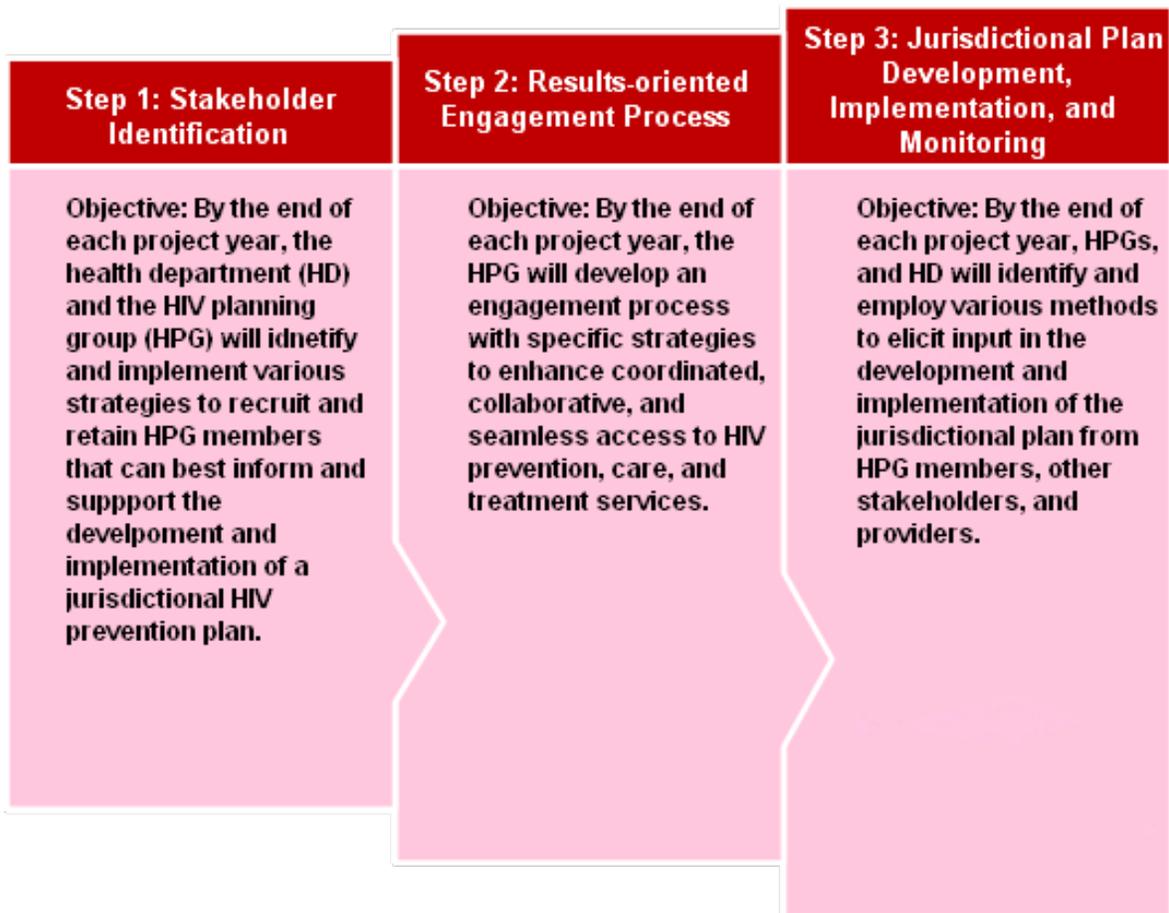
### Planning Group Process

The BCHPPC—a government-community partnership—was created in June, 2012, on the recommendation of the Centers for Disease Control and Prevention, to enhance High Impact Prevention (HIP) efforts for the highest risk populations.

The model of the BCHPPC is based on a partnership between the federal government, local and state health department and community participation. HIV prevention planning is a process based on the concept that the best way to respond to the HIV epidemic is through local decision-making.

The below chart describes the process the BCHPPC engages in to conduct community planning:

### HIV Planning Process



# Defining HIV Planning Through Our Eyes

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## **BCHPPC Structure**

The membership of the BCHPPC is comprised of a maximum of 21 members who apply and are appointed to represent various expertise and multiple community experiences. The membership is selected to achieve parity, inclusion and representation of the priority populations.

The body includes key stakeholders in HIV prevention and care and related services, and organizations that can best inform and support the development and implementation of a jurisdictional HIV prevention plan. To improve coordination of services two seats are appointed to the Council from the Broward County Public Schools and a research partner.

BCHPPC consist of three teams and four workgroups. The teams are comprised of BCHPPC appointees and include the HIP Team, the Policy Initiatives Team and the Epidemiology and Research Team. The four workgroups are open to community members and agencies and include the Black AIDS Advisory Group, Latinos en Acción Advisory Group, Transgender Advisory Group, and MSM Advisory Group. All seven bodies elect a chairperson who sits on the Executive Committee of the BCHPPC (See the structure of the BCHPPC chart on next page).

## **Executive Team Leadership Development**

The Council as a whole elects a Community Co-chair to work with the Government Co-chair for the oversight of the Executive Committee and to assure the completion of the duties of the Council and bodies that make up the Council.

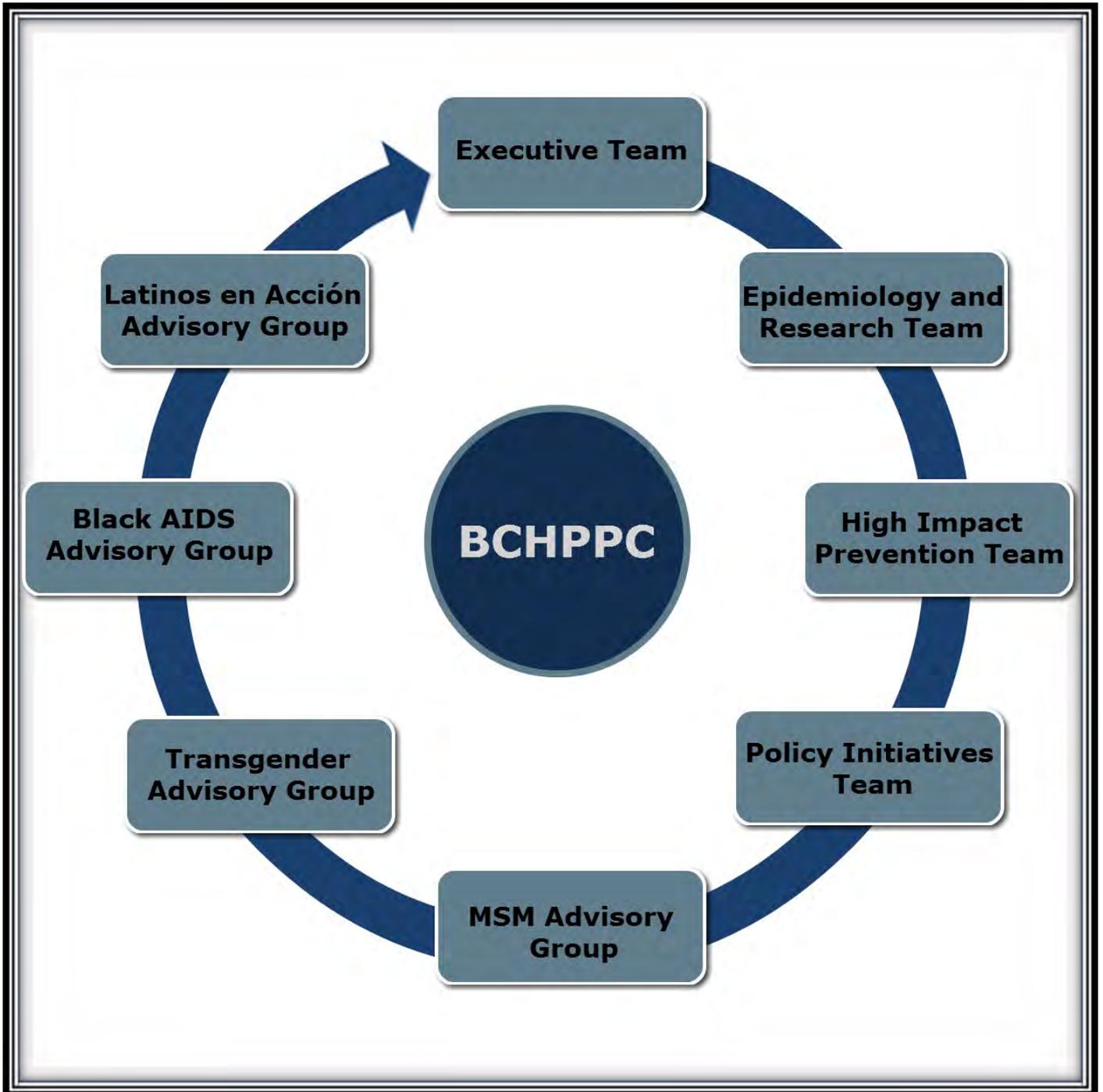
The executive team will participate in leadership development to ensure that the BCHPPC efforts are aligned with NHAS and HIP. The leadership training is to include on-going in-service on HIP, NHAS integration into local prevention efforts, BCHPPC leadership orientation and Strategic Planning.

