

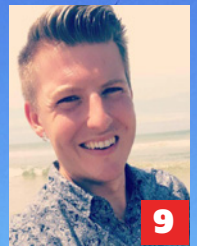


# RED RIBBON TIMES

2018 Volume 1



A Hope for Health Care



Our Health Matters, Our Lives Matter



## Implementing Joint Planning for Prevention and Care Services in the Orlando Service Area

**The Central Florida HIV Planning Council is the result of the Orlando Service Area (Brevard, Lake, Orange, Osceola and Seminole Counties) achieving Goal # 4 of the 2017-2021 Integrated HIV Prevention and Care Plan.** Goal # 4: Achieving a More Coordinated Local Response to the HIV Epidemic called for the Orlando EMA HIV Health Services Planning Council, the Ryan White HIV/AIDS Program (RWHAP) Part A planning body and the Central Florida AIDS Planning (CFAP) Consortium, the RWHAP Part B and Prevention planning body to work together to look at the possibility of joining both bodies into one planning body. Merging the two bodies into one would afford the area better integration of services, reduce redundancy, and ensure a

seamless continuum of care for individuals living with HIV and those at high-risk for acquiring HIV.

### **BOTH BODIES DESIGNATED THEIR EXECUTIVE COMMITTEE TO WORK TOGETHER AS A STEERING COMMITTEE TO DEVELOP RECOMMENDATIONS FOR APPROVAL BY THE BODIES ON THE OPERATIONS OF A JOINT BODY.**

The RWHAP Part A Recipient secured a consultant, EGM Consulting, LLC with national experience in working with EMAs

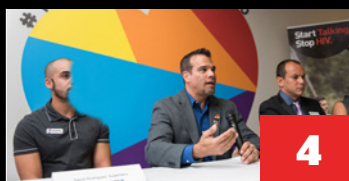
on establishing joint planning bodies. In May, the Executive Committees began meeting as a combined body and developed a timeline for the merger as well as the recommendations for an appointment process for membership and the planning body composition/membership. The recommendations were then sent to the consultant to be incorporated in the draft of the Bylaws of the combined planning body. The recommendations regarding membership were that the total number of members not exceed 35 with a minimum of 15. To ensure parity, inclusion and representation (PIR) the committee recommended that the 35 seats be distributed by county based on the most current epidemiologic profile of the area. Based on 2016 data, 12% or 4 of the seats would be assigned to Brevard, Orange

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# CENTRAL FLORIDA HIV PLANNING COUNCIL

## STANDING COMMITTEES

### Membership Committee

- This meeting is the first Tuesday of the month at 2:00 PM

### Service Systems and Quality Committee

- This meeting is the first Thursday of the month at 9:30 AM

### PR & Marketing Committee

- This meeting is the second Tuesday of the month at 10:30 AM

### Needs Assessment and Planning Committee

- This meeting is on the second Thursday of the month at 9:00 AM

### Executive Committee

- This meeting is the Thursday of the week before the Planning Council meeting at 9:00 AM

### Planning Council

- This meeting is the last Wednesday of the month
- Meet-N-Greet (5:30 PM) & Meeting (6:00 PM)

Contact Planning Council Support for meeting locations or visit website

## PLANNING COUNCIL SUPPORT CONTACT INFORMATION

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407-472-3777  
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407-835-0906  
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## RYAN WHITE PART A SERVICE PROVIDERS

AIDS Healthcare Foundation  
407-204-7000  
www.aidshealth.org

ASPIRE Health Partners  
407-245-0014  
www.aspirehealthpartners.com

Center for Multicultural  
Wellness and Prevention  
407-648-9440 • www.cmwp.org

Dept. of Health in Seminole  
County  
407-665-3200  
http://seminole.floridahealth.gov/

FL Dept. of Health in Orange  
County  
407-836-2680  
http://orange.floridahealth.gov/

Dept. of Health in Osceola  
County  
407-343-2030  
http://osceola.floridahealth.gov/

Dept. of Health in Lake  
County  
352-771-5500  
http://lake.floridahealth.gov/

Orange County Medical  
Clinic Pharmacy  
407-246-5356  
N.E.E.D. Inc.  
407-661-1300  
www.needincfla.org

Miracle of Love  
407-843-1760  
www.miracleofloveinc.org

Hope and Help Center  
407-645-2577  
www.hopeandhelp.org

Turning Point  
407-740-5655  
www.turningpointcfl.org



Connect with us on Facebook @  
CentralFloridaHIVPlanningCouncil

<https://ryanwhitecfap.org/member-resources/integrated-hiv-prevention-care-plan/>

[www.ocfl.net/ryanwhite](http://www.ocfl.net/ryanwhite)

would have 23 (64%) seats, both Seminole and Osceola would have 3 seats each with 9% of the disease in each County and Lake 2 seats with 6%.

