The 2017-2021 Integrated HIV Prevention and Care Plan for the Orlando EMA and CFAP Consortium

One of the responsibilities of the Planning Council is to work with the grant recipient (formerly called the grantee) to develop a Comprehensive Plan. A comprehensive plan is the overall roadmap and vision of the HIV service delivery system in the EMA, including the establishment of a continuum of care. It should be a multi-year plan covering a three-to-five year period. In past years, the EMA was responsible for developing a Patient Care Plan that was submitted to the Health Resources and Services Administration (HRSA), while the Prevention Planning Group in the area developed a Prevention Plan that was submitted to the Centers for Disease Control and Prevention (CDC).

In June 2015 HRSA and CDC issued a joint Guidance for the development of the new Comprehensive Plan. The guidance required that one integrated HIV Prevention and Care Plan covering 2017 through 2021 be submitted to both HRSA and CDC. It further required that the Plan should be based on collaborative planning which addresses local needs and accelerates progress toward reaching the goals of the National HIV/AIDS Strategy (NHAS).

To be in compliance with these requirements, the Planning Council decided to collaborate with the other Ryan White Parts (B, C and D) and Prevention to develop one Plan that covers both the Part A and Part B areas (Brevard, Lake, Orange, Osceola and Seminole counties).

A workgroup, consisting of Planning Council members, members of the Central Florida AIDS Planning Consortium (CFAP), the Part B Planning body, Prevention representatives and other stakeholders was established to develop the Plan. The workgroup has been providing each planning body with updates on the progress of the Plan's development and getting feedback on the objectives and strategies to be implemented in order to achieve the NHAS goals. Stakeholder meetings have also been held in each of the five counties in order to gather input from a wider audience. The draft Plan will be available for review and feedback on or around March 1, 2016, on the Planning Council and CFAP's websites. Please visit www.HIVNetwork.org or www.ryanwhitecfap.org to review and provide feedback on the Plan. The final copy of the 2017-2021 Integrated HIV Prevention and Care Plan for the Orlando EMA/Area 7 Consortium will be presented to the Planning Council at the meeting in March for a 30-day review before the vote for approval and adoption at the April meeting. Your input is valuable so please visit one of the two websites identified above to provide your feedback. Thank you for your participation.

Upcoming Awareness Days

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>April 10</td>
<td>National Youth HIV &amp; AIDS Awareness Day</td>
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<td>May 18</td>
<td>HIV Vaccine Awareness Day</td>
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<tr>
<td>May 19</td>
<td>National Asian &amp; Pacific Islander HIV &amp; AIDS Awareness Day</td>
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<tr>
<td>June 27</td>
<td>National HIV Testing Day</td>
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As the new chair of the planning council, I am humbled to serve and accept the challenges ahead. I have worked in the field of HIV/AIDS for over 20 years and hope my experiences and expertise can provide the council with the most effective and successful year to date.

Providing solutions to the issues we face in Orange County for people living with HIV/AIDS will be my top priority. I look forward to working with all members of the planning body, grantee and the public to ensure people living HIV/AIDS in Orange County are given the most effective solutions for their myriad of service needs.

I want to ensure each consumer’s voice is heard and that we as a planning body guarantee to do the best we can for the people who are the most in need. This is not only the responsibility of the Chair, but the full council. We are all charged with this challenge. I accept this challenge and I hope you do as well.

Let’s have a great year!

Shirley Lanier,
Chair

MIRACLE OF LOVE RECEIVES LARGE CHECK FROM SMART RIDE TO BENEFIT CENTRAL FLORIDA

by Miracle of Love, January 10, 2016

Miracle of Love, one of Central Florida’s leading agencies for outreach and prevention of HIV/AIDS recently received their beneficiary check from SMART Ride, totaling an amazing $123,273.71. Miracle of Love is one of seven agencies that is a beneficiary of SMART Ride, a two day 165-mile bike ride that occurred on November 13 and 14, 2015. It is the second largest HIV/AIDS bike ride in the country and is the only ride of its size to give 100% back to the participating agencies. Miracle of Love is the only agency in Central Florida that participates in SMART Ride.

