Metropolitan Jacksonville Area HIV Health Services

PLANNING COUNCIL

Ryan White Part A and Part B Programs
Behavioral and Human Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Meeting Date: 4:00 PM - Thursday, February 27, 2014

Call to Order — Ellen Schmitt

Moment of Silence

Mission Statement — Member

The mission of the Planning Council is to provide a means for planning and implementing a coordinated response to the needs of people living with and affected by HIV disease.

Roll Call — Patricia Sampson

Public Comments — General Public
(Speakers should fill out a Blue Card and turn in to Council Chair Telfair prior to start of today's meeting.)

Approval of January 23, 2014 Minutes — Ellen Schmitt

Administrative Agency Report — Deidre Kelley

Committee Reports

- *Executive* — Page 7 — Kim Geib
- *Women, Adolescents & Children* — Page 9 — Errol Schell
- *PLWHAA* — Page 13 — Nathaniel Hendley

OUR MISSION: ⇨ The mission of the Planning Council is to provide a means for planning and implementing a coordinated response to the needs of people living with and affected by HIV disease.

- *Nominating* Page 15 Justin Bell
  - Motion that the Jacksonville Planning Council recommends Dr. Dana Barnes to the Mayor's Office to fill the mandated category of representative of formerly incarcerated PLWHA's .
  - Voting by ballot on members seeking reappointment for another two-year term.
- *Bylaws* Page 19 Patricia Sampson

Unfinished Business Ellen Schmitt

New Business Ellen Schmitt

Announcements Members

Adjournment Ellen Schmitt

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL
Ryan White Part A and Part B Programs
Behavioral and Human Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

MINUTES

Meeting Date: Thursday, February 27, 2014

Council Members Present: Ellen Schmitt (Chair), Kim Geib (Vice-Chair), Patricia Sampson (Secretary), Velda Stokes (Treasurer), Justin Bell (PLWHA Rep), Errol Schell (Parliamentarian), Paula Burns, Mark Cleveland, Frank Emanuel, Kendall Guthrie, Nathaniel Hendley, Sharon Hunter, Heather Kilpatrick, Tammy Morris, Gregory O'Gwinn, Sharon Peterson, Torrencia Shiloh, Alfreda Telfair, Antoinette Turner, Heather Vaughan, and Max Wilson

Council Members Absent: Verlon Blair, Gloria Coon, Eric McBride, Marion Merritt, Carolyn Patterson, and Annie Youngblood

Proxy Members Present: None **Proxy Members Absent:** Jim Bernert and Gloria Ealey

Support Staff Present: Sue Andrews, Mary Martinez, and Sandy Sikes

Guests: Anthony Baker, Jr., Dr. Dana Barnes, Michael Bennett, Karen Garrett, Samatha Kwiatkowski, Abraham Levy, and Roberto Polanco

Call to Order
The meeting was called to order at 4:05 p.m. by Chair Ellen Schmitt.

Moment of Silence
Chair Schmitt asked for a moment of silence to be observed for individuals who have died of HIV/AIDS, or those living with and affected by the disease, and for everyone experiencing other emotional, psychological, and physical issues.

Mission Statement
Chair Schmitt read the mission statement to the group.

"The mission of the Planning Council is to provide a means for planning and implementing a coordinated response to the needs of people living with and affected by HIV disease."

Roll Call

Secretary Pat Sampson took the roll. There were no proxy pool members present; a quorum was declared.

Public Comments

- Mark Cleveland addressed the Council under public comments. Mark expressed concern over the fact that PLWHA consumers are having a hard time reaching the Jacksonville Area Legal Aid by phone. He stated that many times the main phone line is not answered, and when it is, it doesn't seem like the messages are getting through to the JALA staff who handle Ryan White clients.

  Council Member Heather Kilpatrick answered Mark's concern later in the meeting. She stated that Ryan White clients should continue calling the main number of 356-8371, and when prompted for an extension, to dial either 310, 312, or 360. These extensions are for the three JALA staffers who handle Ryan White clients. Heather said this step should take care of the problem.

Approval of Minutes

A motion was made and seconded to accept the January 23, 2014 Minutes as presented. The motion was carried.

