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Introduction

As of 2012 data, the state of Florida had 98,530 persons living with Human Immunodeficiency Virus (HIV), with 5,388 newly reported HIV infections that year. Florida ranked third in the nation in the number of persons living with HIV, and second in the nation for newly reported HIV infections.

One in every 165 adult Floridians (age13+) are known to be currently living with HIV. The numbers lean heavily towards minorities:

- 1 in 49 African American (non-Hispanic) adults in Florida are currently living with HIV
- 1 in 180 Hispanic adults in Florida are currently living with HIV
- 1 in 333 white (non-Hispanic) adults in Florida are currently living with HIV

Partnership 8, sometimes referred to as Southwest Florida, includes seven counties: Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota. This region has a population near 1,600,000; 8.4% of the state of Florida’s total population. According to the Florida Department of Health HIV/AIDS and Hepatitis Section, the prevalence of adults living with HIV in Partnership 8 was 3,855 in 2012, 3.9% of the state of Florida’s total. This is a 5.7% increase from the previous year.

The greatest proportion of newly diagnosed HIV cases in Partnership 8 in 2013 was among persons 40-49 years old (29%). The 50+ age group followed a close second with 28% and the 30-39 age group was third with 22%.

Men who have sex with men (MSM) represent the majority of the newly diagnosed HIV and AIDS cases among adult men in Partnership 8, followed by heterosexuals and injection drug users (IDU). Among the male Acquired Immunodeficiency Syndrome (AIDS) and HIV cases reported in 2013, MSM was the most common risk factor (65% and 69%, respectively) followed by cases with a heterosexual risk (25% for AIDS and 22% for HIV). Among the female AIDS and HIV cases in Partnership 8 in 2013, heterosexual contact was the highest risk (84% and 86%, respectively).

With HIV-related deaths near 1,000 Floridians each year, this battle is far from won. Even one newly reported HIV infection in Florida is too many. HIV prevention efforts throughout Florida aim to wipe out this deadly, albeit manageable, disease once and for all. HIV prevention uses education, counseling and testing combined with targeted efforts to stop the growth in the number of HIV infections.

Southwest Florida is very diverse; there are sections that are urban, suburban and very rural. The demographics of the residents also vary throughout the Area. Across the area there is a large senior citizen population, there is also a large Hispanic population made up of people from many different backgrounds. Throughout the area there are pockets with large Haitian populations and pockets with large migrant worker populations. There are sections that are largely white and sections that are largely black. There is also a mix of very high and very low income areas. The areas of demographic similarity and differences are not contained by county lines. It is often beneficial to consider the area as a whole or to consider discrete sections that are within one county or cut across as many as three counties when planning for prevention services.
Introduction

The State funding for HIV prevention efforts in Partnership 8 has decreased tremendously in recent years, as more and more of the funding has been allocated to the larger cities in Florida. Since Partnership 8 lacks a large urban area, the funding is not as available as it is in large metropolitan areas and has been decreasing for the past several years for the whole area. This decrease in prevention funding has led to a decrease in the interventions available in Southwest Florida. With the knowledge that funding cuts were likely to continue, the community-based organizations and local county health departments in Partnership 8 that participate in HIV prevention came together in 2010 to begin to plan collaboratively to help overcome the financial barriers and ensure that effective prevention efforts would be able to occur through Partnership 8.

An area-wide Prevention Plan was created by the Health Planning Council and the Prevention Committee of the Regional HIV/AIDS Consortium (RHAC) of Southwest Florida with assistance from the Florida Department of Health in Sarasota County Surveillance Team. This plan put in place collaboration across county lines that helped to make various prevention efforts more cost-effective than they would otherwise have been when done independently within each county. It was designed to bring resources into rural counties where there were none as well as to streamline efforts by eliminated duplication and increasing cooperation. The results of these efforts began to be implemented in 2013. With the launch of the HIP Prevention Project, programs were launched that combined elements funded by the State of Florida, the County Health Departments and the four Ryan White Part C programs in Area 8.
HIV prevention efforts are nothing new, however strategies for HIV prevention have evolved over time. The 2010 National HIV/AIDS Strategy (NHAS) brought about new goals and priorities for HIV prevention. Goals included:

- Lowering the annual number of new infections by 25%
- Increasing the percentage of people living with HIV who know of their infection from 79 to 90%
- Reducing the HIV transmission rate by 30%
- Increasing the percentage of newly diagnosed people linked to care within three months from 65 to 85%
- Increasing the proportion of HIV-diagnosed gay and bisexual men, African Americans, and Latinos with undetectable viral load by 20%

Priorities laid out by the NHAS are to focus on education of all Americans about how HIV is spread and how to prevent its spread, combining proven prevention efforts, and intensifying prevention in areas and with populations where HIV infection is most prevalent.

Stemming from these goals and priorities, the Centers for Disease Control and Prevention (CDC) began focusing on a High-Impact Prevention (HIP) approach. Simply stated, High-Impact Prevention uses proven, cost-effective HIV prevention programs that are targeted to those populations who are at the highest risk for HIV infection. These populations include gay and bisexual men of all races and ethnicities, African Americans, Hispanics and Latinos, and injection drug users.

The HIP categories that Community AIDS Network received funding for include the following required core components (required for all funded grantees):

- HIV testing
- Comprehensive Prevention with Positives
- Condom Distribution
- Outreach

Community AIDS Network also received funding for the following recommended program components:

- Business Responds to AIDS (BRTA)
- Faith Responds to AIDS (FRTA)

In addition to the High-Impact Prevention funding, Partnership 8 has worked collaboratively to incorporate the efforts of the Ryan White Part C funded agencies (Part Cs) and the local county health departments. Below is a listing of the agencies involved in HIV prevention efforts through the HIP project.

Community AIDS Network
Florida Department of Health in Charlotte County
Florida Department of Health in Collier County
Florida Department of Health in DeSoto County
Florida Department of Health in Glades County
Florida Department of Health in Hendry County
Florida Department of Health in Lee County
Florida Department of Health in Sarasota County
Healthcare Network of Southwest Florida
The McGregor Clinic
Source of Light and Hope
In addition to the agencies that are currently participating in the High-Impact Prevention program, there are other agencies and community partners working on HIV prevention throughout Area 8. Their efforts and the related impact on the community are substantial. Prevention is not the responsibility of any one agency alone; it works best when the community comes together in collaborative ways.