## **Responsibilities of the Teams**

The HIP Team prioritizes the interventions with the most promising potential to prevent new infections among the most affected populations, focusing on those that include HIV testing, Prevention with Positives and Condom Distribution.

The Policy Initiatives Teams takes on the fourth priority outlined by CDC prevention planning guidance document, to support efforts to align structures, policies and regulations with optimal HIV prevention, care and treatment to enable the best environment for prevention efforts.

The Epidemiology and Research Team reviews biomedical, behavioral and operational research to assist all the bodies of the BCHPPC to develop new prevention strategies and improve existing programming. All the Teams and Workgroups operate together to support each other's efforts and engage in the planning process.



## Defining HIV Planning Through Our Eyes

### HIV Leaders: Latinos Salud



**“I believe Empowerment will defeat HIV stigma.”**  
-Nelson M

**“I believe we can do better working together.”**  
-Eddie



**“Working together we can beat the disease in the Latino community.”**  
-Rafaele

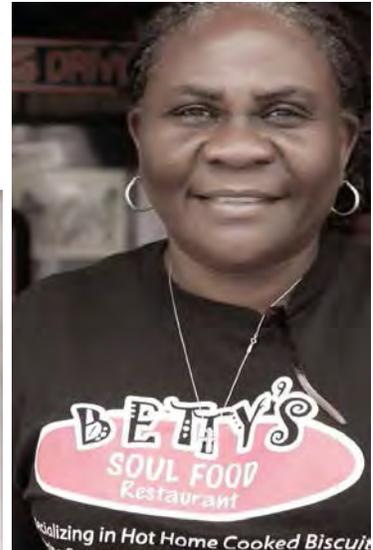
**“I believe we can eradicate HIV in our lifetime.”**  
-Austin A., CS Counselor

**“I believe as a community we can make a difference.”**  
-Johnathon

**“We’re doing our best to prevent HIV within our community.”**  
-Carlos

**HIV Leaders: Black Businesses Respond to AIDS**

***Betty's Soul Food Restaurant displays Business Response to AIDS in restaurant window***



***Unisex Barbershop promotes The Black Barbershop Health Outreach Program***

## Chapter 5: Engagement Process

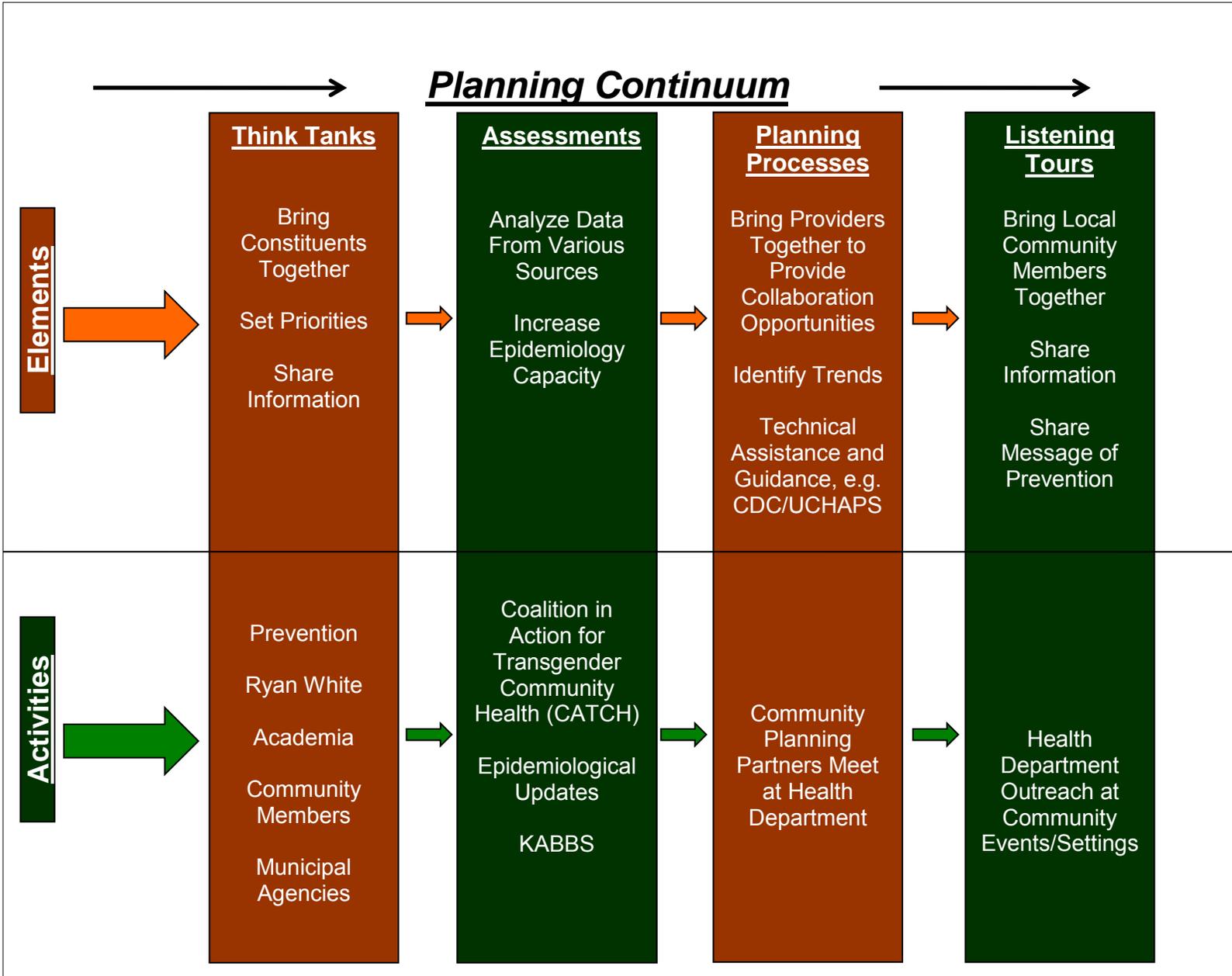
**CDC Required HIV Planning Guidance states the following:**

