



Northwest Florida
AIDS/HIV Consortium

The Official Newsletter of the Northwest Florida AIDS Consortium Fall 2017



OPENING NOTES

As is typical in paradise, fall is already upon us but that cooler fall weather is nowhere to be seen! Hopefully we have seen the last of the hurricane weather although the season technically doesn't end until after November. So keep your eye on the weather channel because you never know what mother nature has in store for us!

Check out our community calendar by visiting [http://
www.noflacweb.org/calendar-](http://www.noflacweb.org/calendar-)



For those who have yet to attend a NoFLAC meeting, we would like to encourage you to get involved. Our next meeting will be held July 20th at the UWF Archaeology Building, 207 E. Main Street, in Downtown Pensacola. Our contact information is always posted on the back page of the newsletter so don't hesitate to let us know if you have any questions!

A NOTE FROM THE CHAIR

Submitted by: James Talley - NoFLAC Chair

Hello all and happy autumn. So far we have been missed by the severe storms of the 2017 season. Sadly, many of our friends and neighbors were not so lucky. We send all our best for a complete and speedy recovery.

Autumn is also the season we meet for NoFLAC (noflacweb.com) to determine our budgets, issues needing attention, and planning for the years ahead. Our Oct. meeting is Oct. 19 main meeting 11:am to 12:30.

Weather is not the only storm brewing in our futures. Our political environment would indicate we should be up to date and ready to advocate for ourselves as well as our community. I know there is much confusion as to the ramifications of the (OBAMACARE) ACA, Ryan White Act, as well as Medicare-Medicaid funding going forward.

Suffice it to say, there is reason for concern with an eye on knowing that worrying doesn't help nearly as much as participating in the discussions and advocating for solutions. Making sure our concerns are heard now is far easier than not having the many at-risk vital services and programs.

Thanks again for your participation and membership and participation in our consortium Northwest FL HIV/AIDS Consortium!

www.NoflacWeb.org non affiliated chair news articles - [noflacweb.org consortium-chair](http://noflacweb.org/consortium-chair)

ONE STEP CLOSER TO A HEALTHIER OKALOOSA

Written by: Aaron Hill—Senior Health Educator at FDOH-Okaloosa

I've been thinking about branding. More specifically, I have been *ruminating* on the use of the word "risk" in HIV Outreach and the concept of rebranding and distancing from it. You may ask, "Why?"

Words like "high risk" or "risky behaviors" are associated with "doing something wrong" or have a way of placing the blame on the **behavior** of the individual, much like any language that emphasizes the number of sexual partners an individual has or how well or not well they know their sexual partners.

Stigmatizing behaviors that a client identifies with can potentially alienate the client.

A lot of the current outreach language talks about the fact that several of the factors that make HIV acquisition more likely are not "active" decisions. That where you live and choose your partners is a major factor that people have no control over that elevates the likelihood of HIV acquisition. Even still, there are cultural considerations (such as African Americans more often choosing a partner of the same race). When you combine these things (high prevalence of HIV in the African American community and increased likelihood of choosing partners of the same race/ethnicity) you have a greater chance of HIV being spread in that community.

I read a great question that can replace questions about risk factors, "*What things are you doing to protect your health?*" Followed by, "*Is there a chance you may be leaving yourself vulnerable?*"

Questions like these focus on solutions and start conversations that will allow us to partner with our clients to create a plan that is more likely to have their buy-in without stigmatizing their behaviors. A large part of HIV Outreach is communication and the ability to meet our clients where they are. For now, I'll leave you with the challenge of trying to rebrand the way you speak about "risky behaviors." It's harder than you think.



ADAP OKALOOSA *Submitted by: Lani Birchett - Public Health Services Manager*

In September Chawntoya Brown accepted a new position within the ADAP family based out of Bay County. Chawntoya is now the regional ADAP coordinator for Area 1, 2A and 2B. She is the point of contact for all ADAP related concerns therefore Escambia, Santa Rosa, and Okaloosa will still be working closely with Chawntoya. We at Okaloosa are very excited for Chawntoya's new endeavor and wish her great success!

WELCOME MEGHAN JANZ

Meghan Janz joined the Okaloosa team providing ADAP services beginning September 8, 2017. Though her first two official work days were during office closures due to Hurricane Irma, Meghan was quick to step up and offer her services to work hurricane emergency duties. Fortunately for the panhandle the impact was minimal and emergency duty was required by limited staff. However our ADAP clients can be rest assured that we have a dedicated team member that is committed to providing them service! Meghan comes highly recommended and brings five years' experience in the pharmaceutical industry. She has worked as a Senior Certified Pharmacy Technician and is familiar with pharmaceutical processes and adept at providing excellent customer service. Meghan was selected in a competitive application process of over twenty-five qualified applicants. She lives in Crestview with her fiancé and dog, Puck. Meghan is getting married in October 2018. She is finishing up her B.S. degree in Public Health at Southern New Hampshire University this year. On the weekends she likes to watch football (Notre Dame and Green Bay Packers). In addition to several areas within the state of Florida, Meghan has lived in Massachusetts, New York, New Jersey, and North Carolina.