It is very difficult to separate out the impact of all of the efforts and messages from the assorted agencies (as well as State and National prevention campaigns) as they often overlap and reinforce each other. Therefore these endeavors are reflected in much of the narrative and commentary. However, unless specifically stated, their work is not included in any of the data in this evaluation. The community benefits greatly from these efforts as well, and the RHAC Prevention Committee is working to better incorporate them into the Area 8 planning process over time.

These agencies include, but are not limited to:

**HIV-specific agencies**

- CARES Outreach Services (Sarasota County)
- Genesis Health Services (Sarasota County)
- AIDS Healthcare Foundation / Island Coast AIDS Network (AHF/ICAN) (Lee County)

**non-HIV-specific agencies**

- schools
- universities
- Planned Parenthood
- Salvation Army
- Federally Qualified Health Centers (FQHCs)
- behavioral health and substance abuse treatment centers
- homeless shelters
- hospitals
- community centers
- social service agencies
- American Red Cross
- jails
- food banks

*The listed agencies participate in the prevention of HIV at varying levels.*
Methodology

The Health Planning Council of Southwest Florida (HPC) received feedback from the Prevention Committee of the Regional HIV/AIDS Consortium of Southwest Florida as well as from staff members of the community-based organizations and local county health departments that are involved in HIV prevention efforts in Southwest Florida through one-on-one interviews. Activities data from the High-Impact Prevention program contract deliverables reports was also used in this evaluation.

This evaluation covers HIV prevention efforts both with a focus on the High-Impact Prevention program as well as standard HIV prevention efforts. There is overlap and collaboration between these efforts that cannot be entirely separated. Unless stated specifically, the data in this evaluation only includes efforts by partners in the HIP program.

The following program components were evaluated:

- HIV Testing
  - HIV Testing Program
  - Social Network Strategies (SNS)
- Comprehensive Prevention with Positives
  - Linkage-to-care
  - Peer Navigation
- Condom Distribution
  - Condom Distribution
- Outreach
  - Outreach and Events
  - HIV Education
- Mobilization
  - Business Responds to AIDS (BRTA)
  - Faith Responds to AIDS (FRTA)
The following individuals were interviewed to gain a wide perspective on all aspects of the High-Impact Prevention program.

**CARES**
- Peter Bassen
- Valerie Buchand
- Michael Kehoe

**Community AIDS Network**
- John Acevedo
- Jimmy Laza
- Serena Miller
- Jessly Santiago
- Debbie Sergi-Laws
- Crystal Valles
- Valerie Wojciechowicz

**Florida Department of Health in Lee County**
- Valentino Clarke
- Jesse Flores
- Felix Rivera
- Neryda Greene

**Florida Department of Health in Sarasota County**
- Joan Surso

**Healthcare Network of Southwest Florida**
- Ellen Cordoba
- Christella Joseph

**The McGregor Clinic**
- Michael Flannery
- Sharon Murphy
- Jeff Trout
- Amalia Amy Zamot
- Bryan Zeller

**Florida Department of Health in Charlotte County**
- Eric Stockley

**Florida Department of Health in Collier County**
- Nilda Proenza
- Eduardo Rodriguez

**Florida Department of Health in DeSoto County**
- Cheryl Adams

**Florida Department of Health in Hendry County and Glades County**
- Robert Bobo
- Timothy Dean
- Arthur Gallagher
- Antonia Rafalsky

**Source of Light and Hope**
- Richard Sapp
- Nancy Seymore
The High-Impact Prevention (HIP) program includes four required components: HIV testing, comprehensive prevention with positives, condom distribution, and outreach. Community AIDS Network also chose to implement one recommended program component; mobilization, which includes Business Responds to AIDS (BRTA) and Faith Responds to AIDS (FRTA).

In addition to activities funded through HIP, many of these activities were also taking place throughout the area through other funding sources. This evaluation looks at the efforts as a whole.

**HIV TESTING**
Goal: Through voluntary counseling and testing, increase the proportion of people who know their HIV status.
- HIV testing
- Social Network Strategies (SNS)

**COMPREHENSIVE PREVENTION WITH POSITIVES**
Goal: Increase the proportion of HIV-positive individuals receiving prevention with positives services (e.g., linkage to/retention/re-engagement in care, treatment adherence, partner services, integrated screening, and health education/risk reduction interventions) by 2016.
- Linkage-to-care
- Peer Navigation

**CONDOM DISTRIBUTION**
Goal: Increase statewide condom distribution to target HIV-positive persons and persons at highest risk of acquiring HIV infection.
- Condom distribution

**OUTREACH**
Goals: Conduct targeted outreach (traditional face-to-face or Internet-based/virtual) to populations and communities most heavily impacted by HIV/STDs for the purposes of: recruitment into HIV testing and treatment, risk reduction/behavioral interventions, condom distribution, and to provide HIV/STD education and awareness.
- Outreach/events
- HIV education

**MOBILIZATION**
Goals: Mobilize community partners and stakeholders to actively involve them in efforts to raise HIV awareness, build support for and involvement in HIV prevention efforts, motivate individuals to work to end HIV stigma, and encourage HIV risk reduction.
- BRTA
- FRTA
**HIV Testing**

**Goal:** Through voluntary counseling and testing, increase the proportion of people who know their HIV status.

National figures estimate that nearly one in six Americans who have HIV do not know that they are infected. Until these people receive a positive diagnosis they are not being linked to care, they are not taking medications to stave off the development of AIDS, and they are potentially putting others at risk of becoming infected with the disease as well.

This program component includes actual HIV testing as well as the Social Network Strategies (SNS) project.

**Social Network Strategies (SNS)**

**Definition:** A recruitment strategy whereby public health services are disseminated through the community by taking advantage of the social networks of HIV-positive (or, in some cases, high-risk HIV-negative) persons who are members of the community. The strategy is based on the notion that individuals are linked together to form large social networks, and that infectious diseases, and behaviors, often spread through these networks.