*By the end of the project year, the HPG will develop an engagement process and the HD will implement a collaborative engagement process that will result in identifying specific strategies to ensure a coordinated and seamless approach to accessing HIV prevention, care, and treatment services for the highest-risk populations—particularly those disproportionately affected by HIV across states, jurisdictions, and tribal areas.*

Broward County Health Department cast a wide net and involved stakeholders from around the county in the planning process. The engagement process began with Think Tanks in August 2011. The process then went out to the community with Listening Tours to elicit opinions and voices from those who traditionally could not and do not attend formal meetings. Formal processes were also strengthened in the engagement process with the continue work of four workgroups that now make up part of the BCHPPC. Treatment and care partnerships were formed and strengthened including partnerships between Ryan White Part A and B, the Broward County Health Department adherence program PROACT, and the development of a treatment cascade to look at gaps. The engagement process reinforced community involvement on all levels by supporting the participation of the Broward County Public Schools as well as the launching of several campaigns.

The engagement process initiated by the Broward County Health Department in community planning is being studied and promoted as a national model in public health. Below is a matrix of the Elements and Activities in the process of developing a comprehensive HIV prevention plan for Broward County.

## Elements & Activities Toward a Broward County HIV Comprehensive Plan



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### Think Tanks

To set the stage for the comprehensive jurisdictional plan for the county, a series of site visits and one-on-one meetings with community leaders took place over two days in August 2011. The activities included data and program presentations, site visits and a community tour.

Site visits to several community partners (including AIDS Healthcare Foundation/Out of the Closet; Fusion and T-House, Pride Center at Equality Part, Latinos Salud and the Ryan White Grantee) informed the assessment of need. The meetings and the site visits were a demonstration of enthusiasm and willingness to consider changing the way HIV prevention services are implemented in Broward County by both the health department and the community partners. All agreed that a new approach to turn the tide on HIV and AIDS in Broward County was warranted.

To move the local response forward after the August meetings, an agenda for Think Tanks was crafted working with members of the community planning groups, advisory groups and senior health department leadership. The Think Tanks were designed and structured to elicit ideas and commitment to changing the current 'modus operandi' to one that could have a lasting impact on the local epidemic.

On January 20, 2012, Broward County Health Department convened a follow-up meeting of the participants who had attended a previous "Educate and Engage" Think Tank series. This meeting was called to enlist the Think Tank attendees in a dialogue about crafting a new roadmap for HIV/AIDS in Broward County. As a component of the "Educate and Engage" series of meetings, this final phase was a review and discussion of the draft recommendations to date and a discussion of the next steps in developing a community planning process for a comprehensive HIV prevention plan. Therefore, the meeting goals were threefold: 1) to review Think Tank Outcomes, 2) to discuss the development of a Prevention Planning Framework and 3) to consider the development of HIV Prevention Interventions for Results.

Think Tank participants represented people living with HIV, community volunteers, program and executive staff from community-based organizations, members of community advisory boards and private sector partners. This diverse group of stakeholders included nurses, doctors, social workers, peer educators, researchers, prevention intervention specialists, law enforcement, elected officials, public health leaders, faith leaders, community housing specialists, care and treatment providers, people living with HIV, pharmacists and media. As a group, they shared their collective wealth of experience from years of working in community outreach and education services, faith-based organizations, family care and case management services, prevention and early intervention service, clinical care and philanthropy and grant-making. Many of the participants shared their experiences of working in HIV many from the beginning of the epidemic when there were no services, no medications and the only thing offered was care and support, palliative and end of life care. They

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contrasted those experiences to the present day when more is known about HIV, and treatment options are vastly improved and medicines are more tolerated by those engaged in care.

The Think Tank was a “conversation about the direction of the response to the current local HIV epidemic” and followed a semi-structured format that closely resembled a focus group. The themes that drove these focus-group type discussions were as follows: “reaching”—approaches to outreach and early intervention; “screening”—efforts to identify individuals currently infected and at risk; “linking”—referring and assuring HIV positive are connected to HIV clinical care and on-going community support; “serving”—featuring exemplary efforts in providing HIV programs to a diverse population of HIV positive; and “bridging the gaps”—crossing-cutting issues in the US HIV epidemic.

The Think Tanks assisted in localizing the response to the epidemic with the exchange and sharing of best practices by local government and community networks to strengthen the capacity of the local health department, local community, and healthcare stakeholders. In addition, it permitted for the discussion of new models for expanding HIV prevention and treatment services—underscoring the perspective of HIP services through science and scalable interventions.

Points raised included creative use of multi-media setting using local personalities and leaders with a “back to basics” approach in the messaging; the routinization of HIV testing along with increased testing during non-traditional times and settings while keeping in mind a holistic approach to health in the testing messages and interaction; using technology to link patients who have fallen out of the system and to maintain consumers who are connected with support and easy access; the integration of a care model that affords a one-stop shop for services. Monitoring and evaluating these efforts, and expanding the number of providers specialized in these approaches through comprehensive training, peer mentoring, family support and partner services, will enhance capacity.

Think Tanks produced a shared vision through the thoughtful exchanges in response to the local HIV epidemic. Broward County began to envision the implementation of a 5-year initiative that expands testing and screening, offers a high return on prevention interventions, and builds capacity for continuous quality improvement in service delivery through identifying gaps, creating infrastructure for accurate geo-mapping, combining resources, and using proven models in prevention intervention.

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## Listening Tours

Listening Tours allow for local and national leaders to interact with those on the front lines. Those most affected are able to tell their stories and challenges allowing for a real discussion of the barriers. The heart and soul of a Listening Tour is to move out of the traditional planning settings and hear from those most affected who have not had the opportunity to tell their story.

Listening Tours were a forum to bring together new stakeholders. It is an approach that opens the door for new collaborations. It is about planning, but the secondary effect is action. The tours' effectiveness is evident in the new collaborations, partnerships and solutions that come from a course of pulling up sleeves and finding ways together to be the most effective and relevant to those concerned.

The experts and the untapped layers of leaders, often times, are those very people who come out to be heard in a Listening Tour. It creates an interface with the data, statistics and the size of nearly unimaginable problems with real faces and voices—providing a new energy and flow of ideas and engaging potential recruits to achieve a generation free of AIDS.

During this stage of planning fourteen (14) tours were conducted that reached out to the Incarcerated, Men Who Have Sex With Men (MSM), Black Women and Black HIV Positive Women. More description of some of the tours can be found in the Advisory Group descriptions, such as the tour lead by Dr. Kevin Fenton from the Centers for Disease Control and Prevention.

## Advisory Groups

Below are descriptions of each of the Advisory Groups. Community members and agencies are welcome to join in with the activities and work of the groups which meet regularly. As in discussed in Chapter 4, these four Advisory Groups comprise part of the structure of the Broward County HIV Prevention Planning Council. The four Advisory Groups include Latinos en Acción Advisory Group, Black AIDS Advisory Group, MSM Advisory Group and Transgender Health In Action Advisory Group.

### [Latinos en Acción Advisory Group](#)

Members and allies of the Latino community, Latino-serving organizations and local health department representatives have evolved to form a coalition, Latinos en Acción Advisory Group (LAAG), which serves on the BCHPPC. LAAG works toward improving HIV health outcomes for Latinos in Florida. The group is comprised of a wide range of organizations including representatives from hospitals, faith-based organizations, social groups, community-based organizations and the health department. Approximately 10-20 members attend the monthly meetings.