This year’s Miracle of Love’s SMART Ride bike team broke its previous fundraising record by raising $44,944. Miracle of Love’s team consisted of 25 riders and placed 4th in total fundraising out of 76 teams, beating out teams from Ft. Lauderdale, Miami and Tampa. Nearly 400 bicyclists and 280 crew participated in November, raising a total of $985,373. All riders participating can choose to give their money to a specific agency or to spread their donations to others.

Nicola Norton, Executive Director for Miracle of Love says, “We are so thankful to be part of SMART Ride, as the funds we receive will assist consumers in need within the Central Florida community!” Norton emphasizes that these funds are needed and utilized for consumer needs, such as vision and dental care that government grants funds do not cover. In addition, Norton explains, “Miracle of Love uses these funds to assist consumers with medical co-pays and medication premiums, transportation for medical appointments, and food, such as Miracle of Love’s annual Thanksgiving turkey baskets to over 260 clients.” In the past, these funds have supported The Stafford House, Miracle of Love’s LGBT Drop-In Space, as well as Peer Support Programs.

HIV remains a major health care issue and impacts everyone in the community regardless of race, socio-economic background or sexual orientation. The statistics from the State Health Department are alarming, with the State of Florida ranking #1 with newly diagnosed HIV cases among the other 50 states; Orange County is 3rd in the State, as far as new HIV cases. As of January 2014, 104,554 people are living with HIV/AIDS in Florida.

Founded in 1991 by Lowell D. Stafford, Miracle of Love, Inc. is a not-for-profit organization that serves as a leader in providing comprehensive, HIV/AIDS care, education and prevention services that are effective and responsive to the Central Florida community. To donate, volunteer, or to learn more about Miracle of Love, visit the following website www.miracleofloveinc.org or call (407) 843-1760.
New CDC Efforts Offer Individuals Vital Information to Reduce Personal HIV Risk

The National HIV Testing Campaign, Doing It and an Online HIV Risk Reduction Tool

by Centers for Disease Control and Prevention (CDC), December 7, 2015

The Centers for Disease Control and Prevention (CDC) today unveiled two awareness and education efforts designed to reduce new HIV infections by helping people take charge of their health – a new national HIV testing campaign and the beta version of an online tool to help individuals assess and reduce their risk of acquiring or transmitting HIV. The announcements came at the 2015 National HIV Prevention Conference in Atlanta, Georgia, the only major conference in the United States to focus exclusively on HIV prevention.

The national HIV testing campaign, Doing It, features everyday people, community leaders, and celebrities emphasizing that HIV testing is a smart choice to stay healthy and protect yourself and your partners. Campaign vignettes highlight people from a spectrum of communities, including gay, bisexual, heterosexual, African-American, Latino, white, men, women, and transgender people. The campaign debuted online today (www.cdc.gov/doingit) and national ads will begin soon.

CDC is also piloting a new comprehensive online HIV Risk Reduction Tool (www.cdc.gov/hivrisk), which lets people get customized information on behaviors that place them at risk for HIV and strategies to reduce their risk. The tool helps people determine how best to protect themselves and their partners. The interactive tool allows users to compare the risks of different sexual activities and to see how one or a combination of prevention methods – such as condoms, pre-exposure prophylaxis (PrEP), or HIV treatment for those living with HIV – could change their level of protection.

Issued as a beta release, CDC anticipates continued revision and improvement of the tool over time, as the agency pilots the tool with users and incorporates feedback and new findings.

“Both of these efforts are designed to help people take control of their health, make informed choices, and reduce their risk for getting and transmitting HIV,” said Jonathan Mermin, M.D., director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. “With more effective prevention options than ever before, it is essential that we provide accurate information. Now people can choose the best strategies for protecting themselves and their partners from HIV. The Risk Reduction Tool provides everyone – regardless of HIV status – a one-stop resource for information to guide their decisions about reducing risk.

The risk reduction tool and new testing campaign are part of CDC’s ongoing efforts to promote the full range of high-impact HIV prevention strategies.