## ADDITIONAL RECOMMENDATIONS WERE:

- 1) That the application process for full membership follows the Planning Council's membership process;
- 2) That the CFAP process for membership be used for Associate Membership with the addition of the CEO appointing Associate Members and attendance at 2 meetings instead of one;
- 3) That there be 4 standing committees in addition to the Executive Committee; a Needs Assessment & Planning Committee responsible for Needs Assessment, Integrated Planning, Priority Setting & Resource Allocation and the Assessment of the Administrative Mechanism (AAM); a Service Systems and Quality Committee responsible for the system of prevention and care, Clinical Quality Management (CQM) and Outcome measures, prevention strategies and coordination with other federal recipients; a Membership Committee responsible for membership/open nominations, community engagement, and orientation and ongoing training of members; and a PR & Marketing Committee responsible for developing the body's marketing and recruitment strategies and publicizing all activities. Additionally, a PLWH Community Meeting would be created as well as other caucuses and work groups as needed;
- 4) The Officers of the combined body would be two Co-Chairs one senior and one junior, with the current PC Chair Elect serving as the Senior Co-Chair and CFAP membership electing the Junior Co-Chair. The other officers would be a Patient Care Consumer Representative and a Prevention Consumer Representative. The term of office would be two years with the exception that the Senior Co-Chair would serve a one year term for this first year of operations;
- 5) That the Representative and Alternate to the Statewide Planning Body (the Florida Comprehensive Planning Network (FCPN)) would be similar to the current Planning Council's process, that is the body will elect a PCPG (Patient Care Planning Group) Representative and Alternate as well as a PPG (Prevention Planning Group) Representative and Alternate during odd calendar years as required by the FCPN;
- 6) That to prevent all the members of the body leaving at the same time, terms would be staggered for the first year of operations;

The joint body, the Central Florida HIV Planning Council began operations in October with 22 members. Recruitment of members is still ongoing as the Planning Council has not yet reached the target percentage (33%) of unaligned PLWH membership nor is the body reflective of the epidemic in the area.

The current Officers are:  
Senior Co-Chair – Bakari Burns  
Junior Co-Chair & PCPG Rep. – Sam Graper  
Patient Care Consumer Rep. – Daniel Downer  
Prevention Consumer Rep. & PPG Rep. – Aaron Sanford-Wetherell

Join us! Give us a call at Planning Council Support  
407-835-0906 or visit our website at [www.ocfl.net/ryanwhite](http://www.ocfl.net/ryanwhite) to complete an application and get involved

# PrEP 101

Are you HIV-negative but at very high risk for HIV? Taken every day, PrEP can help keep you free from HIV.

## What Is PrEP?

- PrEP, or pre-exposure prophylaxis, is daily medicine that can reduce your chance of getting HIV.
- PrEP can stop HIV from taking hold and spreading throughout your body.
- Daily PrEP reduces the risk of getting HIV from sex by more than 90%. Among people who inject drugs, it reduces the risk by more than 70%.
- Your risk of getting HIV from sex can be even lower if you combine PrEP with condoms and other prevention methods.



## Is PrEP Right For You?

PrEP may benefit you if you are HIV-negative and **ANY** of the following apply to you.

### You are a gay/bisexual man and

- have an HIV-positive partner.
- have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown –and– you also
  - have anal sex without a condom, or
  - recently had a sexually transmitted disease (STD).



### You are a heterosexual and

- have an HIV-positive partner.
- have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown –and– you also
  - don't always use a condom for sex with people who inject drugs, or
  - don't always use a condom for sex with bisexual men.

### You inject drugs and

- share needles or equipment to inject drugs.
- recently went to a drug treatment program.
- are at risk for getting HIV from sex.

## Visit Your Doctor

- To find out if PrEP is right for you
- Every 3 months, if you take PrEP, for repeat HIV tests, prescription refills, and follow-up
- If you have any symptoms while taking PrEP that become severe or don't go away.



## How Can You Get Help To Pay For PrEP?

- Most private and state Medicaid plans cover PrEP. If you are on Medicaid, check with your benefits counselor.
- If you have health insurance, you may receive co-pay assistance from drug manufacturers or patient advocacy foundations.
- If you are without medical insurance, consider enrolling in an insurance marketplace, manufacturer patient assistance program, or your state's Medicaid plan, if you are eligible for it.
- Learn more about paying for PrEP at [www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-paying-for-prep.pdf](http://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-paying-for-prep.pdf).