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Building on the work between the Broward County Health Department and the Latino Commission on AIDS Capacity Building Assistance Program—Comunidades Saludables Ahora (CSA), the Latino Commission on AIDS travelled to Florida to participate in a day-long planning meeting with Latinos en Acción that has fed into the Jurisdictional Plan. Some themes that arose in the discussion included the recognition of the importance of disease integration across STIs and viral hepatitis, MSM organizing for diverse Latino communities, social marketing campaigns, new business partnerships in prevention work and workforce development programming that has health education components.

The Commission-CSA team has supported various community engagement initiatives with the health department in 2012, such as National Latino HIV Awareness Day. Other events that Latinos en Acción has mobilized for include: National Hispanic Hepatitis Awareness Day, BRTA/LRTA activities with businesses that serve Spanish-speaking and Portuguese-speaking clientele and the upcoming marketing campaign “what to ask your doctor”.

The National Latino AIDS Action Network (NLAAN)—a national coalition of community-based and national organizations, state and local health departments, researchers and concerned individuals—is committed to meeting the challenges in this new era by cultivating partnerships across sectors, racial and ethnic communities, issue areas, and geographic borders to effectively leverage expertise and political will to achieve an AIDS-free generation for all communities, particularly Latino/Hispanic communities.

NLAAN released the *National Latino/Hispanic HIV/AIDS Action Agenda* (the Agenda) on October 2012. The Agenda is an action-orientated report identifying priorities and recommendations to heighten awareness and build capacity of stakeholders to effectively address the devastating impact of HIV/AIDS in Latino/Hispanic communities. Latinos en Acción actively joined in the creation of the Agenda.

Latinos en Acción has a comprehensive listing of activities for the coming period including the creation of a resource directory, trainings for providers to enhance services for Latino HIV positive populations, planning for a Latino Health Prevention Summit and support efforts for increased testing informed by epidemiological data.

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### Black AIDS Advisory Group

The Black AIDS Advisory Group (BAAG) fosters linkages between Black community leaders, Black community-based organizations and the health department to support efforts and create plans to reduce new HIV infections and eliminate racial/ethnic HIV/AIDS disparities by promoting HIP programming. The body serves as a resource and a vehicle for individuals, groups and community-based organizations to get involved with current strategies and activities linked to the BCHPPC and health department partner agencies. BAAG meets monthly at the health department to plan and organize activities.

BAAG accomplishes its goals by focusing on the strength of public and private partnerships—and this strategy has proven to be a welcome and effective one. BAAG responds to identified needs through the provision of capacity building workshops, one-on-one technical assistance, peer support, mentoring and community mobilization events.

The Black communities in Broward County are culturally and linguistically diverse. Broward County has the highest rate of immigration from Jamaica and Haiti in the United States. Spanish and Portuguese speaking populations also make up part of the diversity of the Black communities of the county which accounts for more than 22 percent of the county's population.

BAAG supports and mobilizes for targeted initiatives such as *Broward>AIDS; Take Charge—Take the Test; Act Against AIDS/MSM Campaign; Like Mother, Like Son; Many Women, One Voice* and *Sistas Organizing to Survive (S.O.S.)*. Apart from social marketing projects and campaigns that are the local arm of a larger state or national initiative, the B-Black Initiative—Building Black Leadership against AIDS and Caring for our Kin—identifies community leaders and trains them to be ambassadors for testing and education in multiple disciplines and corners of the community. This important mobilization is being launched on National Black HIV/AIDS Awareness Day 2013. Armed with fact sheets, surveillance reports, national strategies and goals and other materials, these ambassadors will multiply the efforts to bring discussion and leadership to the front burner in many areas in the Black community including business, academia, media, schools and faith-based organizations.

BAAG has conducted many trainings over the years. BAAG supports the efforts of the Black Treatment Advocacy Network (BTAN) trainings linking Black local and national leadership with endeavors such as advocating for policy change and research priorities. BAAG is participating in strategy sessions to geo-map accessibility and needs for enhanced condom distribution in Black communities.

BAAG has a close ear to the needs being brought up by the community in tours and public forums. The group also looks at data and prevention needs not defined by the populations. It is with these combined approaches that BAAG can be instrumental in determining the impact of evidenced based strategies and interventions to prevent new HIV infections.

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### MSM Advisory Group

The MSM Advisory Group has taken many forms over the years to accommodate a diverse and active gay and bisexual community. The current structure is assisting MSM-funded providers to enhance and coordinate their HIP efforts. Input to this plan came from a diverse grouping of MSM members of the BCHPPC as well as a wide array of participants from the comprehensive Think Tanks and Listening Tours in 2011 and 2012. The Advisory Group also has a rich history of experience and activities that are part of the story of engaging the community.

In 2007, the MSM Advisory Group merged into the larger state initiative upon the release of the Out in the Open Report: the Continuing Crisis of HIV/AIDS among Florida's Men who have Sex with Men with many large events and ongoing meetings. The various groups also were central to several significant projects. The Out in the Open Initiative had ongoing meetings with groups and initiatives for years including Men and Meth, the Broward County Commission on Substance Abuse and MSM-funded staff and participants.

The existing Black Gay and Bisexual Leadership Board on HIV/AIDS at the Broward County Health Department was a part of the workgroups that made up the Advisory Group. One of their initiatives was the Brothers Making a Change volunteer peer-run hotline to connect Black MSM to testing and other services in Broward County that ran from 2007-2009. This group also participated in leadership development activities throughout the county and at the Ujima Men's Collective Conference.

In 2007-2008, older MSM were mobilized and collected data for the largest research study in the United States on older (over 50) MSM's sexual practices and risk behaviors. More than 800 participants responded to a lengthy interview conducted at venues all over the county that were led by volunteers, Broward County Health Department staff and university partners. The results of the study were presented at conferences such as the United States Conference on AIDS, the International AIDS Conference and peer journals.

The S-Men campaign brought together the spirit of many of these initiatives launching a social marketing campaign with business partners, sport teams, special events and a magazine Out in the News. In 2008, the Fusion drop-in Center opened and reached out to broad layers of the community, developing leadership and holding small group sessions. Other projects included several Hepatitis A and B vaccination campaigns, and a Fusion leadership group, among other activities. The momentum of these initiatives touched every corner of the diverse MSM communities and the spirit of this engagement continues to be evident in activities still today.

The process to continue engaging MSM was reinvigorated in 2011 resulting in several substantive outcomes including 1) Latino MSM initiatives under the auspices of Latinos en Acción as recommended by the Latino Commission on AIDS, 2) HIV and STI screening in bar settings, 3) inclusion of and enhanced coordination with new

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partners, i.e. businesses and the tourism industry, in a comprehensive condom distribution campaign, and 4) the collection of stories and pictures at Pride events in 2012 intended to spark conversations about prevention among MSM.

Several proposed campaigns are in the works such as Like Mother, Like Son—an HIV testing initiative for MSM of color promoted by their mothers, leadership development activities and the expansion of groups, especially for HIV-positive MSM and MSM of all ages at Fusion and partner agencies through HIP Programming.

In April 2012, Broward County was spotlighted by a visit of a delegation from the CDC lead by Dr. Kevin Fenton the Director of National Center for HIV/AIDS, Viral Hepatitis, STI and TB Prevention. This delegation met with multiple bodies of MSM in the county including community-based organizations, drop-in centers, neighborhood driving tours and culminating in a conversation with the community to provide local MSM of color and key constituents the opportunity to share real insights and feedback regarding HIV and STI prevention successes and challenges.