**Target Population (for SNS recruiters):** HIV-positive or high-risk negative individuals who are comfortable speaking with their peers (who engage in similar high-risk behaviors) about HIV testing and prevention.

**Responsible Parties:** SNS recruitment programs are in place in Sarasota County (Community AIDS Network), as well as Collier, Glades, Hendry, and Lee counties (Source of Light and Hope).

**Activities Under Contract:**

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<th>SNS Peer Recruiters</th>
<th>Goal: Maintain 15 SNS Peer Recruiters over the contract.</th>
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<td>2nd Quarter</td>
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<td>4th Quarter</td>
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Social Network Strategies (SNS)

Successes:

- It reaches the hard to reach, target population.
- Reduces unnecessary testing of individuals who are not high risk.
- There have been instances where those engaging in high risk behaviors have decreased their risky behaviors over time; began using condoms; ask for condoms.
- More people are being tested – high risk individuals, particularly.
- One staff member stated that SNS leads to an increased positivity rate (3.16% rate within networks). High rates compared to the rest of the state of Florida.
- Even when HIV is not found, other sexually transmitted diseases sometimes are.

Challenges:

- There is a lot of stigma surrounding HIV, which deters people from being willing to become a recruiter.
- Most people won’t get tested without an incentive. Possibility of recruiters only being in it for the incentives, and bringing in individuals who are not high risk to get tested simply to receive the incentive.
- Positivity rates are declining – not finding as many positives as the program did initially.
- Recruiters need to be the right type of people for the program to work effectively – willing and assertive. It can be difficult to get the right people involved.
- Those who test negative through the SNS program aren’t always given HIV prevention education as follow-up.
- It is difficult to reach the hidden group of high risk individuals who have a fear of getting tested and a fear of the health department.
- It can be challenging to get people to see that their behaviors are risky and to decrease these behaviors.
Social Network Strategies (SNS)

Recommendations from the field:

- More education tools for those who come in for testing.
  - More prevention education to reduce misconceptions on HIV. More videos and other tools to reduce risky behaviors.
  - Educational videos broadcast in outdoor locations near homeless populations could have an impact.
- Could partner with businesses.
  - Look into partnerships with local businesses that attract individuals who are high risk, such as gay bars.
- More MOAs to share information.
  - MOAs would make it possible to more easily refer clients to the program from health departments to CBOs.
- Work to reduce stigma.
  - Look to Best Practices around the nation to address stigma, particularly in rural counties.
- Provide more follow through with those who test negative.
  - Non-positives are not often given a good dose of prevention education upon receiving their results. They have come in to be tested based on high risk behaviors, and agencies should take the opportunity to instill education while the individual is there in the clinic.
- Evaluate the program.
  - Incorporate an evaluation piece for the recruiters – perhaps a couple of questions about the experience and the opportunity for suggestions from the recruiters.
  - Track outcomes by collecting data on positivity rates for the SNS program.
- Bring the different programs together.
  - Combine elements of the Peer Program and the SNS Program. For example, have those who are working with a Peer Navigator become a recruiter for the SNS Program, particularly if they have a new and/or unprotected partner – recruit the partner in for testing.
**HIV Testing Program**

**Definition:** Implementing and/or coordinating targeted HIV testing in healthcare and non-healthcare settings to identify undiagnosed HIV infection.

**Target Population:** Individuals who are at high-risk for contracting HIV.

**Responsible Parties:** HIV testing is available at each of the local county health departments in Partnership 8, as well as at the Healthcare Network of Southwest Florida in Collier County, at The McGregor Clinic and AHF/ICAN in Lee County, and at Community AIDS Network in Sarasota County. Testing is available as a part of care at hospitals, FQHCS, and physicians’ offices, as well as through other community partners.

Mobile testing vans are available from Community AIDS Network for any county in Partnership 8, Source of Light and Hope for Collier, Glades, Hendry and Lee counties. There are two additional mobile units from other area agencies.

**Activities Under Contract:**

![HIV Tests from SNS Program](chart)

**Goal:** Conduct 50 HIV tests through the SNS program per month, 150 per quarter.

Deliverables also stated that 600 HIV tests must be conducted through the SNS program over the contract. Partnership 8 conducted 708 HIV tests during this one year period through the SNS program. 8 positives were found for a 1.13% positivity rate.

A total of 21,063 tests were conducted in Partnership 8 during the same time, according to Florida Department of Health’s Epidemiological Profiles. The overall positivity rate for all tests conducted in Partnership 8 during this one year period was 0.62%.
HIV Testing Program

Successes:

- Many individuals are being tested for the first time.
- Individuals are receiving HIV education along with their testing.
- One staff member believed there to have been a 30% increase in positives.
- One staff member felt that the use of the mobile vans during non-traditional testing times and at non-traditional testing sites has seen significant success.

Challenges Across the Area:

- Some areas in Partnership 8 are saturated with agencies that are doing HIV testing. While this is a good thing, it makes finding new areas to test in difficult. This was particularly noted in Sarasota County.
- Duplication of testing areas can lead to needless duplication of testing. There is still a need for increased coordination and communication among HIV prevention agencies.
- Not enough agencies are doing rapid testing. Rapid testing is only available in areas where positivity rates are high enough to warrant the expense.
- Testing is more effective when offered outside of normal business hours, which can be difficult for most agencies to do regularly. Linkage to care can be challenging when positives are found during night and weekend testing.
- Incentives get people to get tested, but they can encourage people to repeatedly test in order to receive further incentives.
- Stigma surrounding HIV and fear of being diagnosed make it difficult to get people who are willing to be tested.
- It can be difficult to locate people who have been tested but do not come back to get their results.
HIV Testing Program

Recommendations from the field:

• More could be done in smaller counties.
  o Mobile units are available and could be utilized more frequently in smaller counties.

• Need more staff, particularly those who are trained to do testing.

• Media coverage would help reduce stigma.
  o Lean on Tallahassee to get public service announcements in the area.
  o Advertise a toll free number to link public to local agencies who do testing.