The Ryan White team at Okaloosa county is very excited to have Meghan in our program!

NEWS FROM ADAP EscAMBIA

Written by: Gwen Wiggins — Senior Registered Nurse, ADAP

A lot of our clients are taking the “bull by the horn” in managing their disease process. Some are employed yet uninsured and found themselves having to miss work to attend a monthly appointment for medication pick up here at the Health Department. Well you asked for it, and here it is!!!

To facilitate work/life balance and assist in stress reduction, on October 9, 2017, ADAP launched a new program which allows for a 90 day dispense of medication to eligible clients who are currently enrolled. To be eligible: a client must have an undetectable viral load for two consecutive years and have consistently picked up medication for at least one year. Please contact your local ADAP staff person for more information regarding this new program or to check on your eligibility.

OPEN ENROLLMENT STARTS SOON!



Soon we will begin enrolling eligible clients into Marketplace insurance plans. Be sure to open those insurance letters and bring them with you to your ADAP appointment, especially if you have any questions. This year the Marketplace open enrollment period will be shorter and will begin November 1, 2017 to December 15, 2017. Once the plans are made available, the ADAP staff will contact you regarding any changes in coverage. Be ready to make an appointment to see your Marketplace Insurance Navigator and update your Marketplace account with any pertinent changes i.e. income, family members, life events, etc.

Below is some common terminology used in the insurance industry to become familiar with going forward.

Glossary of Terms:

Coinsurance: A fixed percentage of the cost of health care services that you may be responsible for paying after you reach your deductible.

Co-payment (co-pay): A fixed amount you pay for some health care services. You usually pay a co-pay when you get these services.

Deductible: The amount that you may have to pay for health care services before your health insurance plan begins to pay.

Health Insurance Marketplace: A website where you can learn about health coverage options, compare health plans, choose a plan, and enroll in coverage.

HIV Care Team: The health care professionals who provide your HIV care, which may include a doctor, nurse, pharmacist, dentist, social worker, and case manager.

Open Enrollment Period: The period of time when people who are eligible to enroll in a Qualified Health Plan can sign up for a plan in the Health Insurance Marketplace.

Premium: The amount you pay for a health insurance plan.

Special Enrollment Period: A time outside of the Open Enrollment Period when you may be able to sign up for health coverage



Many people like you
have been exactly
where you are
and are waiting to
extend support and
understanding.

**An HIV+ Peer Navigator
is available to help!**

Whether you need guidance in taking the next step or just a compassionate ear to talk to, a Peer Navigator is just a phone call away.

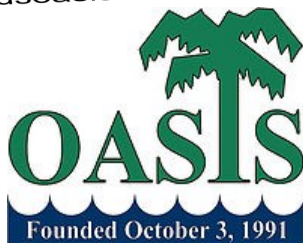
Peer Navigators specialize in providing support and information to newly infected HIV men and women, and also individuals who have dropped out of care. The Peer Navigator is a person living with HIV from the community and can assist you in working through the many complex issues you are now faced with including emotional support, disease self-management, transmission risk reduction and general information about leading full, healthy lives with HIV. Peer Navigators also work to empower individuals to keep appointments, pick-up medications and link clients to services.

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Don't Compromise... Immunize!

Composed by: Lydia Gibbs, Pharm.D. Candidate (Florida A&M University)

Preceptor: Juan F. Mosley II, Pharm.D. AAHIVP

Immunizations include the process of introducing a product (vaccine) into the body system with the purpose of preventing or lessening the presence of a disease.

Why should HIV patients be immunized? HIV patients have a compromised immune system that may not be able to fight “simple infections” such as the flu or a common cold. Immunizations help the immune system to prepare for battle in the case of infection.

Which immunizations are recommended for HIV patients?

- Hepatitis B
- Influenza (Flu)
- Pneumococcal (Pneumonia)
- Tetanus, diphtheria, and pertussis (Tdap; Td booster every 10 years)
- Human papillomavirus (HPV; *only for patients < 26 years of age)
- *Other immunizations may be recommended based on age

Which immunizations should HIV patients avoid?

HIV patients should avoid all live attenuated vaccines unless the physician determines that the benefit outweighs the risk. Live vaccines may trigger an immune response causing symptoms related to the disease that you are immunizing against.

Where can I get immunized?

- Escambia County Health Department Immunization Clinic
- West Florida Hospital Immunization Center
- Family practitioner's office
- Local pharmacies (CVS, Walgreens, etc.)



Christina Hutley - Now a Linkage & Re-engagement Coordinator!

You may know Christina as our perinatal linkage coordinator assisting our HIV+ mothers navigate the various programs available throughout pregnancy and help them stay in care to reduce the rates of perinatal transmission rates in our area. But now she is also a HIV Linkage and Re-engagement Coordinator working to assist newly diagnosed clients access care as quickly as possible but also reaching out to those who have fallen out of care in order identify barriers and work to overcome them in order to re-enter life saving care. Congrats Christina!