For more information please visit [www.cdc.gov/hiv](http://www.cdc.gov/hiv)

August 2016

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of HIV/AIDS Prevention



# National HIV/AIDS and Aging Awareness Day



The Generational Gap of HIV/AIDS” panel discussion. It included health care professionals and community members to address topics like the evolving medical needs of people living with HIV, HIV testing and HIV prevention strategies like PrEP (Pre-Exposure Prophylaxis). With technical assistance from Miracle of Love, it was the first time a national HIV awareness day was streamed live on Facebook in Orlando. It has been viewed over 700 times and shared 26 times, helping raise awareness to thousands of people.

## NATIONAL LATINX AIDS AWARENESS DAY (NLAAD) - OCTOBER 15, 2017

National LatinX AIDS Awareness Day (NLAAD) was created to raise awareness, promote effective prevention and treatment strategies, and fight stigma about HIV among Hispanics/Latinos. The Hispanic Federation coordinated the day with a press conference on October 13th and free HIV testing on October 15th in Kissimmee at a well-attended World Food Truck event. The press conference included Equality Florida, Orlando Immunology Center, Hope and Help, Miracle of Love and Latidos Orlando. It was streamed live on Facebook. It was widely covered by Spanish speaking media making it the most successful awareness event to date highlighting the disproportionate impact HIV has on Central Florida’s large LatinX community.

## NATIONAL HIV/AIDS AND AGING AWARENESS DAY (NHAAAD) – SEPTEMBER 18, 2017

National HIV/AIDS and Aging Awareness Day (NHAAAD) was on September 18, 2017 and is a day to bring awareness to the challenging issues the aging population faces with regards to HIV prevention, testing, care and treatment. According to the CDC in 2014, people aged 50 and over account for an estimated 45% of Americans living with HIV and that number is only expected to climb. OAK Central Florida spearheaded this year’s NHAAD event and partnered with The Orlando Immunology Center for “Bridging



## Latinx (la-TEEN-ex) – a primer in neologisms.

by Dr. Brian A. Smith

**Latin@:** Was originally a gender-neutral designation for males, females, and non-binary identified persons. It has become more-closely identified with the transgender Latin-American or Hispano-American community.

**Lantinx:** Is an outgrowth of a gender-neutral social media phenomenon that started a few years ago. The ‘x’ is a variable, standing for male, female, and non-binary individuals. It encompasses all races: Europeans and Middle Easterners or ‘white,’ Africans or ‘black,’ Asians and Amerindians (Native Americans). Latinx is growing in popularity at the same time that Mx (mikx) is replacing Mr (mister), Mrs (missus), Miss (young girl), Ms (female), and the little-used

(but I’m old enough to remember) Mstr (master, young boy) in the United Kingdom and parts of Europe as a gender-neutral title.

**Latino/latina:** Is a male/female living in the United States (or North America) with origins in Latin-America. Latin-America encompasses between 19 and 22 countries (depending on your source) in the Caribbean and between the northern border of Mexico and the Southern tip of South America.

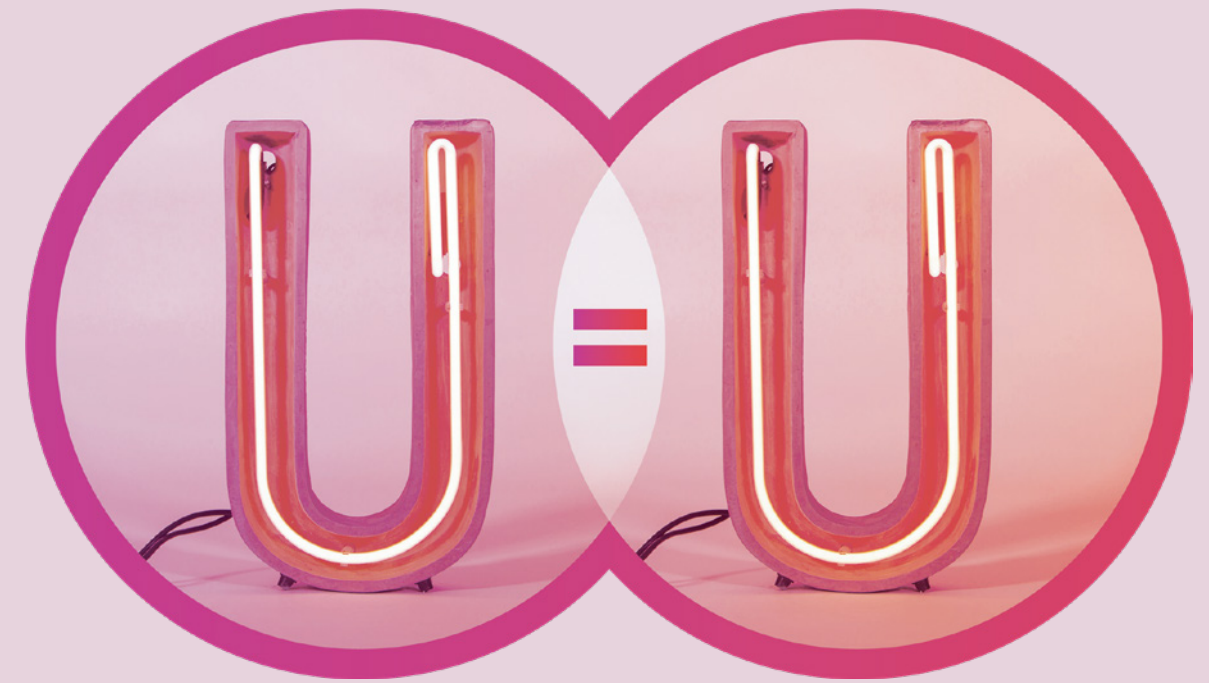
**Hispanic:** The definition depends on the government agency involved. The US Census Bureau defines Hispanic as a person living in the U.S. (or North America) with origins in Spain or Spanish-speaking Latin-American countries. The US Small Business Association expands on the above to include Portugal and Brazil.