• Search for new testing locations.
  o Gay bars, for example, might be a good location to find MSMs.
  o Branch out the number and location of health fairs where HIV testing is offered.
  o Don’t continue testing at the same test sites if they are no longer producing positives.

• Work toward more agencies offering rapid testing.
  o Be more focused on targeted testing to increase positivity rates so that rapid testing can be available. It can be difficult to track people down at a later date if found to be positive.
  o When positives are found through night and weekend rapid testing, refer them to peer navigator until they are able to get in for care.

• Change up the incentive structure, such as raffle tickets to win a $50 Walmart gift card.

• Increased communication and coordination.
  o Utilize a shared website / calendar for information on dates and locations for testing sites.

• Offer testing on days and times that coincide better with locations.
  o Test at barbershops on the weekends. Test at bars at night. In general, nights and weekends produce the most results.

• HIV testing should be mandatory.
  o Requiring HIV testing as a routine part of healthcare would lead to more undiagnosed positives knowing their status. FQHCs serving high-risk populations, for example, could create policies to test all patients due to their high-risk status, as is done at the Healthcare Network of Southwest Florida.
Comprehensive Prevention with Positives

Goal: Increase the proportion of HIV-positive individuals receiving prevention with positives services (e.g., linkage to/retention/re-engagement in care, treatment adherence, partner services, integrated screening, and health education/risk reduction interventions) by 2016.

By definition, a communicable disease is one that is transmitted, directly or indirectly, from one person to another. Once an individual is diagnosed positive for HIV, he/she is able to take the reins in reducing the transmission of HIV if given the proper healthcare and health education.

Comprehensive prevention with positives focuses on linking newly diagnosed positives to healthcare, retaining them in care, keeping them adherent to their treatment plan, and re-engaging those who have fallen out of care or lapsed in their adherence. These individuals are also to receive health education that impresses upon them how they can reduce the spread of the virus through various risk reduction efforts.

This program component includes linkage to care as well as the peer navigation project.

**Linkage-to-care**

**Definition:** The process of assisting HIV diagnosed persons to enter medical care. Linkage occurs when there is a completed visit with an HIV medical provider within 90 days of a positive HIV diagnosis.

**Target Population:** Newly-diagnosed positives, or clients who have fallen out of care.

**Responsible Parties:** Linkage to care is done in some counties by the local county health departments’ Prevention Training Consultants (PTCs) and Disease Intervention Specialists (DISs). Source of Light and Hope also assists in linking clients to care in Collier, Glades, Hendry and Lee counties. PTCs and DISs are not funded by the HIP contract. Linkage activities take place at all testing and case management agencies.

**Successes:**

- Newly-diagnosed are set up with an appointment at the time of diagnosis.
- Newly-diagnosed sometimes bring partner with them to first medical appointment so that partner can get HIV test as well.
Linkage-to-care

Challenges:

- One staff member noted that there are sometimes issues with lab work requiring clients to have to come back in. This can lead to frustration and decrease the client’s motivation to stay in care.
- One staff member felt there can be transportation issues for clients who want to receive services in a county outside their county of residence.
- It can be difficult linking clients to care who are just coming out of the hospital or jail.
- Giving someone a positive HIV diagnosis needs to be done delicately. If someone newly-diagnosed is uncomfortable, he/she will not be as likely to get linked to care.
- Some clients are not ready to begin or re-enter care due to drugs and/or mental health issues.
- Some clients do not want to be contacted by strangers.
- At some agencies there have been issues due to staff turnover.

Recommendations from the field:

- Need more communication with DIS as to not duplicate attempts to reach non-compliant clients.
  - Several staff members felt that working in tandem with DIS to link clients to care has worked well, but one felt that there was some unnecessary duplication.
  - This need will be even greater as new linkage positions at the local county health departments are utilized. Coordination will be essential.
- Utilize the peer navigators to reach clients.
  - Sometimes a personal connection (to a peer navigator) eases the fears that a client may have about going in for treatment.
- Provide access to transportation when it is a barrier to remaining in care.
  - Some agencies are working with clients to get them the transportation they need. Expanding this to more clients in need would make linking them to care that much less difficult.
- Evaluate the program.
  - Implement a measurement tool to track the timing of linking clients to care as well as the barriers to linking clients to care.
**Peer Navigation**

**Definition:** Peer navigators are specially trained individuals from the community who are living with HIV/AIDS. As members of the health care team, peer navigators promote treatment adherence and foster trust in the health care system.

**Target Population:** Newly-diagnosed positives. Patients who struggle to be compliant with their medical appointments, labs, case management, and/or adherence to their medication.

**Responsible Parties:** Peer navigators are available in five of the seven counties in Partnership 8. The Healthcare Network of Southwest Florida has one navigator (non-peer) for Collier County. Community AIDS Network has two peer navigators for Sarasota County. The McGregor Clinic has two peer navigators for Lee County. The Florida Department of Health staffs two peer navigators in Glades and Hendry counties. These positions are funded by a combination of HIP and Part C funds.

**Activities:**

- **Goal:** Maintain 3 peer navigators over the contract.

- **Goal:** Contact 40 HIV-infected individuals per month, 150 per quarter.

Deliverables also stated that 600 contacts with HIV-infected individuals must be conducted over the contract. 1,171 contacts were made through the contract.
**Peer Navigation**

**Successes:**

- Peer navigator program allows clients a safe zone to ask questions that they might not feel comfortable asking a doctor or case manager.
- Clients are opening up to peer navigators, scheduling and keeping follow-up appointments.
- Peer program is helping reduce stigma, and helping clients to have a healthy outlook on HIV as a manageable chronic disease.
- Peer navigators can see the relief on newly-diagnosed clients’ faces when they are told that HIV is no longer a death sentence. Having new mothers knowing that they will live to see their children grow up.
- Clients are becoming more educated, partly because of their peer navigators.
- Comforting for scared clients.