Administrative Agency Report

Acting Division Chief Johnnetta Moore presented the Agency Report in Deidre Kelley's absence. We have received a partial award and contracts will be in the mail to our service providers next week. The partial payment will fund approximately three months of services. HRSA has scheduled a national conference call for March 12 where we hope to find out more about when the remainder of our funding award will arrive.

Implementation of the Affordable Care Act, also known as Obama Care, has been problematic. While HRSA has instructed all Ryan White grantees to vigorously enroll eligible clients into qualified health plans, the State of Florida Department of Health has been slow to respond. Florida Part A representatives met with State Department of Health staff last week in Tallahassee to discuss ways we could work together to ensure that no PLWHA would go without services. This planning is expected to continue for the next several months. In the meantime, the health insurance premium assistance program recently approved by this Planning Council will be implemented and all Part A funded service providers will be instructed to continue to encourage their clients to enroll in a qualified health insurance plan.

A number of Planning Council members attended the February 17 public hearing regarding proposed changes to Florida Administrative Rule 64. There will be more information forthcoming regarding Rule 64 and the impact it will have on our programs.

The Patient Care Planning Group (PCPG) meeting is coming up the first week in April. If you have any concerns or any issues about HIV care and treatment for PLWHA's in Florida, then please let your Planning Council representatives know, so they can address them in Tampa.

Committee Reports

Executive — Kim Geib

The Planning Council's 20th Anniversary will be this October. Committee discussed ideas on location and date of a celebration. Justin and Pat are looking into several venues, and Planning Council members are asked to share any ideas they might have as well.

Women, Adolescents, and Children — Errol Schell

The committee met on February 6 and continues to plan for several upcoming events, including the March 10 Women & Girls HIV Awareness Day. Council members were encouraged to read through the minutes and volunteer for one of these events.

PLWHAA — Nathaniel Hendley

The committee was off to a running start; members changed the PLWHAA Purpose Statement and started an ad hoc committee for the CONNECTIONS Conference.

Nominating — Justin Bell

During their February 7 meeting, Dr. Dana Barnes was interviewed for the mandated category of Formerly Incarcerated Representative. The committee is recommending Dr. Barnes for this category, replacing Tammy Morris who is not seeking reappointment.

Mark Cleveland moved and Sharon Peterson seconded a **motion to submit the name of Dr. Dana Barnes for recommendation to Mayor Brown as an appointee to the Jacksonville Planning Council**. Motion was approved.

Justin went over the form that the Nominating Committee used to review candidates seeking reappointment. There was discussion with questions and answers from the Council Members regarding what the Nominating Committee looked at, and if any particular area, such as attendance or community involvement, received more attention than the other areas. The Council wants to look at this process again, and see if a Procedure should be developed, so everyone knows what will be expected of them when applying for reappointment. Council Member Frank Emanuel went on record saying he opposes this evaluation process, as he feels it is not fair or objective.

Ballots were distributed for members to vote. After the votes were tallied, it was announced that all eleven members had been reappointed. They are:

Justin Bell
Mark Cleveland
Gloria Coon
Frank Emanuel
Heather Kilpatrick
Eric McBride
Errol Schell
Velda Stokes
Alfreda Telfair
Antoinette Turner
Max Wilson

Bylaws — Patricia Sampson

The committee met and reviewed several items that had been referred to them.

Motion made by Heather Kilpatrick, seconded by Justin Bell, **to adopt Policies & Procedures 2013-01, which will allow all members to have designated proxies, if they so choose**. After a brief discussion, the motion was voted on and approved.

Motion made by Heather Kilpatrick, seconded by Justin Bell, **to amend Policies & Procedures 2006-01, Item 2, Bylaws Committee, changing the composition of the membership to include the members of the Executive Committee**. Discussion followed and Bylaws Committee clarified that their committee would remain separate from the Executive Committee; they are just seeking to have all Executive Committee members designated as also being members of the Bylaws Committee, along with any other Planning Council member who wishes to join Bylaws. This motion was then voted on and approved.