**Just like “all thumbs are fingers, but not all fingers are thumbs”** (thanks Zack, BBT), all Latinx are Hispanic, but not all Hispanics are Latinx (at the SBA at least). The above terms are part of a person’s

ethnicity which are the cultural factors affecting a person’s life. These factors include your country-of-origin (nationality), your ancestor’s country-or-origin, the local culture you were raised in and your primary language. There is a regional preference within the United States with Hispanic used more in the East and Latino/a used in the West. A person’s race refers to physical characteristics such as bone structure and skin, hair, or eye color. This is an artificial (i.e. man-made) social construct without scientific foundation. A discussion of race is beyond the scope of this article but, to put it simply, race can be considered a broad categorization that varies widely from place to place. In general, it can be said that ‘race’ includes:

- Caucasian (which includes European, Middle Eastern and sometimes North African),
- African (which usually means Sub-Saharan but can include North African),
- Asian, and Amerindian (Native American).

*Some of the above material comes from the Southeastern AIDS Education and Training Center, 2016.*



## What is U=U?

A community of people living with HIV collaborated with the leading researchers on HIV sexual transmission to answer a fundamental question about living with HIV and having an undetectable viral load: Will I pass on HIV to my sexual partner? The science is clear. People living with HIV can feel confident that if they have an undetectable viral load and take their medications properly, they will not pass on HIV to sexual partners (Undetectable = Untransmittable; U=U).

U=U offers freedom and hope. For many people living with HIV and their partners, U=U opens up social, sexual, and reproductive choices they never thought would be possible. U=U is an unprecedented opportunity to transform the lives of people with HIV and the field:

- Reduces the shame and fear of sexual transmission and opens up possibilities for conceiving children without alternative means of insemination.
- Dismantles HIV stigma on the community, clinical, and personal level.
- Encourages people living with HIV to start and stay on treatment to keep them and their partners healthy.
- Strengthens advocacy for universal access to diagnostics, treatment, and care to save lives and bring us closer to ending the epidemic.

However, the majority of millions of people living with HIV do not know U=U, and many do not have access to the diagnostics, treatment, and care they need to get to and maintain an undetectable viral load. There are still confusing messages, outdated websites, and uninformed policy makers and healthcare workers who are not comfortable sharing this information, don’t yet know about it, or don’t yet realize the significance of it. Prevention Access Campaign’s U=U movement is changing that narrative by uniting with Community Partners around the world to ensure this groundbreaking research reaches the people and the field it was intended to benefit.

**“Once you begin therapy, you stay on therapy; with full virologic suppression you not only have protection from your own HIV..... but you also are not capable of transmitting HIV to a sexual partner. With successful antiretroviral treatment, that individual is no longer infectious.”<sup>2</sup>**

NOTE: An undetectable or fully suppressed viral load only prevents HIV transmission. Condoms help prevent HIV as well as other STIs and pregnancy. The HIV prevention method you choose may be different depending upon your sexual practices and relationships. For instance, if you’re having sex with multiple partners or in a non-monogamous relationship, you might consider using PrEP to prevent HIV

### What if my viral load is not undetectable?

If you are living with HIV and you have a detectable viral load, there are highly effective HIV prevention options for safer sex including condoms, and in some parts of the world, PrEP for your HIV-negative partners, which can be used individually or in combination. Everyone living with HIV regardless of viral load can have full and healthy social, sexual, and reproductive lives. Consult with your medical provider about the options available to you for your health and the health of your partners. For more information, see The Third U=Unequal.