**Challenges:**

- Need more peer navigators. Need more funding to hire more peer navigators.
- There is not always a peer navigator available when the client is there.
- More diversity in peer navigators so clients could relate better to their “peer”.
- Some clients are challenging – don’t return phone calls, go back to old bad habits.
- There are language barriers.
- It can be challenging getting referrals to the program.
- Clients do not always understand what the peer program is; confuse it with case management.
- It can be difficult for clients to open up to their peer navigator.
- Peer navigators are not professionally trained counselors or medical professionals – sometimes easy to forget that.
- Unable to contact clients via email or text messages.
- Misinformation.
- Stigma.
Peer Navigation

Recommendations:

- More peer navigators.
  - In the organizations where peer navigators are being utilized, there is a strong desire for more of them to be employed. Currently funding only allows for a limited number of peer navigators, and many of those are only employed part time. If funding were increased for this program to allow for more peer navigators, and/or for those who are currently part time to increase their hours to full time, those extra human resources would definitely be used.

- Have peer navigators available at all Ryan White providers.
  - All clients in Partnership 8 should have the benefit of equal access to peer navigator services. Currently peer navigators are not staffed at all of the health departments in the area, leaving a deficit for clients who use those health departments for their medical care.

- Match a peer navigator with every client.
  - The addition of a peer to support and guide a newly diagnosed HIV positive client has been found to be extremely beneficial in the retention of clients in care. Knowing that they have someone to talk to who can relate to their fears and frustrations can be a comfort as well as an avenue toward reducing the stigma they likely feel. One peer navigator suggested having a peer navigator match become part of the intake process, making a peer navigator an automatic part of patient care. This should include not only clients who are newly diagnosed as HIV positive, but also clients who are new to the area.

- A more diverse group of peer navigators.
  - A peer is a person who is equal to another in abilities, qualifications, age, background, and social status. Using a peer, an “equal”, helps the client to feel as if the navigator can truly relate to their experiences being discussed. It is also typically easier to open up to someone who is the same race, age, or gender. A young African American gay man might feel uncomfortable asking for advice from an older white woman. The peer program could greatly benefit from seeking out a diverse range of navigators that more closely match their clients’ demographics.

- Less paperwork.
  - Interviews with the peer navigators brought to light the feeling that there is a cumbersome amount of paperwork involved in the program, much of which is thought to be duplicative. Streamlining the paperwork would free each peer navigator up to be more available for clients.
Peer Navigation

Recommendations, continued:

- More guidance from supervisors.
  - It was suggested that the program would benefit from more regular meetings between the peer navigators and their supervisors to evaluate and discuss goals and strategies.

- Evaluate the program.
  - Track outcome data. For example, are individuals in the peer program keeping their appointments better than clients who are not in the program? Do clients in the peer program have improved lab results? Are clients in the peer program staying in care?
  - Track client satisfaction.
Condom Distribution

Goal: Increase statewide condom distribution to target HIV-positive persons and persons at highest risk of acquiring HIV infection.

Condom use can greatly reduce the spread of HIV, however, for condoms to be used they must first be available and accessible. Condom distribution programs are aimed at getting condoms in the hands of those who need them to reduce their risk of acquiring HIV. This can mean having free condoms available at venues frequented by high-risk individuals as well as in communities that are at the greatest risk for HIV infection.

Definition: Establish condom distribution points, including at area businesses, clinics, local county health departments, health fairs and other venues as appropriate.

Target Population: Those persons at highest risk of acquiring HIV infection based on their participation in risky behaviors, as well as those persons who are HIV-positive and engaging in sexual activities with a partner who is not positive.

Responsible Parties: Condoms are available at each of the local county health departments as well as at the Healthcare Network of Southwest Florida in Collier County, at The McGregor Clinic and AHF/ICAN in Lee County, and at Community AIDS Network in Sarasota County, and other area agencies. Condoms are distributed at area businesses as well, through Business Responds to AIDS (BRTA) agreements. Condom distribution is funded by the Florida Department of Health as well as the HIP program.

Activities Under Contract:

Goal: Distribute 7,800 condoms per month, 24,000 per quarter.

Deliverables also stated that 96,000 condoms must be distributed over the contract. Partnership 8 distributed 118,827 during this time.
Condom Distribution

Successes:

- As condoms are available in the same places consistently, the community is becoming more aware of their availability.
- HIV education is being offered with condoms in certain locations; at certain events.

Challenges:

- Churches will not allow condom distribution.
- Some businesses will not allow condom distribution.

Recommendations from the field:

- Continue reaching out to businesses to increase the venues where condoms are available.
  - Continue looking for traditional and non-traditional outreach venues where condoms can be distributed.
- Incorporate more HIV education with the free condoms.
  - Condom use is just the first step in HIV prevention.
Outreach

Goal: Conduct targeted outreach (traditional face-to-face or Internet-based/virtual) to populations and communities most heavily impacted by HIV/STDs for the purposes of: recruitment into HIV testing and treatment, risk reduction/behavioral interventions, condom distribution, and to provide HIV/STD education and awareness. Outreach is also an effective method for making the community aware of what resources are available for testing and what resources are available for HIV-positive individuals.

This disease is no longer at the height of media attention and with the advancements in medications to treat HIV and AIDS the public is not nearly as fearful, or cautious, as they once were. Reaching out to all of the residents of Partnership 8 to educate them on the still-present risk that HIV/AIDS poses is a huge step towards prevention. HIV education includes providing facts and dispelling myths about transmission, treatment, and the overall health risk of HIV/AIDS.

This program component includes outreach and events as well as HIV education.

Outreach and Events

Definition: Community outreach involves going out into the community to provide education, increase awareness, and encourage testing of HIV and other STDs. Condom distribution and opportunities for on-site testing are typically included as well. These activities take place in diverse venues throughout Partnership 8, such as at jails, health fairs, colleges/universities, hospitals, shopping centers, churches, night clubs, detention centers, community centers, and migrant camps. Outreach can happen at an “event” (such as a health fair) or simply on the street in one-on-one interaction.

Target Population: There is no limit to where HIV education should extend, therefore outreach and events should target anyone and everyone who lives and/or works in the counties encompassed by Partnership 8. Even those who are not considered at “high-risk” for contracting the disease can benefit from awareness and education.