In December 2012, Dr. Grant Colfax, Director of the White House Office of National AIDS Policy, visited South Florida to meet with MSM involved in prevention for positives programming, and with HIV service providers. The day's events involved dozens of MSM impacted by HIV.

The MSM Advisory Group intends to recruit new layers of leadership to fully mobilize the diverse MSM communities in Broward County. This mobilization will capture the same spirit of collaboration of past initiatives in which the Department of Health partnered with many in the MSM community as well as the new prioritization on achieving the goals of "Getting to Zero" in Broward County.

### [Transgender Advisory Group](#)

The Transgender Advisory Group is part of the health department program THIA (Transgender Health In Action) which was created as a offspring of the national organization, Coalition in Action for Transgender Community Health (CATCH), in 2011. CDC-funded CATCH is based at the Center of Excellence for Transgender Health at the University of California, San Francisco. CATCH assisted the health department to organize a town hall meeting to strengthen community structure and enhance long term networking. THIA addresses issues such as general health, HIV and other infectious disease prevention and testing. Their work spans into other important issues in the Transgender community such as stigma reduction and safety. The program functions on a mentorship basis that reinforces a sense of self-worth and positive well-being.

To successfully implement the program it was determined that an advisory committee made up of community individuals was needed. An Advisory Group was assembled to guide and address essential health care needs reinforcing the success of the program goals and objectives. Creating a sense of trust, acceptance and confidentiality through THIA assisted in opening important lines of communication concerning safety, health

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and support. The foci of the Advisory Groups have been prioritized as follows: outreach programs focusing on 16 to 30 year olds, safer sex including in the context of “survival sex”, homelessness and jail release.

Previously in 2006, the landmark Girl Talk Project, funded by the Bureau of HIV/AIDS, engaged in HIV prevention services and fact finding activities focusing on the local Transgender population. The creation of the project was an individual and group level intervention developed to acquire formative, quantitative and qualitative data on the sexually active Transgender community. Data gathered during a five-month operation phase showed the following: 37% were infected with hepatitis, 26% diagnosed with AIDS and 20% infected with HIV.

Using these findings, the proposed project provided members of the local Male to Female (MTF) Transgender umbrella important information for HIV prevention activities. In accordance with this local data and national HIV prevention best practices pertaining to the target population priorities for programming were set.

In December 2008, with funding from the Community Foundation of Broward, T-House Online became an expansion of the Girl Talk project, providing the community with digital drop-in center capabilities to receive and access information regarding HIV prevention, linkage to service and other health information. At the end of 2010, the Broward County Health Department took on the funding for Transgender initiatives.

In 2012, the T-House web site was re-constructed to highlight testing sites, updated linkage capabilities, medical provider suggestions and community organization referrals. In addition there is a section dedicated to Transgender youth, domestic violence, silicone pumping as well as local, national and international news. This remake has doubled the number of monthly viewers to 1800.

A series of workshops have been held to address Transgender community topics and continue to be held on a bi-monthly basis in collaboration with partner agencies. The first of a series entitled “Face-to-Face” addressed transitioning both medically and surgically. THIA participates in other events, conferences and workgroups including the Empower, Educate, and Employ Transgender conference in April 2013, the Transgender Day of Remembrance each November and the Safe to Be Me Coalition that guides that Broward County School District’s LGBTQQI Program.

Three Transgender Medical Symposia have been organized with growing interest each year.

In the later part of 2010, a T-House survey revealed the following about the respondents:

- 28% were unsure of their HIV status,
- 58% had not been tested in past 12 months or longer,
- 64% did not receive quality health care,
- 92% felt that competent providers were lacking.

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As a result, T-House held the first one-day Transgender Medical Symposium on February 23, 2011. The goal of this symposium was to educate licensed professionals to reduce barriers to care for Transgender clients. Presentations were provided by accredited educators who specialized in the field of Transgender health, covering topics such as sensitivity and cultural awareness, medical treatment, mental health, HIV/AIDS and STIs. More than 90 providers attended.

The results of the symposium surveys completed by the participants showed an enormous desire to assist in the process of eliminating barriers to care. Using this outcome as the catalyst, a provider support system was formed to provide linkage systems where professionals could confer with each other regarding specific concerns they might have when treating Transgender individuals. This included the creation of a resource directory.

The success of the initial symposium led to continued organizing resulting in two more symposia in March of 2012 and April 2013 and a commitment to continue convening annual medical conferences on Transgender issues. With a HIP perspective, the 2013 annual symposium addresses structural barriers, disparities, prevention with positives with the aspiration to reduce new infections.

### **Emphasis on Treatment Partners**

#### **Ryan White Parts A & B**

The Florida 2012 Part B Statewide Coordinated Statement of Need (SCSN) lists the findings from the State's Prevention Planning Group's (PPG) assessment of prevention and service needs. The needs identified have an impact on Part A and its efforts to collaborate with counseling and testing and prevention programs in the implementation of the Early Intervention of Individuals with HIV/AIDS (EIIHA) Strategy.

The PPG conducted a community needs assessment survey between April and May of 2010. The survey consisted of 26 questions and offered HIV prevention service providers an opportunity to describe prevention and service needs in their community. Questions assessed a range of variables, including respondent demographics, agency information, delivery of prevention services, and community and agency needs. There were 158 agencies who responded to the survey; approximately half (51%) of agencies estimated they provided HIV prevention services (e.g., interventions, HIV testing, outreach) to at least 1,000 people in the last 12 months; one-fourth (25%) estimated serving 250-999 clients, and approximately another one-fourth (23%) estimated serving less than 250 clients. The majority (85%) of agencies reported providing clients with HIV prevention walk-in services or same-day appointments and 67% reported offering services during weekends or evening hours.

The structures and bodies of the traditional Ryan White treatment and care providers are committed and have been interacting with the prevention planning that prioritizes an integrated approach under a HIP view.

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## Broward County Health Department PROACT Program

### **PROACT (Participate, Retain, Observe, Adhere, Communicate and Teamwork):**

Broward County Health Department's treatment adherence program, PROACT, is a public health initiative designed to support the community-based provision of HIV primary care services in Broward County through the delivery of high-intensity interventions to promote Linkage to Care (LTC), retention in care, and adherence to Highly Active Antiretroviral Therapy (HAART) for all County residents living with HIV.

PROACT health system navigators (HSNs), in conjunction with Part A-funded providers, will work with newly identified HIV positive individuals, as well as individuals who were lost to care, to engage or reengage in services and fully adhere to HAART regimens.

The PROACT program promotes HAART adherence through the implementation of evidence-based interventions involving the medication itself and/or contextual factors that impede full adherence. Interventions will include: nursing assessment and education in the use of pillboxes; discrete phone calling or texting to remind clients to take their medications; and, in cases in which adherence is consistently poor, modified directly observed therapy (mDOT; observing the taking of some—but not all—dosages of medications). PROACT also offers behavioral health services to address mental health and addiction issues through individual, group, couple, and family therapy; the use of time-limited, evidence-based, adherence-focused interventions is also planned.

PROACT is in the process of being linked into Providers Enterprise database to facilitate client referrals to and from PROACT and to enhance PROACT's capacity to identify clients who are missing appointments or experiencing an increasing viral load and may benefit (with permission of the client and agreement from providers) from more intensive intervention through PROACT.