<sup>1</sup>NOTE: An undetectable viral load is typically under 40 copies/ml depending on the diagnostic tests. However, studies show a person living with HIV on antiretroviral therapy (ART) with a viral load of 200 copies/ml or less also cannot sexually transmit HIV. This is called being “virally suppressed.” For the purposes of the U=U campaign and any Prevention Access Campaign materials, the term “undetectable” is used synonymously with the term “virally suppressed,” meaning a person living with HIV with a viral load of 200 copies/ml or less cannot transmit HIV.

<sup>2</sup>Carl W. Dieffenbach, Ph.D., Director, Division of AIDS, NIAID, NIH. NIH Video interview (August, 2016)

# NATIONAL HIV/AIDS STRATEGY for the UNITED STATES:

UPDATED TO 2020 • DECEMBER 2016  
2016 PROGRESS REPORT

In this Progress Report, we assess our accomplishments for 2016 in implementing the National HIV/AIDS Strategy: Updated to 2020 (Strategy) amidst a backdrop of progress in our nation's response to the HIV epidemic in America since the Strategy's first release in 2010. It is clear by many measures that our National HIV/AIDS Strategy is paying off—we're on the right track to reach most of our 2020 goals—but significant challenges remain. This report focuses on the most recent data for the Strategy's indicators of progress, as well as Federal and community actions to implement the Strategy during 2016. The Strategy's indicators tell us that fewer people are being diagnosed with HIV, as new HIV diagnoses decreased 7 percent from 2010 through 2013. In the context of increases in HIV testing during this time period, the data suggest the number of new infections is declining. The vast majority (87 percent) of persons living with HIV are aware of their status. More Americans living with HIV are getting the treatment and care they need to live healthy lives: 3 in 4 persons diagnosed with HIV are linked to care within 1 month, the majority (57 percent) are staying in care, and more than half (55 percent) are virally suppressed. We are also reducing the unequal impact of HIV among some of the hardest-hit populations: more young people and people who inject drugs are virally suppressed (now at 44 percent and 47 percent, respectively) and the disparity in diagnoses among Black women and girls has been reduced by more than 15 percent.

However, we are not seeing progress on some indicators. Although diagnoses dropped overall, progress in reducing the diagnosis disparity experienced in the Southern United States stalled. Homelessness among persons with HIV continued to inch upward. Among gay and bisexual men, disparities in new diagnoses and HIV-risk behaviors showed increases, rather than the expected decreases from the baseline. **With this Progress Report, for the first time we include three**

**new developmental indicators that will further strengthen our national response to HIV:**

- Increase viral suppression among transgender women in HIV medical care to 90 percent,
- Increase use of pre-exposure prophylaxis (PrEP) by 500 percent, and
- Reduce HIV stigma by 25 percent.

The Strategy's Federal Action Plan for 2016-2020 reflects efforts made to ensure all parts of the Federal government are focused on the most effective strategies and continue to drive progress through collaborations that maximize resources and expand the reach of our efforts. Of the 91 Federal actions to be achieved in 2016, many of which are multiyear commitments, 76 percent were completed and 22 percent were initiated but not yet completed. An additional 48 action items are designated to be completed by 2018, and 28 actions to be completed by 2020. **This report documents progress on each of the 2016 action items. Examples include:**

- Coordinating the HIV response at the state and local levels with integrated prevention and care planning.
- Improving access and retention in HIV care to improve viral suppression.
- Building capacity to scale up the use of PrEP to prevent new infections.
- Developing and enforcing policies and practices to minimize stigma and discrimination in health care, employment, faith-based, and other settings.

The Strategy's Community Action Plan Framework was developed to assist community partners in aligning their actions with the principles and priorities of the Strategy in ways that make sense for their organization or local area. The Strategy makes clear that the efforts of partners from all levels of government and all sectors of society—not just the Federal government—are vital to achieving its goals. **Through site visits, conferences, and meetings at the White House and elsewhere, we heard how community**



**partners are implementing the Strategy. Examples include:**

- States and cities are launching ambitious programs to "End AIDS" or "Get to Zero" that are aligned with the goals and vision of the Strategy.
- Providers in HIV specialty clinics and community health centers are developing new models of care that integrate HIV care and treatment with care and treatment for substance use and mental disorders, and viral hepatitis.
- HIV testing programs have worked with local providers to rapidly link people who test positive to medical care—in just hours or days.
- Community-based organizations are finding new ways to bring services to their key populations, working to reduce disparities and improve health outcomes.