Responsible Parties: Outreach and events are coordinated by all of the local county health departments, as well as Source of Light & Hope, The McGregor Clinic, Community AIDS Network, and the Healthcare Network of Southwest Florida. Other area agencies participate in outreach and events as well. Funding comes from a variety of sources including, but definitely not limited to, the HIP program.
Outreach and Events

Activities Under Contract:

Facilitate one event per quarter with business partners to coincide with national HIV/AIDS observance days.

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Facilitate one event per quarter with faith-based partners to coincide with national HIV/AIDS observance days.

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Goal: Conduct 2,300 face-to-face traditional HIV prevention outreach contacts per month, 7,500 per quarter.

Deliverables also stated that 30,000 face-to-face contacts must be conducted over contract. Partnership 8 conducted 32,805 during this time.

(Business partners and faith-based partners are discussed further in the section on Mobilization.)
Outreach and Events

Successes:

- Over time the stigma surrounding talking about HIV has decreased.
- People are being tested at the events.
- The Southwest Florida Resource Link website (www.swflresourcelink.com) has aided in getting the word out about specific events and condom distribution locations.
- Some of the people who attend the events later come to the clinics or health department locations for testing and/or to get condoms.
- As awareness grows in each community, so do the requests to become volunteers at area HIV clinics.
- One staff member noted speaking to people who engage in risky behaviors at an event, who they meet later and state that they have decreased the risky behaviors (using condoms now, fewer partners, etc.).

Challenges:

- It can be difficult to get vendors for events.
- Not enough staff to do as many events as agencies would like.
- There are sometimes fees associated with event sites; park fees, law enforcement fees, trash pick-up fees, etc.
- One staff member stated that most of the challenges are funding related.
- Agencies with an HIV focus are not always welcome at all events.
- The various agencies have not communicated effectively to avoid duplication of efforts regarding outreach and events.
- The day of the week and the time of day directly impacts turnout. There is lower turnout during the day, during the week.
- One staff member felt that events are no longer cost effective; lower attendance than in years past.
- Target population is often the least likely to come to events.
- The public is still very uneducated about HIV/AIDS, which leads to a lot of stigma.
- Some communities are harder to reach. One staff member felt that African American communities were the most difficult to get into with outreach efforts. Another felt that women are the most difficult to encourage to get tested.
- The youth are not being effectively reached.
Outreach and Events

Recommendations from the field:

- Do more events in the community.
  - Continue looking for traditional and non-traditional venues for future events.
  - Look for venues that attract more of the youth, who are newly at risk as they begin their first sexual relationships.
  - Offer more outreach and events on the weekends.
  - Multiple staff members suggested more of a focus on target areas and target populations.

- Get other community groups involved.
  - Get the groups who are charging the fees involved, and possibly eliminate those fees as a result.

- Continue strengthening collaborations across the area. This can help maximize funding, stretch resources, and eliminate gaps.
  - Increase use of the mobile testing units at community events.
  - Coordinate dates and times better to avoid duplication; perhaps a shared calendar or website.

- One staff member suggested events are outdated.
  - The suggestion was that outreach via media, billboards, and social media is the way to go these days.

- Evaluate cost effectiveness.
  - People often won’t go if only HIV but may listen as part of a more diverse event.
  - HIV-only events can take much more time and effort and cost than the use of a mobile testing unit alone.
  - Unclear how many participants received the full message.
HIV Education

Definition: HIV education includes a variety of avenues for spreading the message of the prevalence of HIV/AIDS and how the virus is spread. HIV education is conducted before and after HIV testing, at health fairs, in classrooms, and other venues as appropriate.

Target Population: As with outreach and events, HIV education should target anyone and everyone who lives and/or works in the counties encompassed by Partnership 8. Even those who are not considered at “high-risk” for contracting the disease can benefit from awareness and education.

Responsible Parties: HIV education is provided by all of the local county health departments, as well as Source of Light & Hope, The McGregor Clinic, Community AIDS Network, the Healthcare Network of Southwest Florida, and other HIV-specific and non-HIV-specific agencies in Area 8. The funding sources are diverse and include unfunded efforts as well.

Successes:

- Some counties had had the opportunity to get education into the middle schools, which is extremely valuable, as the majority of these children have not begun having sexual interactions yet.
- Individuals are confirming that they learned something new, asking for condoms, and/or requesting to be tested after hearing the information.
- The POL (Popular Opinion Leader) program is successful with youth, especially those who want to have a career in health.
- One staff member noted that HIV education in the jails has led to increased numbers for testing.
- Radio and television spots have been a unique way to further educate the community.
- Each HIV-positive client that is empowered with an understanding of their disease is a success.
**HIV Education**

**Challenges:**

- It is not always easy, or even possible, to bring HIV education into the schools.

- When allowed into the schools, HIV educators are often limited in the scope of their presentations to include only abstinence-based prevention messages. In many counties, Department of Education is seen as the largest barrier to getting prevention messages to a vulnerable population.

- Those over the age of 50 can be difficult to reach. Many of these individuals do not realize or accept that they are at risk for HIV. Some do not believe they need condoms because they are not at risk for pregnancy; they see condoms as a tool for contraception only.

- There is always the challenge of battling misconceptions about “popping a pill” to prevent infection.

- There are other myths and misconceptions that are difficult to dispel.

- There is less fear of the disease than in the past.

- Language and cultural differences can be a barrier. Haitian culture, for example, see HIV as a taboo topic and will not discuss it.

- Low medical literacy can be a barrier.

- There is felt by many staff members to be no official way to measure the success of the HIV education program.

- Local county health departments are limited in their freedom to use their websites and/or social media pages for education.
HIV Education

Recommendations from the field:

- Find new ways to reach difficult-to-reach audiences.
  - The school boards need to be brought to the table.
  - One staff member suggested providing HIV education on YouTube to reach more people.
  - Churches could play a larger role than they are currently; they have a captive audience.
  - There could be more Public Service Announcements.
  - There needs to be more of an effort to gain access to retirement communities.
  - Additional cultural literacy training for staff could be useful.
  - Look for best practices across the U.S. in reaching difficult populations.
  - Get creative with non-traditional partners, for example, sports teams, Boys and Girls Clubs, etc. Go where the people are.

