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...
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 Administration 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.

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)) be created as well as other caucuses and work groups as needed;
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;
7. 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 full membership.

*PrEP can stop HIV from taking hold and spreading throughout your body.*

**Is PrEP Right for You?**

**PrEP may benefit you if you are HIV-negative and**

- **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
  - inject drugs and
  - 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 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
  - don't always use a condom for sex with people who inject drugs, or
  - have sex without a condom, or
  - recently went to a drug treatment program.

**For more information please visit www.cdc.gov/hiv**

**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.

**Visit Your Doctor**

*If you have any symptoms while taking PrEP that become severe or don’t go away.*

**PrEP 101**

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

- PrEP, or pre-exposure prophylaxis, is daily medicine that can reduce your chance of getting HIV.
- 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.

**Staying Healthy While Taking PrEP**

- In addition to PrEP, you may want to use condoms or other preventions to reduce your risk of other diseases.
- If you have any symptoms while taking PrEP, call your doctor.

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**What Is PrEP?**

- PrEP, or pre-exposure prophylaxis, is daily medicine that can reduce your chance of getting HIV.
- You take PrEP every day, just like your daily vitamins.
- PrEP is not a cure for HIV, and does not treat HIV.
- PrEP is only effective if you take it consistently every day.
- PrEP can stop HIV from taking hold and spreading throughout your body.

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**Who is Eligible for PrEP?**

- *You are HIV-negative and at high risk for HIV.*
- You are HIV-negative and: **any**
  - have multiple partners, a partner with multiple partners, or a partner whose HIV status is unknown
  - inject drugs and
  - don't always use a condom for sex with people who inject drugs, or
  - have sex without a condom, or
  - recently went to a drug treatment program.

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**How Do I Get PrEP?**

- **Find a PrEP provider**
  - To find a PrEP provider in your area, visit https://PrEPsearch.cdc.gov

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- **Learn more about paying for PrEP at www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-paying-for-prep.pdf**
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 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 NHAAAD event and partnered with The Orlando Immunology Center for “Bridging 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 Latinos 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.

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.
• Disrupts 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 by uniting with Community Partners around the world to educate people living with HIV and the field:

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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 = Untransmitable; U=U).

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In this Progress Report, we assess our accomplishments 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 newly infected with HIV, 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. In fact, the 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 (91 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 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 persisted in the Southern United States. Homelessness among persons with HIV continued to increase upward. Among gay and bisexual men, disparities in new diagnoses and HIV-related deaths are worsening 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, and
- Expanding and enrolling people in preventive PrEP to prevent new infections.

- Developing and enforcing policies and practices to minimize HIV 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 policies 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. 
- PrEP services are being disseminated in a variety of community-based settings.
- vigilance are needed to ensure that 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 prevention tool.
- Ending the HIV stigma and discrimination that have no place in America today.

In addition to the indicators and Federal action items, 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 by removing barriers to accessing HIV care through the Affordable Care Act (ACA) and further supporting health care access for persons living with HIV through the Ryan White HIV/AIDS Program (RWHAP),
- Invested in groundbreaking scientific research on the benefits of early antiretroviral treatment (ART), treatment as prevention, PrEP microbicides, screening technologies, vaccines, and cure.
- 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 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 HIV prevention, treatment, and care they need.
- Ending the link between immigration and prevention to the people and places in greatest need, including among gay and transgender 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 reach our goals. If we set up areas in which 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 for our target dates 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/AIDS. Since its release in 2010, sustained effort is required across all sectors and levels of government to realize the Strategy’s goals. New scientific advances and programmatic innovations, reach the people and places in greatest need, including among gay and transgender persons living in the South, where indicators show lack of progress in reducing diagnosis disparities.

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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.
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 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 encourage 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 prevent HIV infection and transmission. Use today to start the conversation with your family members and friends about condoms, needle exchange, HIV, PrEP, routine HIV testing, and undetectable = untransmissible.

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, 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 are willing to take and provide all the necessary paperwork. We need your input and encourage consumers to attend meetings. Brighter days are ahead. Peace, Love, and Happiness. Keep your head up.

Ira Westbrook

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, there is more than 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, it was a request 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 be 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. When it comes to 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 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 its 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 they 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 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 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 sexually transmitted infections.

Since this is not a practice that is currently happening, we as gay men can begin revolutionizing this change in the care we are provided. In the future, I would like to see National Gay Men’s HIV/AIDS Awareness Day as a 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 of us will be engaged in our care and live healthy lives which can lead to even lower HIV transmissions. By fulltabs stigma and reminding the community that our health matters, more of us can continue to “Take the Test and Take Control!”

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 the heat is winding down, everyone can come together, addressing bi-sexual and gay men while encouraging open communication, restoring trust, and tackling social determinants of health. Patients and providers growing strong together, working together.

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.

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.
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’s “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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