**In addition to the indicators and Federal and community actions, policy changes show advancements from the time of the Strategy's first release in 2010 through 2016. With political leadership and broad-based action, we have:**

- Transformed health care access for all Americans, including those with HIV, through the Affordable Care Act (ACA) and further supported health care access for persons living with HIV through the Ryan White HIV/AIDS Program (RWHP).
- Invested in groundbreaking scientific research on the benefits of early antiretroviral treatment (ART), treatment as prevention, PrEP, microbicides, screening technologies, vaccines, and cures.
- Ensured every Federal dollar has the greatest impact by aligning funding for major programs with the epidemic.
- Eliminated harmful policies rooted in fear and discrimination, such as the HIV entry ban so that people living with HIV can enter the United States without a waiver, and modified the ban on use of Federal funds for syringe services programs to help reduce HIV among people who inject drugs.

Despite significant progress, our work is far from finished. Reaching our 2020 goals demands continued focus and determination. The amount of change expected for the annual indicator targets is accelerating and will be more challenging to meet in coming years. While we've made great progress on most indicators, some are moving in the wrong direction. **We must keep a laser focus on the actions that will have the greatest impact on our nation's HIV epidemic:**

- Continuing widespread HIV testing which is critical for diagnosis and prevention.
- Strengthening each stage of the HIV care continuum to help all people with HIV remain engaged in care and achieve viral suppression so they are able to live long, healthy lives.
- Expanding access to comprehensive PrEP services for those who are HIV-negative. For those at highest risk of becoming infected, PrEP is a safe and highly effective HIV prevention tool.
- Ending the HIV stigma and discrimination that have no place in America today. Stigma and discrimination can lead to many negative consequences for people living with HIV and stop far too many people from accessing the HIV prevention, treatment, and care they need.
- Extending the reach of HIV prevention and treatment to the people and places in greatest need, including among gay and bisexual men and persons living in the South, where indicators show lack of progress in reducing diagnosis disparities.

With the Strategy serving as our roadmap, we must not let up on our efforts until we achieve our nation's goals. If we let up in areas where we are seeing progress, we risk the possibility that our hard-won gains will be eroded over time. For areas where we continue to be challenged, we must work harder. We must not lessen our ambitions—make our targets less bold—but rather accelerate progress by scaling up our efforts and seizing new opportunities.

The National HIV/AIDS Strategy was created out of hope, with a clear and compelling vision for America. To achieve this vision, we must continue to hold ourselves and each other to high expectations. The Strategy stands as a strong foundation for the Nation's response to HIV in America. From 2017 through 2020, sustained effort is required across all sectors and levels of government to realize the promise of scientific advances and programmatic innovations, reach the ambitious indicator targets, and achieve the goals of the Strategy.



## National Gay Men's HIV/AIDS Awareness Day

Chris Haubenestel, DOH Orange Area 7

**On September 7th, 2017, we observed National Gay Men's HIV and AIDS Awareness Day.**

This particular day along with all of the others is a spectacular opportunity to shed light on one specific population the epidemic can affect. Every year community based organizations along with other government agencies in collaboration with other agencies in the community try to find creative ways to reach Gay Men in the community and continue to spread the message of HIV awareness and how HIV and AIDS has made an impact on the community. This was a very special year as on National Gay Men's HIV and AIDS Awareness Day saw the release of the new Talk Test Treat campaign and website. Based on the long running and iconic Test Orlando campaign, Talk Test Treat goes beyond the test and explores what happens after regardless the result. The new website thoroughly discusses the use and benefits of Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post Exposure Prophylaxis (nPEP), along with other safer sex practices so that people who currently do not have HIV can stay negative. Talk Test Treat also provides options for Healthcare, Mental Health, and other resources so persons who are living with HIV can locate and stay in care. Another aspect of the Talk Test Treat Website is the incorporation of talking and conversation starters about HIV. Facts about the epidemic along with education addressing stigma are just a few of the topics addressed towards normalizing the conversation about HIV.

Along with the kick off of the Talk Tet Treat Website, comes the initiation of the Talk Test Treat Blog. The purpose of the blog is to showcase local advocates and give them the opportunity to share their thoughts and feeling towards issues and trends surrounding HIV in the Central Florida area. The very first blogs to be published were by gay men in the area sharing what this awareness day means to them along with advocates who work with gay men daily. Talk Test Treat will give a platform to showcase what work is being done in the community and recognize their triumphs.

A common theme surrounding the discussion of HIV and gay men is the need for all MSM (men who have sex with men) to really take charge of their own healthcare and allow providers to understand that the healthcare needs of their patients will not always be the same. If gay men were empowered to discuss their healthcare needs with their doctor without feeling judged or stigmatized for their sexual orientation, this would allow an opportunity to have sexual health discussions on the provider level which can play a hand in the lowering of HIV and STI transmissions. A hope for the future is to see gay men comfortably playing a role in their own healthcare and living longer healthier lives.