Testing for HIV is the vital first step in linking infected individuals to care and preventing transmission to others. CDC recommends that everyone get tested for HIV at least once as part of routine health care, and that people with certain risk factors get tested more often. People with more than one sex partner, people with sexually transmitted infections (STIs), sexually active gay and bisexual men, and people who inject drugs are likely to be at high risk and should get tested at least once a year. Some sexually active gay and bisexual men may benefit from more frequent testing.

Once individuals know their HIV status, they are better able to take charge of their own health and encourage partners to do the same. People who test negative have more information to help them stay healthy and continue to protect themselves. People who test positive are encouraged to seek medical care as soon as possible with the goal of getting HIV treatment to become suppressed virally. Available treatments are very effective. They help people with HIV live healthier lives -- and they reduce their risk of spreading the infection to others.

“We have more tools to effectively prevent HIV transmission and acquisition than ever before – it’s now a matter of making sure that people understand what works so they can make fully informed decisions about risk,” said Eugene McCray, M.D., director of CDC’s Division of HIV/AIDS Prevention. “We must do everything we can to increase HIV testing and access to all available strategies – including pre-exposure prophylaxis (PrEP), condoms, behavioral interventions, as well as care and treatment for those living with HIV.”

The 2015 National HIV Prevention Conference, convened by the CDC and many public, private and government agencies, is taking place in Atlanta, December 6-9. This meeting focuses exclusively on the full spectrum of HIV prevention, giving community organizations, public health professionals, clinicians, advocates, and other interested individuals the opportunity to exchange information about effective prevention approaches. For more information, please visit www.cdc.gov/nhpc.
CDC: BLACK AMERICANS WITH HIV STILL LESS LIKELY TO GET ONGOING MEDICAL CARE

Number of new diagnoses going down, but racial disparities exist regarding consistent treatment

HealthDay News

While HIV diagnoses dropped significantly over the past decade in the United States, blacks with HIV are less likely than whites or Hispanics to receive routine, ongoing care, according to the U.S. Centers for Disease Control and Prevention.

From 2005 to 2014, annual HIV diagnoses fell 19 percent in the United States. Infections among black women dropped 42 percent during this period. Despite this progress in the fight against HIV, racial disparities persist, the CDC found. While black people make up 12 percent of the U.S. population, they accounted for nearly half of all HIV diagnoses in 2014.

“CDC has been working for many years to eliminate the HIV disparities that exist within the black community,” Dr. Eugene McCray, director of the CDC’s Division of HIV/AIDS Prevention, said in an agency news release. “While we are seeing signs of success, we must continue our focus on prevention strategies that will have the greatest impact on African American communities and the nation overall. A key area of focus is ensuring that people living with HIV are diagnosed early, quickly linked to care and receive consistent care that improves their lives and protects the health of their partners.”

In addition to helping people with the virus improve their health, ongoing care can prevent new HIV infections. The CDC pointed out that HIV is most often spread by infected people who are not being treated and those who are unaware that they have the virus.

Dr. Jonathan Mermin is director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. “Consistent care matters. It enables people with HIV to live longer, healthier lives, and it prevents new infections,” he said in the news release. “And closing this gap in care will be essential if we are to see the narrowing racial divide in HIV diagnoses close completely.”

“From 2011 to 2013, only 38 percent of black HIV patients received consistent treatment. During this period, however, about 50 percent of whites and Hispanics with the virus had continuous care.”

From 2011 to 2013, only 38 percent of black HIV patients received consistent treatment. During this period, however, about 50 percent of whites and Hispanics with the virus had continuous care, according to the CDC’s Feb. 4 Morbidity and Mortality Weekly Report.

Black women with HIV fared better than black men, the CDC noted. While 44 percent of black women benefitted from routine care, just 35 percent of black men did the same. Most of the black HIV patients who received ongoing care were infected during heterosexual contact.