Part A medical case managers address adherence to outpatient ambulatory medical care appointments and medications through psychosocial assessment and care planning. In cases requiring more intensive intervention, referrals may be made to PROACT.

## Uses of the HIV Treatment Cascade in Prevention Program Planning and Program Evaluation

Definition: The HIV Treatment Cascade is a graphic representation of the estimated number of people with HIV infection living in a specific geographic area, who are linked to care, who are retained in care, who are receiving therapy (HAART) and who have undetectable viral load (VL). Those receiving HAART who are undetectable as a result are less likely to die or have adverse health outcomes and to transmit HIV to their sex partners or children through perinatal transmission.

Treatment cascades for counties are estimates prepared by apportioning national and state prevalence data to local areas and use of published studies and surveys.

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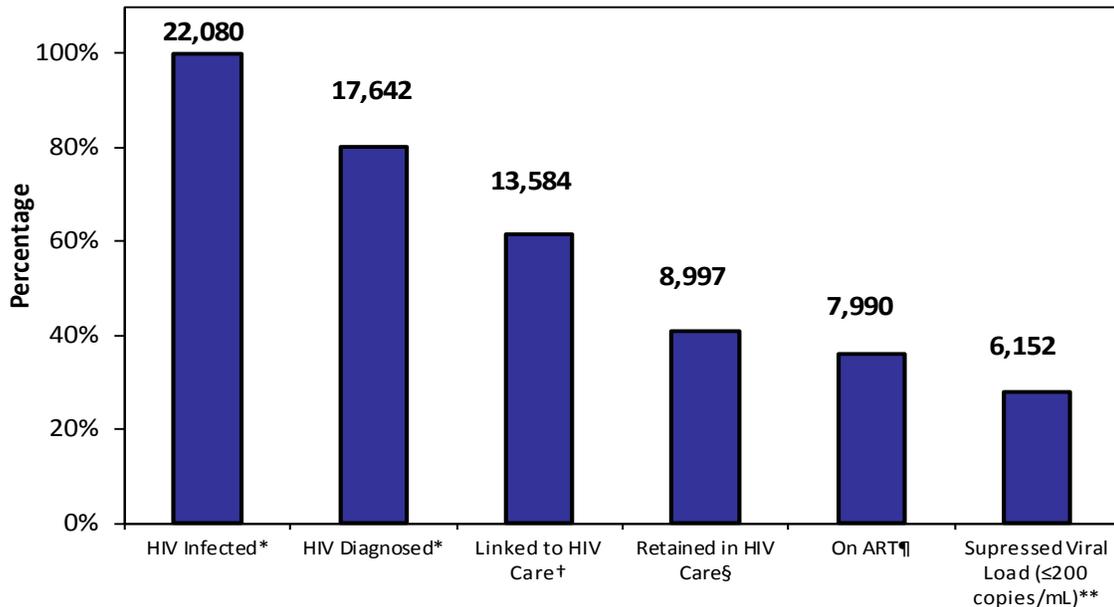
### **Use of the treatment cascade for program planning and selecting priorities for funding program activities**

An examination of the treatment cascade is extremely useful for prioritizing program activities once the decision has been made to focus a given proportion of prevention funds and activities on “treatment as prevention” as a part of a comprehensive HIV prevention program containing other program elements and activities within a county. The largest number of people who are “lost” in the treatment cascade are in the earlier cascade stages, e.g. not tested, not linked to care or not retained in care. Treatment as prevention depends first on getting people tested by changing the medical system and people’s attitudes about routine HIV testing in all health care settings and by targeted testing especially in the populations at highest risk such as MSM, partners of infected people, drug users, people with STIs, and sex workers. Public and professional education efforts are key to achieve this. Broward County focuses on this strategy in its aggressive HIV testing programs each year. Treatment as prevention also depends on linking and retaining people in care; a substantial “loss” of people who are already diagnosed occurs in the linkage and retention steps of the treatment cascade. A larger and more effective program and provider effort in these two areas would have enormous benefits in improving the proportion of people on HAART and with undetectable VL. Broward County is addressing these steps in the cascade with its PROACT Program, by requiring community testing agencies to document linkage of diagnosed people to care and by requiring treatment providers to document retention of patients in care during the year. The other parts of the cascade can be addressed and documented by medical record review.

### **Use of the Treatment Cascade for Program Evaluation**

**Local Data** are required to use the treatment cascade effectively as one aspect of prevention program evaluation. The most difficult step of the cascade to address is the size of the undiagnosed population and whether current program activities are decreasing the number and proportion of undiagnosed. Surveys of populations at highest risk (e.g. MSM) to determine testing frequency and time since last HIV test are helpful. Program managers can also examine time trends in data (for recently diagnosed people) on percent recently infected, CD4 count at time of initial clinic visit after diagnosis and the percent of newly diagnosed people who have AIDS. Data on HIV testing trends (number tested) and percent positive by population subgroups over time are required to see whether unaware people are getting tested and to see if the number never diagnosed is decreasing. Data on immigration of people with HIV are also needed and may be difficult to obtain. Local data for the other aspects of the treatment cascade should be obtainable by effective data collection by funded providers in the public sector and by careful program monitoring and analysis by managers of HIV testing programs and publicly funded HIV treatment facilities. Special studies would be required to obtain similar retention in care, treatment and VL data for the private sector (HIV specialist physicians who do not receive public funds).

## Number and percentage of HIV-infected persons engaged in selected stages of the continuum of HIV care — Broward



Abbreviations: HIV = human immunodeficiency virus; ART = antiretroviral therapy.

\* HIV-infected, N = 130,666; HIV-diagnosed, N=104,402. Source: FDOH Bureau of HIV/AIDS, data for 2010 as

† Calculated as estimated number diagnosed (104,402) × estimated percentage linked to care (77%); n =

‡ Calculated as estimated number diagnosed (104,402) × estimated percentage retained in care (51%); n =

¶ Calculated as estimated number retained in HIV care (53,245) × percentage prescribed ART in MMP (88.8%); n = 47,282. Source: Data from the Medical Monitoring Project.

\*\* Calculated as estimated number on ART (47282) × percentage with suppressed viral load in MMP (77.0%); n = 36,407 (28% of the estimated 130,666 persons in Florida who are infected with HIV). Source: Data from the Medical Monitoring Project.

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## **Broward County Public Schools**

The Broward County Public School's (BCPS) HIV program convened its HIV Advisory Group to begin the strategic planning process. The Advisory Group is comprised of school district personnel, community-based organizations, students (representing both K-12 and upper level), parents, teachers and the health department. The Advisory Board has representation on the Broward County HIV Prevention Planning Council.

The program's major strengths are 1) the requirement of training for all instructional personnel on HIV/AIDS/STI's and unintended pregnancy every three years (enforced by school board mandate), 2) collaboration with other departments on HIV issues, and 3) HIV/AIDS/STIs and unintended pregnancy curriculum for middle school students through the Science Department.

Future programming and opportunities include:

- Expansion of our Peer Education Program (BEAT) from the current five high schools to ten additional schools each year for the next three years.
- Expansion of access to existing peer lead web-based presentations on HIV/AIDS/STIs and unintended pregnancy.
- Curriculum updates through podcasts.
- Development of a five-year plan that expands these efforts.

## **Department of Education HIV/AIDS Social Marketing Campaign:**

*"HIV... LET'S LIVE FREE! Your Choice, Your Action, Your Life"*

The Office of Prevention Programs utilizes technology in creative ways to provide HIV prevention information to students. A recent, exciting example is the creation of six (6) 30 second Public Service Announcements (PSAs) addressing the topic of HIV. The PSAs spearheaded the prevention campaign: "HIV... Lets Live Free! Your Choice, Your Action, Your Life". The topics of the PSAs, created and narrated by students, cover HIV/AIDS/STI transmission, abstinence from sexual activity, HIV/AIDS/STI prevention, as well as other facts and resources.