**A detailed calendar of events in the Central Florida area is also provided on the website; this allows members in the community to stay up to date on the latest events and learn how to get involved.**



**“I ENVISION HEALTHCARE IN THE FUTURE MEANINGFULLY ADDRESSING HEALTH DISPARITIES AMONG BISEXUAL AND GAY MEN WHILE HEALTHCARE PROVIDERS DELIVER CULTURALLY SENSITIVE CARE THAT SUPPORTS LIFELONG WELLNESS.”**

**What is National Gay Men’s HIV/AIDS Awareness Day and why does it matter?**

National Gay Men’s HIV/AIDS Awareness Day is a day of action focused on how communities and individuals can address and combat the rising domestic epidemic of HIV/AIDS among bisexual, gay, and other men who sleep with men [MSM]. On September 27th, communities come together, empower, and support individuals of their choice to engage in safer sex practices, routine HIV testing, and treatment in order to reduce new infections and the community viral load.

Bisexual and gay men are more severely affected by HIV than any other group in the United States. While we make up an estimated 2% of the general population in the United States, we make up 55% of individuals living with HIV. Nearly 1 in 7 bisexual and gay men living with HIV are unaware they have it (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016). Furthermore, African American bisexual and gay men account for more US HIV diagnoses than any other group with a projection that 1 in 2 AAMSM (African American Men who sleep with Men) in the United States will be diagnosed with HIV during their lifetime if current HIV trends persist (National Center for HIV/AIDS, Viral

Hepatitis, STD, and TB Prevention, 2016).

National Gay Men’s HIV/AIDS Awareness Day helps fight the stigma surrounding HIV by creating comfortable, confidential, and culturally responsible spaces where bisexual and gay men can engage in dialogue centered on HIV prevention and treatment options that best fit their individual lives.

It is a day where we are inspired to take charge of our own sexual health and encouraging our fellow brothers to take charge of theirs. National Gay Men’s HIV/AIDS Awareness Day matters because it is another tool in our toolbox to help our local communities get to Zero new HIV infections and Zero AIDS-related deaths.

**What message do you want to share about this day and what it means to you?**

The conversation about HIV/AIDS is shifting. There are now more options than ever before available to prevention HIV infection and transmission. Use today to start the conversation with your family members and friends about condoms, medications that treat HIV, PrEP, routine HIV testing, and undetectable = untransmutable.

**What you look forward to for the advancement of Gay Men’s Health?**

I envision healthcare in the future meaningfully addressing health disparities among bisexual and gay men while healthcare providers deliver culturally sensitive care that supports lifelong wellness. A united community that is passionately committed to raising the standard of care among bisexual and gay men while encouraging open communication, restoring trust, and tackling social determinants of health. Patients and providers growing strong together, working together.

**THERE IS A BRIGHT SIDE SOMEWHERE YOU JUST NEED TO HAVE FAITH IN YOURSELF.**

I encourage clients that there is hope and light on the other side if you have a little faith in your caseworker. Caseworkers will help you along the way if you willing to be open and provide all the necessary paperwork. We need your input and I encourage consumers to attend meetings. Brighter days are ahead. Peace, Love and Happiness. Keep your head up.

**Ira Westbrook**



**“I ENCOURAGE GAY MEN TO TAKE CONTROL OF THEIR HEALTHCARE NEEDS AND APPROACH THEIR PHYSICIANS TO BEGIN THE CONVERSATION ABOUT WHAT THEIR SPECIFIC HEALTHCARE NEEDS MAY BE. OPEN THE EYES OF OUR PROVIDERS AND ALLOW THEM THE OPPORTUNITY TO UNDERSTAND THAT THE NEEDS OF GAY MEN ARE IMPORTANT BECAUSE OUR LIVES MATTER.”**

Every year during the last days of September we celebrate National Gay Men’s HIV Awareness Day; a gathering of social networking, education, outreach, and advocacy. Just before the Summer ends, as health educators, we remind gay men and others who may identify in some way with the GLBT community of the risk factors and safer sex practices that could prevent HIV Disease, along with reminding persons who are living with HIV the importance of treatment while providing support to anyone who may need it. However, where are we now? What does this day of awareness mean to the community? Where are we going? How do we get there?

there is more that could be done between patient and provider. Most gay men may not be receiving the health care that is best for them, since providers tend to distribute the same care to everyone regardless of who they have sex with. The problem is, health care needs among the different populations will not be the same.