Health officials in the United States are striving for a more coordinated response to the HIV epidemic, the CDC said. These efforts include using HIV prevention strategies that target blacks and others at greatest risk to ensure those who are diagnosed receive continuous medical care. State health departments will also receive funding to expand HIV prevention services and treatment to black people, particularly gay, bisexual and transgender youth.
Southern States Lag Behind Rest of Nation in HIV Treatment Testing

Death rates are three times higher among people living with HIV in some Southern states

by Centers for Disease Control and Prevention (CDC), December 6, 2015

Death rates among people living with HIV in some Southern states are three times higher than those living in other parts of the country, according to a new state-by-state analysis on progress in HIV prevention and care released today by the Centers for Disease Control and Prevention.

The latest data, which come from 2012, show substantial gaps between Southern states and the rest of the country on two key indicators – death rate among people with diagnosed HIV infection and knowledge of HIV status.

The national death rate in 2012 was 19.2 deaths per 1,000 people with diagnosed HIV. But an analysis of rates among states found alarming disparities – from a low of 7.9 deaths per 1,000 people with diagnosed HIV in Vermont to a high of 30.8 in Louisiana. Also, seven of the 10 states that have not met the national 2015 goal were in the Southern region of the U.S.

“It is unacceptable that people with HIV living in many Southern states are more likely to die than those living in other parts of the country,” said Jonathan Mermin, M.D., director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. “Some states are making great strides toward getting people with HIV diagnosed and into care, but every state must do this if we are to reach our national goals for prevention and care.”

The data show that Southern states also lagged behind in people knowing their HIV status. Nationally, 87 percent of Americans knew their HIV status in 2012, but this percentage varied substantially across states – from a low of 77 percent in Louisiana to a high of 93 percent in New York and Hawaii.

Across the nation, only five states reached the National Goal of 90 percent awareness (Hawaii, New York, Colorado, Connecticut, and Delaware); 70 percent of the worst-performing states on this indicator were in the South. Particularly in these states, people who do not know they are infected with HIV are not getting the medical care they need to stay healthy and protect their partners.

“CDC is responding to the challenge of HIV in the South and nationwide by prioritizing the hardest-hit areas and populations and investing in the most effective strategies,” said Eugene McCray, M.D., director of CDC’s Division of HIV/AIDS Prevention.

“These strategies include expanded testing for HIV, helping people living with HIV obtain ongoing care and treatment, and increasing awareness of and access to all effective prevention tools, including condoms, pre-exposure prophylaxis - or PrEP, and interventions to decrease risky behavior.”

Dr. McCray announced the findings in his plenary speech launching the 2015 National HIV Prevention Conference. The conference, convened by the CDC and many public, private, and government agencies, is taking place in Atlanta, Dec. 6-9. This meeting focuses on the full spectrum of HIV prevention, giving community organizations, public health professionals, clinicians, advocates, and other interested individuals the opportunity to exchange information about effective prevention approaches. For more information about the conference, please visit www.cdc.gov/nhpc.

For additional information, visit www.cdc.gov/nchhstp/newsroom.

Ira Westbrook’s Story

by Ira Darnell Westbrook, Sr.

My name is Ira Darnell Westbrook, Sr. I was born in Elizabeth, New Jersey and at a young age relocated to Apopka, Florida where I have resided for over 30 years. During that time I have worked in the education, healthcare, and mortuary fields.

In June of 2005 I learned that I was HIV+ and it was an extremely difficult time for me emotionally and mentally. Upon learning of my diagnosis I was connected to The PLACE of Comfort. Under the executive directorship of Karen Jaeger I learned how to deal with my diagnosis. Not only did The PLACE of Comfort, Inc. help me with coming to terms with my diagnosis but still has been helping me every step of the way as I deal with various life scenarios and situations whether it was case management, food and even emotional support. What I love most about Mrs. Jaeger and her PLACE of Comfort staff is not only their willingness to help provide me with services and support but moreover their ability to show compassion, empathy and genuine concern for me as a consumer.

At The PLACE of comfort I am more than just a number, I am someone who is in their eyes, “family.” Mrs. Jaeger and her staff have become so much more to me than just an organization, they have become like my own “family,” providing a “safe haven” for consumers like myself. I would not have been able to make the many improvements in my life without the help of her and The PLACE of Comfort.