To reach the diverse student population, PSAs are available in English, Spanish and Creole. All PSAs are closed-captioned and the English PSA is translated in American Sign Language (ASL). PSAs are available as a resource on the district's website and schools have on-demand access to ensure distribution to every middle and high school classrooms across Broward County. PSAs are also available to the greater community through the Broward Education Communication Network (BECON) and local television stations.

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This HIV/AIDS campaign utilizes the Social Norms Approach to deliver its message. This positive reinforcing strategy dispels myths about the problem being a norm among peers. It starts with gathering credible data from a population and identifying the actual norms regarding the attitudes and behavior of concern. Then a social norms intervention intensively communicates the truth through media campaigns, interactive programs, and other practical and educational venues. Evidence has shown youth responding to these initiatives with more realistic perceptions of peers, problem behavior decreasing, and the norm of positive behavior growing stronger among the targeted population. The tag line Your Choice, Your Action, Your Life was developed by Broward County Public School students who participated in several focus groups.

The Broward County Health Department HIV Prevention Program in collaboration with Office of Prevention Broward County Schools is launching the social media campaign in partnership with Broward County Transit. The campaign features on the exterior and interior of buses.

### **The Perinatal HIV Provider Network**

Broward County Health Department and its community partners identify community resources for HIV positive pregnant women and their exposed babies as well as educate providers and women of child-bearing years. The program providers act as liaisons between medical providers and community services to make sure that linkages are successfully accomplished. The goal of the program is to have zero transmission of HIV infection from mother to baby.

Program activities include: trainings, technical assistance to Broward's eight labor and delivery hospital staff and birthing centers that provide care to HIV-positive pregnant women and women of child-bearing years. The network providers recently created a Turn the Curve report included in the Broward County Maternal and Child Health Strategic Plan that was released on August 20, 2012.

In November 2006 Florida Statutes (s.384.31, FAC.64D-3.042 and Ch.64D3.029) mandated opt-out testing for all pregnant women for HIV, Chlamydia, Hepatitis B, Gonorrhea, and Syphilis at first prenatal visit and again at 28-32 weeks gestation. It also mandates at-delivery testing when no records are available or no prenatal care is documented. Florida Statutes mandated reporting of all HIV exposed newborns within the next business day following the birth.

The report shows that policy changes can significantly assist in the reduction of HIV transmission, perinatal transmission being among the most significant of these. As the number of women with HIV is increasing nationally (CDC.gov), perinatal HIV transmission is decreasing (Florida Charts, 2008-2010).

In Broward County as of 2011, there are 348,177 women of childbearing age, 15-44 years old. Among them are 2,435 women living with HIV/AIDS. Women at highest risk are those with substance abuse issues and mental health conditions.

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The partners involved in getting perinatal transmission to zero including the Perinatal HIV Provider Network that is supported by and interacts with the Florida Department of Health; the Broward County Health Department, delivery hospitals such as Broward Health Medical Center, Broward Health Coral Springs, Plantation General Hospital, Memorial Regional Hospital, Memorial Hospital West, Memorial Hospital Miramar, Northwest Medical Center, and Holy Cross Hospital. Providers are active and include Children's Diagnostic and Treatment Center (CDTC), Broward Healthy Start Coalition, Targeted Outreach for Pregnant Women Act (TOPWA) providers, Obstetricians and staff, Pediatricians and staff, and Community Maternal Child Health providers.

An important partner is the Walgreens Voucher Program which delivers AZT for treatment of HIV exposed babies from positive mothers to hospitals so treatment protocols can be in compliance. Providers are in agreement that this program is in need to be continued.

Action is required to achieve the goal of getting to zero including continued advocacy for prenatal care for all women. On-going education is necessary to maintain vigilance among obstetricians, delivery hospitals and birthing centers to follow Florida Statutes and evidence based standards for perinatal HIV care. More intervention is also needed for women with substance abuse and mental health conditions who are at higher risk for HIV infection.

Training services are offered through the Florida/Caribbean AIDS Education and Training Center (FCAETC) as well as the health department. Because of Broward County's diverse populations, healthcare partners require education on cultural beliefs related to pregnancy, childbirth, and care of the infant/child. The work and capacity of the Perinatal HIV Provider Network needs to be enhanced to further provide needed education and resources for the healthcare partners and community.

Legislation is required so that all women receive a rapid HIV test in the labor and delivery unit to avoid failure to detect recent HIV infection. These women must be assured health insurance coverage. Protocols for rapid HIV testing for women who appear at delivery without prenatal care, or have no record of HIV testing after the 27th week gestation need to be implemented.

# Chapter 6: Achieving Results in Prevention

## Introduction

On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS) identifying three primary goals 1) reducing new HIV infections, 2) increasing access to care and improving health outcomes for people living with HIV and 3) reducing HIV-related health disparities and health inequities. The primary goals require an enhanced response on all governmental levels.

In January, 2012, the Centers for Disease Control and Prevention revised the way the agency funds health departments and began awarding the first year of a five year HIV prevention funding cycle for health departments in states, territories and select cities. Fort Lauderdale was among those cities (city refers to the Fort Lauderdale metropolitan area that is Broward County) selected for the five year funding cycle.

To yield a greater impact in the HIV epidemic, the CDC developed a High Impact Prevention (HIP) perspective that consists of scalable interventions that have demonstrated the potential to reduce new HIV infections. All health departments responded to this approach which features improved geographic targeting of resources. HIP is essential to achieving the HIV prevention goals of the NHAS.

The goals have allowed the federal government to create measurable objectives to respond to the epidemic on a national level. Concurrently, Fort Lauderdale as a selected priority metropolitan statistical area has reviewed the federal objectives and sought to develop aligned measurable objectives. In this section, the Broward County objectives are identified with their corresponding activities. Some of these objectives will appear to overlap, but in fact they relate to more than one NHAS goal. All goals are to be accomplished between 2012 and 2016.

The Broward County Jurisdictional Prevention Plan provides a local county perspective. There are five components to HIP: 1) HIV testing, 2) Prevention with Positives, 3) Condom Distribution, 4) Structural Initiatives and 5) Social Marketing, Media and Mobilization. This jurisdictional prevention plan is a living document that will continue to guide HIP efforts.

Broward County aligns with the NHAS:

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high access to high quality, life-extending, free from stigma and discrimination.”

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## NHAS Goal 1: Reducing New HIV Infections

### Broward Goal 1: By 2016, lower the number of annual infections by 25%.

**Objective 1:** By December 2016, increase the number the number of tests conducted in healthcare settings by 5% each year.

**Activities:**

- Collaborate with 6 hospitals to provide testing in emergency departments as part of routine medical care.
- Collaborate with 12 primary care providers to provide testing in as part of routine medical care.
- Conduct face-to-face meetings with hospital emergency department medical practitioners, administrators and primary care providers on the importance of routine HIV testing.
- Provide technical assistance and physician tool kits to enhance provider skills in implementation of HIV testing as part of routine medical care.

**Objective 2:** By December 2016, increase the number the number of tests conducted in non-healthcare settings by 5% each year.

**Activities:**

- Fund 6 (six) targeted HIV testing initiatives.
- Provide technical assistance to enhance skills in implementing targeted testing and social networks testing.
- Provide training on HIV testing technologies.
- Encourage contracted agencies to provide expanded hours and days for testing.