*It's that time of year
when the leaves change colors,
the temperatures get cooler...
and we start preparing for the Holidays!*

**So don't get wrapped up
and forget your flu shot.**

**Call the AHF Healthcare Center
at 850-476-3131**

or ask your provider at your next appointment.



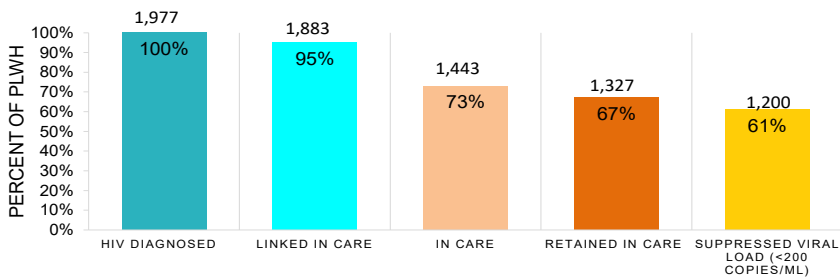
WE'RE HERE FOR YOU!

THE CONTINUUM OF CARE—AREA 1 FLORIDA—2015

Submitted by Deborah Carty—Area 1 HIV/AIDS Program Coordinator

This figure illustrates where we are in Northwest Florida with respect to the number and proportion of persons living with HIV/AIDS (PLWHAs) who are engaged in care. **Please note that each bar (except for the first) refers back to the value in the previous bar.** For example, the second bar value of 1,883 is 95% of the first bar and so on. While these numbers have improved since 2013, we still have work to do.

Persons Diagnosed and Living with HIV (PLWH)
Along the HIV Care Continuum
Area 1, 2015



- 2,257 are estimated to be living with HIV, accounting for 280 (12.4%) who are unaware of their HIV status.
- 82% of the 76 diagnosed with HIV in 2015 had documented HIV-related care within 3 months of diagnosis.
- 83% of PLWH in care had a suppressed viral load in 2015.



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According to this analysis, we are doing well with linkage to care (2rd bar) at 95% of diagnosed reported cases, however it appears that there are barriers impacting retention in care (the 3rd bar) and treatment adherence (the 5th bar). Only 73% of persons linked to care had an HIV service reported (labs or medication refill) during 2015. Only 67% of those in services during 2015 received ART and only 61% of persons on ART achieved viral suppression (undetectable viral load test result). This data along with information from community needs assessments and focus groups are useful in revealing strengths and opportunities for improvement in our system of care. Increasing both retention and adherence to care can lower the ‘community viral load’ and slow the spread of HIV⁴.

UPCOMING ANNOUNCEMENTS AND EVENTS

Upcoming NoFLAC Meeting

Thank you to everyone who attended our last meeting in July! At our meetings we go over updates for all the organizations in our area and discuss any changes within the HIV/AIDS community. These meetings provide consumers a great opportunity to get to know their providers and to let their voices be heard. Our next one-hour meeting will be held at 11am on October 19 at UWF Archaeology Building on 207 East Main Street.



Escambia County Night Clinic (Free HIV/Syphilis Testing!)

Come on out to FDOH - Escambia County to get your free, rapid Syphilis and/or HIV test so *you* can know your status. Testing will be available from 4:30pm - 6pm on Nov 2, 2017. The night clinic will not be open in December but will resume services on January 4, 2018!

HIV/AIDS 500/501 Training Schedule

Are you a HIV tester/counselor in need of scheduling your next 500/501 update? The complete 2018 training schedule has been posted to www.EscambiaHealth.com.

Visit www.noflacweb.org/calendar to view all of the scheduled training dates and email Ken Griffin at Kenneth.Griffin@flhealth.gov to register.

Consumer Focus Group

Germane Solutions, a healthcare consulting organization that supports Ryan White entities, needs your help! They are holding a client focus group on Tuesday, October 31, 2017 to discuss how well your Ryan White service needs are being met. Please help us improve our services by letting your voice be heard.

Upcoming Awareness Days:

December 1 - World AIDS Day

February 7 - National Black HIV/AIDS Awareness Day

March 10 - National Women & Girls HIV/AIDS Awareness Day

** If you will be hosting an event or performing testing for these events please contact Loretta Turner at Loretta.Turner@flhealth.gov for availability of brochures/incentives. If you're interested in partnering with the FDOH with HIV testing in the mobile unit, contact Ken Griffin at Kenneth.Griffin@flhealth.gov.

Area 1 Priorities and Allocations Meeting

Join the Northwest Florida HIV/AIDS Consortium (NoFLAC) and Lutheran Services Florida in discussing recommendations and suggestions regarding Ryan White services in our area. Your input is completed into a report and is used by our area's Lead Agency for consideration in the budget for the next grant year. *This is your chance to have a say in where your Ryan White Care Act dollars go!* **Date and Time tba soon!**

NoFLAC News is published quarterly by the Northwest Florida AIDS/HIV Consortium.
Submissions may be sent via email to noflacinfo@gmail.com.

NoFLAC News staff reserves the right to edit all submissions for length and content.