- There is always the need for additional staff.

- Educational materials should be standardized and current.

- One staff member suggested a change in the messaging.
  - Instead focusing on fear, focus on living with HIV, that there is life after diagnosis.
  - Incorporate STD education.

- Incorporate newer technology and social media to speak to the population where they are.

- Educational messages should always be incorporated when there is testing.
Mobilization

Goal: Mobilize community partners and stakeholders to actively involve them in efforts to raise HIV awareness, build support for and involvement in HIV prevention efforts, motivate individuals to work to end HIV stigma, and encourage HIV risk reduction.

Sensitive information is typically better received when it comes from a trusted source. Working in tandem with locally owned businesses and community-focused faith-based organizations is an ideal way to get this information from the medical community to the general population. Stigma is also likely to be reduced when a known and trusted source is willing to openly participate in HIV prevention efforts.

Business Responds to AIDS (BRTA)

Definition: A community mobilization effort that identifies neighborhood businesses within areas with the highest HIV/AIDS incidence rates to establish partnerships to promote HIV prevention messages among their customers.

Target Population: Community-based businesses, especially those visited by high-risk populations.

Responsible Parties: BRTA mobilization efforts are being orchestrated by the local county health departments in Charlotte and Collier counties, as well as Source of Light and Hope in Glades, Hendry, and Lee and Community AIDS Network in Sarasota, and other agencies in Area 8. There is a combination of official and unofficial BRTA activities as many are doing activities without official agreements. Funding is provided through HIP and many other sources.

Activities Under Contract:

Goal: Establish 1 partnership per month and complete signed Business Leader Agreements.
Business Responds to AIDS (BRTA)

Successes:

• Many businesses have been very receptive.
  
• Small grocery stores have allowed HIV mobile unit in their parking lot for testing.
  
• Local businesses in Sarasota County have held fundraisers.
  
• Businesses are successfully distributing condoms to the community, sometimes even calling to request more.
  
• Trusted local business owners have been able to open up the discussion with members of the community in ways that an unknown HIV/AIDS clinic or health department employee might not be able to.
  
• Individuals are coming in to get tested after seeing information at local businesses.
  
• There are businesses who have sought out the program, asking how they can become involved.
  
• Bars, tattoo parlors, barber shops and beauty parlors have had success.

Challenges:

• There are still some individuals that are not open to assisting with HIV education, as they don’t feel that they serve “those type of people”. Some business owners feel that supporting HIV/AIDS efforts will be bad for business and refuse to participate. Limited success with restaurants/eating establishments.
  
• Some businesses do not want to become condom distributors for fear that people will come in just for condoms. It might attract “the wrong people” to their business, as well.
  
• Not all who do participate are willing to participate in events.
  
• It can be an extremely labor-intensive process.
  
• State Department of Health does not send posters for business use any longer.
Business Responds to AIDS (BRTA)

Recommendations from the field:

- Make certain that all businesses involved know how to respond to questions from their clientele.
  - Offer guidance to businesses on where to send individuals who ask them for help.
- Expansion.
  - Continue looking into partnerships across Area 8 at a wide range of businesses.
- Focus on businesses where owners and employees know the community.
  - The businesses that will be the most successful in promoting HIV prevention and education are those who truly know and are trusted by the community they serve.
- Remove BRTA as an individual program; incorporate it with other programs.
  - Continue partnering with community-based businesses for education, testing, etc., but not as a unique program separate from other HIV prevention efforts.
- More supplies.
  - Barbershops use HIV prevention capes on customers – there is always a need for more of these.
Faith Responds to AIDS (FRTA)

Definition: A community mobilization effort that identifies faith-based institutions within areas with the highest HIV/AIDS incidence rates to establish partnerships to promote HIV prevention messages among their members.

Target Population: Faith-based organizations, such as churches.

Responsible Parties: FRTA mobilization efforts are being orchestrated by the local county health departments in Charlotte and Collier counties, as well as Source of Light and Hope in Glades, Hendry, and Lee and Community AIDS Network in Sarasota, and other agencies in Area 8. There is a combination of official and unofficial FRTA activities as many are doing activities without official agreements. Funding is provided through HIP and many other sources.

Activities Under Contract:

Goal: Establish 1 partnership per month and complete signed Faith Leader Agreement.

Successes:

- Churches are participating in health fairs and other events. Held a Gospel Explosion that involved the participation of five churches.

- Some faith-based organizations have been more willing to become involved when the message was changed. Instead of “Use a condom and get tested,” “Use common sense and get tested.”

- Some areas have seen an increase in youth receiving the HPV vaccine as a result of faith-based efforts.
Faith Responds to AIDS (FRTA)

Challenges:

- It can be extremely difficult to get churches involved. There are still some faith-based groups that are not open to assisting with HIV education, as they don’t feel that they serve “those type of people”. Some church leaders feel that supporting HIV/AIDS efforts is akin to condoning premarital sexual intercourse or homosexuality.

- Not all who do participate are willing to distribute condoms.

- It takes time to build trust and break through cultural barriers.

- The Board of Directors often makes the final decision, not always the pastor.

- Many pastors are part time, making it difficult to reach them to discuss the opportunity.

- Travel restrictions within the health department make it difficult to cross county lines (for example, when a Spanish-speaking health department employee is needed in another county).

- Does not necessarily reach the target populations.

- Some feel that the effort required does not always match the results.

Recommendations from the field:

- Put messages on material that everyone sees.
  - Put HIV education and prevention messages on the back of church programs. Everyone gets a program and takes it home with them. Pamphlets sitting on a table might not even make it out of the church.

- Encourage churches to be available as a support for HIV positive members.
  - So many individuals rely on their churches for support, but are uncomfortable revealing their status due to the stigma and misconceptions surrounding HIV (for example, it is a ‘gay disease’).

- Encourage churches who participate to reach out to other churches.
  - When the request comes from another pastor, it is more effective.