I have experienced many hardships in life that should have brought me down emotionally, physically and mentally, including my HIV+ diagnosis and the loss of my mother. However, through The PLACE of Comfort and Mrs. Jaeger I have learned to remain positively optimistic throughout life and more importantly realize that anything is possible if I have the determination and willingness to make things change for the better. I am truly grateful that in one of the darkest moments of my life, I had the support of an organizations such as The PLACE of Comfort.
HIV SYMPTOMS

by Mayo Clinic Staff

The symptoms of HIV and AIDS vary, depending on the phase of infection.

Primary infection (Acute HIV)

The majority of people infected by HIV develop a flu-like illness within a month or two after the virus enters the body. This illness, known as primary or acute HIV infection, may last for a few weeks. Possible signs and symptoms include:

• Fever
• Headache
• Muscle aches and joint pain
• Rash
• Sore throat
• Swollen lymph glands, mainly on the neck

Although the symptoms of primary HIV infection may be mild enough to go unnoticed, the amount of virus in the bloodstream (viral load) is particularly high at this time. As a result, HIV infection spreads more efficiently during primary infection than during the next stage of infection.

Clinical latent infection (Chronic HIV)

In some people, persistent swelling of lymph nodes occurs during clinical latent HIV. Otherwise, there are no specific signs and symptoms. HIV remains in the body, however, and in infected white blood cells.

Clinical latent infection generally lasts around 10 years if you’re not receiving antiretroviral therapy. This phase can last for decades in people taking antiretroviral medications. But some people progress to more severe disease much sooner.

Early symptomatic HIV infection

As the virus continues to multiply and destroy immune cells, you may develop mild infections or chronic signs and symptoms such as:

• Fever
• Fatigue
• Swollen lymph nodes — often one of the first signs of HIV infection
• Diarrhea

Progression to AIDS

If you receive no treatment for your HIV infection, the disease typically progresses to AIDS in about 10 years. By the time AIDS develops, your immune system has been severely damaged, making you susceptible to opportunistic infections — diseases that wouldn’t usually trouble a person with a healthy immune system.

The signs and symptoms of some of these infections may include:

• Soaking night sweats
• Recurring fever
• Chronic diarrhea
• Persistent white spots or unusual lesions on your tongue or in your mouth
• Persistent, unexplained fatigue
• Weight loss
• Skin rashes or bumps

When to see a doctor

If you think you may have been infected with HIV or are at risk of contracting the virus, see a health care provider as soon as possible.

The Ryan White Community Meeting

Are you a consumer of Ryan White services? Would you like to have a safe place where you are able to share what’s not working in the system for you as well as share what is working well? Then the PLWH/A Caucus, a.k.a. The Ryan White Community (RWC) meeting is for you. Come join the consumers who are Planning Council members as well as non-member consumers to discuss these sensitive matters. In addition to sharing your ideas on how to improve the service delivery system so that it works for you, you will be able to provide input on all potential decisions to be made by the Planning Council. Yes, the Ryan White Community meeting attendees have the opportunity to voice their opinion on every recommendation coming from the various committees of the Planning Council on which the Planning Council will be required to vote.

Items that will be presented to the full Planning Council for approval from all Standing Committees will be presented at the RWC meeting. At this time you, will be able to voice your thoughts whether positive or negative. Your comments will be forwarded to the Executive Committee for consideration prior to the Planning Council taking a vote. Should the Executive Committee not accept the RWC meeting recommendations, your recommendations will be presented to the Planning Council as a separate item along with that from the Committee for the Planning Council’s consideration before the vote is taken. These items may include updated Standards of Care, Bylaws, Planning Council Policies and Procedures, results of studies that were conducted, etc.

Yes, so even though you may not be a Planning Council member your voice is important to the process so please come out and participate at the RWC meeting. The meetings are held on the third Tuesday of the month at 11 a.m. and transportation to the meeting is available for those for whom transportation is a barrier to your attendance. Just call Planning Council Support at 407-254-9390 to make arrangements for transportation.
The Affordable Care Act Enrollment Technical Assistance Center has developed a new consumer tool to help you better understand taxes and health coverage. They’ve created a new mobile-friendly tool, Taxes and Health Coverage: What You Need to Know, to help you answer some key questions.