### Broward Goal 2: By 2016, decrease the HIV transmission rate by 30%

**Objective 1:** By December 2016, reduce to zero the number of HIV transmission cases from HIV positive women to their children.

**Activities:**

- Educate obstetricians, gynecologists, labor and delivery hospitals and birthing center staff to comply Florida Statutes and evidence-based standards for pregnant women on HIV care.
- Increase HIV testing awareness during the third trimester among pregnant women.
- Expand capabilities of the HIV Perinatal Provider Network to include identification of strategies to further reduce future perinatal transmissions.

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- Conduct annual perinatal symposium in collaboration the Florida Caribbean AIDS Education Training Center.
- Promote Walgreen's voucher program and other resources for HAART regimens.
- Distribute perinatal toolkits for OB/GYN providers.
- Conduct HIV clinical/prevention grand rounds at two birthing hospitals each year.

**Objective 2:** By December 2016, ensure that at least 80% of people who receive their HIV positive test result from a Department of Health registered testing site are linked to medical care within 90 days of receiving result.

**Activities:**

- The Broward County Health Department plans to explore analysis of newly diagnosed HIV cases, monitor linkage to care, assess local capacity to cross-match databases (eHARS, AIDS Drug Assistance Program (ADAP), Medicare and Medicaid databases, and Ryan White Parts A, B, C and D, e.g. Careware and Provider Enterprise).
- Explore the opportunity to conduct geo-mapping analysis of Department of Health registered testing sites and include all relevant services on the Broward>AIDS web site.

**Objective 3:** By December 2016, ensure that 95% of people will receive their HIV positive test result from a Department of Health registered testing site are linked to partner services.

**Activities:**

- Require that HIP contracted agencies refer all positive individuals upon diagnosis to Broward County Health Department partner services.
- Disease intervention staff will locate the partners, advise them of their exposure, offer onsite HIV testing services and refer them to PROACT.

**Broward Goal 3: By 2016, increase the number of people living with HIV who know their status by 10%.**

**Objective 1:** By December 2016, ensure that at least 95% of people who test positive for HIV at a Department of Health registered testing site receive their test results.

**Objective 2:** By December 2016, 75% of people who test negative at a Department of Health registered testing site receive their HIV-negative test results and are offered prevention counseling or referred to prevention services.

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### Activities:

- Provide HIV prevention counseling, testing, referrals and linkage services in high HIV prevalence community-based settings.
- Promote HIV testing in emergency departments, correctional facilities, mental health clinics, substance abuse treatment centers and community health and mental health clinics.
- Review policies, procedures and quality assurance protocols to make recommendations and stream line testing procedures.

**Broward Goal 4: By 2016, increase the numbers of condoms distributed to HIV positive individuals and people at highest risk for acquiring HIV infection by 15% each year.**

**Objective 1:** By December 2016, Broward County Health Department will establish 10 condom distribution centers and 100 drop sites reaching at least 10,000 people a year at highest risk for acquiring HIV infection and HIV-infected persons in high morbidity areas. Fifty percent (50%) of drop sites will be located in non-healthcare settings.

### Activities:

- Identify condom distribution partners in the public and private sectors.
- Increase the accessibility, acceptability, and education in the use of barrier methods, i.e. male and female condoms for members of the priority populations in healthcare and non-healthcare settings.
- Design and implement an online assessment tool that measures Knowledge, Attitudes, Beliefs and Behaviors regarding condom use.

**Objective 2:** By December 2016, Broward County Health Department will distribute 16,000,000 condoms, 450,000 lubricants, and 96,000 female condoms.

### Activities:

- Conduct quarterly condom distribution to public and private partners.
- Monitor activities and provide technical assistance services.
- Integrate condom distribution with activities such as community-level interventions to promote condom use and other risk reduction behaviors.
- Support and participate in national HIV observance events, i.e. National Condom Week.

**Objective 3:** By April 2013, Broward County Health Department's Broward>AIDS web site will include condom distribution center, drop sites locations and other educational information.

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### Activities:

- Design, launch and promote the Broward>AIDS web site.
- Coordinate with the HIP contracted agencies to serve areas.
- Design search engine capabilities for the public to find locations for free condoms.

### NHAS Goal 2: Increasing Access to Care and Improving Health Outcomes

#### **Broward Goal 1: By 2016, increase the proportion of newly diagnosed and lost-to-care patients linked to clinical care within three months by 10% each year.**

**Objective 1:** By December 2016, 80% of clients referred to PROACT will be linked to medical care within 90 days of referral.

**Objective 2:** By December 2016, 80% or more of PROACT active cases stay in HIV care.

**Objective 3:** By December 2016, 45% of PROACT active cases achieve an undetectable viral load.

### Activities:

- Monitor utilization of PROACT services.
- Conduct outreach and community education on the importance of linkage and maintenance of care and treatment.
- Provide education to the community and providers on comprehensive HIV disease treatment and care.
- Conduct clinician outreach project to disseminate guidelines.

**Objective 4:** By December 2016, 80% of active cases of HIV positive clients will be linked to clinical care within three months at HIP contracted agencies.

### Activities:

- Monitor HIP contracted agencies on a quarterly basis.
- Provide technical assistance.

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### **NHAS Goal 3: Reducing HIV-Related Health Disparities and Health Inequities**

#### **Broward Goal 1: By 2016, Reduce HIV related mortality in communities at high risk for HIV infection by 10%.**

**Objective 1:** By December 2016, increase the number of gay and bisexual men, Blacks and Latinos accessing testing for viral hepatitis (both acute and chronic cases), sexually transmitted infections (STIs) and HIV by 25% in clinical settings.

##### **Activities:**

- Develop a pilot program of a network of private physicians offering integrated rapid HIV testing and Hepatitis screening among gay and bisexual men, Blacks and Latinos.
- Conduct education/testing events each year that screen for both HIV and Hepatitis C in conjunction with medical providers and community-based organizations among gay and bisexual men, Blacks, Latinos, and people ages 45 to 65.

**Objective 2:** By December 2016, train 50 medical providers and contracted HIP medical providers to engage patients in discussions on sexual health and disclosure.

##### **Activities:**

- Provide trainings for medical providers.
- Fund medical providers to implement evidence-based programming.

#### **Broward Goal 2: By 2016, Reduce stigma and discrimination against people living with HIV.**

**Objective 1:** By December 2016, identify and coordinate two (2) social marketing and media campaigns focused on HIP.

- Identify marketing strategies that address the role of stigma and barriers to HIV prevention behaviors.
- Support culturally sensitive and linguistically appropriate social marketing and media campaigns (in English, Haitian Creole, and Spanish).
- Collaborate with local businesses through the Business Response to AIDS (BRTA) and Labor Response to AIDS (LRTA).

**Objective 2:** By December 2016, recruit and train 50 Black, Latino, MSM (Men who have Sex with Men) and Transgender leaders, community members and stakeholders to promote HIP.

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### **Activity:**

- Build the capacity of community leaders to address disparities with HIV High Impact Prevention strategies, through training and technical assistance.

**Objective 3:** By April 2013, Broward County Health Department's Broward>AIDS web site will include condom distribution centers, drop site locations and educational information.

### **Activities:**

- Design, launch and promote the Broward>AIDS web site.
- Coordinate with the HIP contracted agencies to serve areas.
- Design search engine capabilities for the public to find locations for free condoms.
- Focus messaging on stigma and discrimination against people living with HIV.