- Remove FRTA as an individual program; incorporate it with other programs.
  - Continue partnering with faith-based organizations for education, testing, etc., but not as a unique program separate from other HIV prevention efforts.

- Don’t try to push churches to take the full message. Meet them at the level where they feel comfortable.
The HIP program hit the ground running in January, 2013 and gained momentum as the year went on. As with any new endeavor, there were bumps in the road. The agencies involved continued their efforts with their goals in mind, and made significant progress towards the over-arching goal of HIV prevention in southwest Florida.

Two of the key components of the High-Impact Prevention program are the collaboration of all of the agencies involved and the targeted approach to educating and testing the most at-risk populations.

**Collaboration**

Collaboration across county lines was a considerable strength to the HIV prevention efforts in Partnership 8 in 2013. Increased collaboration has led to increased communications, which was decreased the duplication of services and other areas where there was needless overlap. Collaboration has also been beneficial in the sharing of resources, particularly the mobile testing unit that Community AIDS Network has been able to provide at a variety of locations across Partnership 8. Agencies have worked events together and continue brainstorming new ways to work as a team. The Ryan White Part C funded agencies have increased their prevention efforts in ways that have benefitted the community as well.

**Peer navigation**

The peer navigator program received considerable praise from those prevention staff members who were interviewed. While there is no definitive outcome data to verify the efficacy of the program, anecdotally it has been extremely successful in reaching overwhelmed, frustrated, and non-compliant clients.

**Targeted testing**

The targeted approach to HIV testing has been a strength to the HIP program as it has led the agencies involved to increased insight into which populations are more difficult to reach. Knowing which populations are at a high-risk for infection and that are also less willing to be tested, the dialogue can begin on brainstorming unique ways to reach these identified populations. Knowing the problem is the first step to solving it.

**Getting the message out**

Increased prevention efforts throughout Partnership 8 has allowed for increased exposure of the messages being presented. Many communities seem to have forgotten about HIV/AIDS, and are being reintroduced to the disease and its prevalence in southwest Florida. As the messages are heard more frequently and as more HIV positive individuals feel comfortable disclosing their status, the stigma associated with talking about HIV/AIDS will decrease.

**Contract deliverables**

Another definite strength of the 2013 HIP program efforts is that all the contract deliverables were met. In fact, most of the deliverables were exceeded. For example, only 600 HIV tests were required by the HIP contract. Over 700 HIV tests were conducted in 2013.

**Enthusiasm**

The High-Impact Prevention program has brought about a renewed sense of pride and enthusiasm for HIV prevention efforts in southwest Florida. This enthusiasm has aided in the momentum of the prevention efforts.
HIP Program Recommendations

Moving forward, the HIP program has the opportunity to increase its reach throughout Partnership 8. Adjustments to different aspects of the program would go a long way in aiding HIV prevention efforts in southwest Florida.

Further develop collaboration

Another aspect of the HIP program that was not implemented as fully as it could have been was the collaboration aspect. Most prevention staff expressed the opinion that collaboration amongst agencies across Partnership 8 increased with the implementation of the HIP program. Others felt that collaboration was still strained between some of the agencies involved in the program. For example, CBOs traditionally have not worked as well with each other in the same county as they tend to do across with other CBOs county lines and with local county health departments. There is still some territoriality impeding these collaborations. Additionally, in some counties, agencies are not being informed of all activities going on in their local area. There is still a need for increased transparency and communication.

Others still expressed concern that there are agencies that should be involved but are not. These included Planned Parenthood, Fort Myers Pregnancy Center, Virginia B. Andes, mental health and substance abuse treatment centers, rape crisis centers, hospitals, American Red Cross, Salvation Army and local school boards. Internally, there is a lack of collaboration and coordination in some of the local county health departments with very separate STD and HIV programs. Health departments also have difficulty in collaborating due to their inability to cross county lines.

Expand RHAC Prevention Committee

One way to incorporate more participation from organizations that are not specifically included in the HIP program is to invite them to join the RHAC Prevention Committee. Currently the RHAC Prevention Committee is comprised of agencies who participate in the HIP program, but no outside agencies are involved. Bringing more outside agencies on board and having brief presentations at committee meetings highlighting each of the agencies and their role in HIV prevention would be a step toward further collaboration and even greater reductions in redundant efforts throughout Partnership 8.

Additionally, local prevention planning groups are helpful. Sarasota County and Collier County have local groups, but this type of group is dormant in other counties. Having a local focus is beneficial in better targeting the unique populations of each county. These groups might be more successful at bringing in other agencies such as Planned Parenthood, Department of Education, hospitals, etc., as well as incorporating members of the target population.

Continue seeking target population in diverse ways

Consider focus groups and social media avenues to gain increased insight from target populations on best ways to reach out. Remain consistent in areas where the target populations are known to live and/or gather. Trust is built as the same faces are seen repeatedly in a community.

Measure outcomes

Ideally, High-Impact Prevention would have a high impact. Unfortunately, while passionate efforts were made in HIV prevention through the HIP program in 2013, no outcomes were measured to prove the efficacy of these efforts. Anecdotally, all of the programs that fall under the umbrella of the HIP program were felt by most of those who were involved to have been successful. The reality is that we have very little data to prove this beyond
HIP Program Recommendations

positivity rates and personal interviews with prevention staff.

**Develop measurement tool**

It is highly recommended that a tool be created to measure outcomes in each of the HIP programs to determine with certainty how effective each program is at each of the agencies involved. For example, did clients who worked with a Peer Navigator more adherent to appointments and medications than those clients who were not paired with a Peer? Would they recommend the program? What suggestions do they have to improve the program? A tool used consistently across agencies would allow for better future evaluation of each component of the HIP program.

**Internal marketing**

Continue to reach out to non-prevention staff, including STD, patient care, and non-HIV staff at local county health departments, CBOs and other local agencies to incorporate them into prevention efforts. There are many good things going on in the area and it would be beneficial to ensure that all points of contact are aware and involved.

**Explore other funding sources**

Many activities such as the peer navigator program would benefit from an increase in funding. It may be possible to increase funding through private drug companies, grants, as well as federal funding. It is recommended that the area actively pursue diversified funding sources.