“Do I need to file taxes?”
“Could someone help me file my taxes?”

Share this web link with your friends: targethiv.org/taxes
(Printable PDF versions of the tool are available there)

The Affordable Care Act Enrollment Technical Assistance Center has developed a new consumer tool to help you better understand taxes and health coverage. They’ve created a new mobile-friendly tool, Taxes and Health Coverage: What You Need to Know, to help you answer some key questions.

“Do I need to file taxes?”

The tool walks you through a series of questions about what type of health coverage you had last year (such as Marketplace, Medicaid, employer-sponsored, or other coverage). There is also an option for you even if you did not have coverage. If you had Marketplace coverage, the tool includes information about how to reconcile the advance premium tax credits (APTCs) or how to apply for the credit when you file your taxes.

Share this web link with your friends: targethiv.org/taxes
(Printable PDF versions of the tool are available there)
Life After: A Plus to Being Positive
“It has been a very humbling journey.”

Ida Henson Starks left work and went to learn the results of her blood work. Dressed in a suit, the businesswoman had a seat. “There is no good way or bad way, right way or wrong way to tell you this but your HIV test came back positive,” the man explained.

Tears filled her eyes as her thoughts raced. “I come from a two-parent home, I attended a prestigious university. I am a young black professional and this wasn’t supposed to happen to me,” she thought. “I didn’t know where to go. I didn’t know who to tell.” Ida’s only experience with the disease was nearly ten years prior, when a family member who had been previously diagnosed, died. “I knew it only as DEATH.”

After hours of sitting in her car, she drove home. When her boyfriend called she said, “There is no good way or bad way, right way or wrong way to tell you this, but I’m HIV Positive.” They would never know the source of the disease, fingers could not be pointed because neither knew their status before becoming involved with one another, one or both could have been previously exposed to the disease.

When night finally fell, Ida was afraid to fall asleep. “I thought I would die if I went to sleep,” she shares. She stacked her pillows against the wall and sat up in bed, and cried until exhaustion would finally overcome her.

Six months later, Ida learned she was pregnant. At the window of the doctor’s office she stated, “I’m pregnant” and then quietly whispered, “And I’m HIV positive.” Immediately, the woman responded, “You need to get your care from the High-Risk Clinic at Orlando Regional.” Though Ida later lost the baby, her relationship had already begun with positive. I felt comfortable,” she shares. However, outside the safety of HUG-Me, Ida still had not shared her burden with anyone but her boyfriend. Nearly two years after her diagnosis, Ida told a select group of women. “I needed them to know. I did not want a pity party but it was something I needed to do for my own healing.” When finally Ida found the courage to tell her mother, her mother’s response surprised her. “You are my child. I have always been here for you and you don’t have to worry about me rejecting you, now.”

Ida married her boyfriend and began working in the community reaching out to others who have also been diagnosed HIV positive. “Not a week has passed that I haven’t shared with someone the fact that you can live with an HIV positive test result.” Ida began working with Miracle of Love as a case manager helping others connect with services that could help them live with their disease.

“I come from a two-parent home, I attended a prestigious university. I am a young black professional and this wasn’t supposed to happen to me. I didn’t know where to go. I didn’t know who to tell.”

Haven of Hope Ministries, Nehemiah Education and Economic Development (NEED) and Merck Pharmaceuticals are a few of the organizations in which Ida has worked. Currently she is the supervisor of several programs at the Florida Department of Health in Orange County, where she also once received services. “I deal with this disease by helping others,” she shares.