I can remember the last time I visited my doctor. After a very pleasant visit, my vaccinations were updated. Check. I was ordered annual labs. Check. However, that was it. I went ahead and requested to add HIV, STIs, and a Hepatitis panel to my labs. The mood in the room immediately changed and was asked, “Would there be any reason I would think I would need that?” Well obviously, I’m in my mid to late 20’s, there is a good chance I have dabbled in sexual behavior at least once. This was not a conversation we have ever had or even chance of ever coming. We can agree that physicians should spend more time with their clients and ask the appropriate questions, even the ones that are up close and personal. Unfortunately, cultural competency is not a common training for all providers, meaning doctors may not know to ask their gay patients when their last Hepatitis C screening was or if they would like to include a HIV screening with their metabolic panel and platelet count for their annual labs. Doctors may not continually advise their patients of safer sex practices during their yearly checkup much less even ask about how their sexual lives are. Having a healthy sex life is just

**Our Health Matters, Our Lives Matter**

To me National Gay Men’s HIV Awareness Day is a day to remind gay men to take charge of their own health and health care needs. In the Central Florida area, the greatest number of new HIV transmissions are among men who have sex with men, which sometimes may not always include men who identify themselves as gay. Even though gay men are getting tested more often than ever before,

as important eating nutritious food and regular exercise. Pre-Exposure Prophylaxis also known as PrEP, has been proven to be effective in reducing HIV transmissions to anyone who remains adherent. There are MANY providers who do not even know what PrEP is or what it’s benefits are, and thus are not able to provide answers to their interested patients. More and more gay men have been interested in starting PrEP, but most physicians may not even know their client is gay, because they simply don’t ask. A goal in our area has been to increase the prevalence of PrEP so that anyone who feels that it may be a good option for them, can easily access it.

For National Gay Men HIV Awareness Day, I encourage gay men to take control of their healthcare needs and approach their physicians to begin the conversation about what their specific healthcare needs may be. Open the eyes of our providers and allow them the opportunity to understand that the needs of gay men are important because our lives matter. We need to need to feel that we are in a safe, judge free zone to discuss our sexual wellness so that we be equipped with the tools to lower the rates of HIV and other STIs in the community. Since this is not a practice that is currently happening, we as gay men can begin revolutionize this change in the care we are provided.

In the future, I would like to see National Gay Men’s HIV Awareness Day as time for celebration of not just the reduction of HIV transmissions, but gay men feeling empowered to take control not just their own health, but to empower others in the community. By just starting this idea we can begin to live in a time where gay men and other MSM can openly discuss their sexual health without fear of judgement. Without judgement, more and more of us will be engaged in our care and live healthy lives which can lead to even lower HIV transmissions. By fighting stigma and reminding the community that our health matters, more of us can continue to “Take the Test and Take Control!”



## Join The Team!

Are you interested in helping to plan the next United States Conference on AIDS?

Join us on April 11th, 2018 to learn more about the event that is coming to Orlando in 2018.

Contact:

Jessica Raymond  
Jessica.Raymond@hfuw.org

or

Nicole Elinoff  
Nicole.Elinoff@flhealth.gov  
for more information.

Check out this year's USCA at [www.2018USCA.org](http://www.2018USCA.org).

# 2018 UNITED STATES CONFERENCE on AIDS

**April 11th, 2018  
6:00 PM - 8:00 PM**

**Florida Department of Health  
in Orange County, Auditorium**

**6101 Lake Ellenor Dr.  
Orlando, FL 32809**



Follow us on Facebook:  
**@USCA2018HostCommittee**



## Invitation to Participate on the USCA 2018 "Memorial Committee"

**"Be a part of telling Orlando's story"**  
Through planning and creating a PULSE and AIDS Memorial for the United States conference on AIDS coming to Orlando Sept 6-9th, 18 at our next Memorial committee meeting for USCA 2018.

### What is USCA?

The United States Conference on AIDS (USCA) mission is to increase the strength and diversity of the community-based response to the AIDS epidemic through education, training, new partnerships, collaboration, and networking.

### Why Join?

The entire Committee is made up entirely of volunteers from more than a dozen local HIV/AIDS serving agencies and Central Florida community members. Since the primary focus of this event is on education, training, collaboration and networking to strengthen on a community level.

**HIV/AIDS Memorial:** Many lives have been lost to HIV/AIDS throughout the years. USCA "memorial committee" is led with task of developing a HIV/AIDS memorial to honor and remember those who have died from HIV and AIDS as well as those individuals who have died and were a part of the HIV/AIDS movement.

**PULSE Memorial:** Committee will be tasked with creating a PULSE Memorial reflecting Orlando's resilience, unity, love and inclusive of those who passed as well as those who are still living and affected by the Pulse tragedy; this memorial will likely be one of the most impactful events of the conference.

**NO PRIOR EXPERIENCE NEEDED, JUST A PASSION, AND WILLINGNESS!!!!**

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