Seven years after diagnosis, Ida went in to have a sonogram for a planned hysterectomy, she shares. During the exam, the technician said, “You’re pregnant.” “No, you don’t understand. I’m here for a hysterectomy,” Ida replied before the news fully registered. Under the guidance of the HUG-Me program and the care of Winnie Palmer Hospital for Women & Babies, seven months later Ida delivered a healthy 6-pound 4-ounce bouncing baby boy who was born, HIV negative. “He is my miracle and my blessing,” she shares. Wyndell joined 480 other babies born negative to a positive mother in more than nine years, thanks to the unparalleled success at transmission prevention through HUG-Me.

“This disease has allowed me to meet, work with and help some amazing people that I may have not otherwise have met,” she says. “There is a plus to being positive – it has been a very humbling journey;” Ida began working with Miracle of Love as a case manager helping others connect with services that could help them live with their disease.
March 1, 2016 is the start of a new funding year for Ryan White Part A. This year, in addition to adding Early Intervention Services as a new core medical service to the Service Delivery System, the Planning Council also accepted the award recipient’s recommendations of funding a new support service category (Emergency Financial Assistance), changing the deployment of Non-Medical Case Management services throughout the Eligible Metropolitan Area (EMA) and to add funding for a Licensed Registered Dietitian to the Medical Nutrition Therapy services. The core medical services returning this year are:

- Outpatient/Ambulatory Medical Care;
- AIDS Pharmaceutical Assistance (Local);
- Oral Health Care;
- Health Insurance Premium & Cost Sharing Assistance;
- Mental Health Services;
- Medical Nutrition Therapy (includes a nutritionist as well as supplements);
- Medical Case Management; and,
- Substance Abuse Services – Outpatient;

These services are to ensure that consumers residing in Lake, Orange, Osceola and Seminole Counties have access to needed services to live a good quality of life and to be productive residents of the EMA.

Early Intervention Services (EIS)

EIS is the newly funded core medical service that has been added to the array of services available within the EMA. Funding will support four (4) EIS Coordinators, one for each of the Counties comprising the EMA, to provide service coordination services aimed at high risk minority populations and other targeted populations. The Part A EIS Coordinators will work in collaboration with the Coordinators funded through Ryan White Part B and will ensure that newly diagnosed, as well as individuals who know their status but are not in care, have access to the following components to ensure that they are linked to care:

- Referral for services to improve HIV care and treatment services at key points of entry;
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Medical Care, Medical Case Management and Substance Abuse Care; and,
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

The support services returning this year as in the past years, directly enables an infected individual to receive needed medical services by removing any identified barrier to care. The support services are:

- Non-Medical Case Management;
- Food Bank/Home Delivered Meals;
- Housing Services (earmarked to coordinate housing services available in the area);
- Medical Transportation Services; and,
- Psychosocial Support Services (Peer Mentoring).

Emergency Financial Assistance (EFA)

EFA is the newly funded support service added to the array of available services in the continuum of care. This service category will provide limited one-time or short-term payments to assist Ryan White Part A (RWPA) clients with an emergent need for medications. This service category will need to adhere to the Health Resources and Services Administration’s (HRSA) guidelines that all other sources of funding in the community for EFA will be effectively used before using RWPA funds. Furthermore when RWPA funds are used for EFA it will be as the payer of last resort, and for limited amounts, uses, and periods of time.

The Planning Council invites you to spread the word about these services that are available to infected individuals meeting the eligibility criteria for Ryan White Part A funding. We also extend an invitation to join us in planning for the service delivery system for future years visit our website at www.HIVNetwork.org and complete an application.
by GroupGay and Bisexual Men

In the United States, gay, bisexual, and other men who have sex with men are disproportionately affected by HIV. Among gay and bisexual men, black/African American men—especially those who are younger—are the group most affected by HIV. While the number of new diagnoses declined for African Americans as a whole in recent years, diagnoses among African American gay and bisexual men increased between 2005 and 2014. However, that upward trend has stabilized since 2010.

HIV and AIDS Diagnoses

- Among all gay and bisexual men diagnosed with HIV in the United States in 2014, African Americans accounted for the highest number (estimated 11,201; 38%), followed by whites (estimated 9,008; 31%) and Hispanics/Latinos (estimated 7,552; 26%).

- In 2014, an estimated 39% (4,321) of African American gay and bisexual men diagnosed with HIV were aged 13-24. An estimated 36% (3,995) were aged 25-34; 13% (1,413) were aged 35-44; 9% (989) were aged 45-54; and 4% (486) were aged 55 or older.

- From 2005 to 2014, the number of new HIV diagnoses among African American gay and bisexual men increased 22%. But that number stabilized in recent years, increasing less than 1% between 2010 and 2014.

- From 2005 to 2014, the number of new HIV diagnoses among young African American gay and bisexual men (aged 13 to 24) increased 87%. But that trend has leveled off, with the number declining 2% between 2010 and 2014.

- Among all gay and bisexual men diagnosed with AIDS in the United States in 2014, African Americans accounted for the highest number (estimated 4,343; 39%), followed by whites (estimated 3,564; 32%) and Hispanics/Latinos (estimated 2,665; 24%).

Living with HIV

- By the end of 2013, an estimated 493,543 gay and bisexual men were living with diagnosed HIV infection. Of those, 152,303 (31%) were African American, 210,299 (43%) were white, and 104,529 (21%) were Hispanic/Latino.
HIV Diagnoses Decline Almost 20 Percent, but Progress is Uneven
Increases in some US populations but declines in others

by Centers for Disease Control and Prevention (CDC), December 7, 2015

Annual HIV diagnoses in the United States fell by 19 percent from 2005 to 2014, driven by dramatic and continuing declines over the decade among several populations including heterosexuals, people who inject drugs, and African Americans – with the steepest declines among black women.

However, the same level of success was not seen among all gay and bisexual men.

For gay and bisexual men, trends over the decade have varied by race and ethnicity. Among white gay and bisexual men, diagnoses dropped steadily, decreasing 18 percent. Diagnoses among Latino gay and bisexual men continued to rise and were up 24 percent. Diagnoses among black gay and bisexual men also increased (22 percent) between 2005 and 2014, but that increase has leveled off since 2010.

A similar trend was seen among young black gay and bisexual men ages 13-24, who experienced a steep 87 percent increase in diagnoses over the decade (from 2,094 to 3,923) in diagnoses over the decade, diagnoses among young black gay and bisexual men actually declined by 2 percent (from 3,994 to 3,923) in the most recent years.

Finally, diagnoses continued to increase among Latino gay and bisexual men – both over the decade (by 24 percent from 5,492 to 6,829) and in more recent years (by 13 percent from 6,060 to 6,829). HIV testing remained stable or increased among the groups experiencing declines in diagnoses in recent years. Researchers therefore believe the decreases in diagnoses reflect a decline in new infections. Similarly, because HIV testing remained stable among Latino gay and bisexual men during this period, the increases in HIV diagnoses suggest infections are likely increasing in this group.

“The recent five-year trends coincide with the launch of the first National HIV/AIDS Strategy and – now that the investment in high-impact prevention approaches has increased – offer promise for further progress,” said Eugene McCray, M.D., director of CDC’s Division of HIV/AIDS Prevention. “We have the tools to stop HIV right now. We urgently need to accelerate access to testing, treatment, and new biomedical prevention strategies so that everyone can protect themselves and their partners.”

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Standing Committees

Evaluation Committee
Meeting is second Tuesday of the month
3:00 PM
2002A E. Michigan Street
Orlando, FL 32806

Membership Committee
Meeting is first Monday of the month
3:00 PM
2002A E. Michigan Street
Orlando, FL 32806

Resource Allocation Committee
Meeting is Wednesday of the week before the Executive Committee Meeting
3:00 PM
2002A E. Michigan Street
Orlando, FL 32806

Planning Committee
Meeting is first Wednesday of the month
3:00 PM
2002A E. Michigan Street
Orlando, FL 32806

Executive Committee
Meeting is Wednesday of the week before the Planning Council Meeting
3:00 PM
2002A E. Michigan Street
Orlando, FL 32806

Planning Council
General meeting is last Wednesday of the month
Meet-N-Greet (5:30 PM)
Meeting (6:00 PM)
2010 E. Michigan Street
Orlando, FL 32806

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