Co-Chair Pat Sampson outlined the request to have the EIIHA Committee added as a standing committee of the Planning Council. This will affect Bylaws Article X, Section 3, item I, and also Policies & Procedures No. 2006-01, Item 9. This is the first reading of the proposed Bylaws change. The second reading and vote will be during the next Planning Council meeting.

Unfinished Business
None

New Business
None

Announcements

- Next FCCAPP Meeting will be April 1 at the Wells Fargo Bank Building on Main Street in Springfield. The focus of FCCAPP at the moment is to look at doing a better job of coordinating and encouraging participation in the National HIV Testing Day, which is June 27. Everyone is invited to attend the April meeting, which begins at 2:00 p.m.

- National Women & Girls HIV Awareness Day is March 10. Several events are being planned; one is with the Boys & Girls Club.

- The National Week of Prayer for the Healing of AIDS starts Sunday. If anyone knows of a church that would like to be part of this activity, please contact Torrencia Shiloh.

- The Planning Council extended their appreciation to Tammy Morris, who is rotating off the Council this term.

- North Florida Quilt Chapter did not receive any requests for quilts in this area for the National Week of Prayer; however, there were several requests from the Gulf Coast.

Adjournment
The meeting was adjourned at 5:25 p.m. by Chair Ellen Schmitt.

Ellen M. Schmitt
Ellen Schmitt, Chair

Patricia Sampson
Patricia Sampson, Secretary

ES/PS:ss

Metropolitan Jacksonville Area HIV Health Services Planning Council

EXECUTIVE COMMITTEE

Ryan White Part A and Part B Programs

Behavioral and Human Services Division
1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Meeting Date: Tuesday, February 4, 2014

Committee Members Present: Ellen Schmitt (Chair), Kim Geib (Vice-Chair), Patricia Sampson (Secretary), Justin Bell (PLWHA Rep), and Errol Schell (Parliamentarian)

Support Staff Present: Sandra Sikes

1. **Call to Order**
   The meeting was called to order at 4:05 p.m. by Chair Ellen Schmitt.

2. **Moment of Silence**
   Ellen asked for a moment of silence to be observed for individuals who have died of HIV/AIDS, or those living with and affected by the disease, and for everyone experiencing other emotional, psychological, and physical issues.

3. **Public Comments**
   There were no public comments.

4. **Unfinished Business**
   - Open Co-Chair Slots: Justin Bell was selected to Co-Chair the Coordination Committee along with Marion Merritt. Kendall Guthrie and Heather Vaughan were named Priority & Allocation Co-Chairs shortly after the last Executive meeting. The remaining open Co-Chair slots for Pharmacy & Therapeutics will be selected at a later date.

5. **New Business**
   - 20th Anniversary of the Jacksonville Planning Council: The Planning Council's 20th Anniversary will be October 17, 2014. Committee members were asked for their ideas on how, when, and where we want to celebrate. It was agreed at this point to hold the event sometime in mid-October at another location, not 1809 Art Museum Drive. It was also agreed that there will still be a regular Planning Council meeting that month. Pat Sampson and Justin Bell will contact several restaurants about availability, cost, parking, etc., and give a report at the next Executive Committee meeting. At that time, a date and time can be nailed down, along with a location.

- Planning Council Speaker: Council Member Tammy Morris suggested we ask April Jordan of River Region to speak at an upcoming Planning Council meeting. April is the coordinator for their New Media, New Message grant at RR, and the grant's objective is to disseminate prevention messages regarding substance abuse and HIV/AIDS. The Chair asked Sandy to talk to Acting Chief Johnnetta Moore and see if Ms. Moore is aware of this program and feels it would be a good presentation to give to the Council. This item then is being deferred to the March Executive meeting.

- Voting on Reappointments: The voting on the 11 members coming up for reappointment will be done by a written ballot distributed during the February Planning Council meeting. After the Nominating Committee's February 7 meeting, Sandy will email the Executive Committee members and advise if all 11 are being recommended for reappointment by Nominating. If not, then the Executive Committee will make a decision on how to format the ballot to show candidates who were recommended, and those who were not.

6. Staff Report

- Calendar: The February and March calendars were attached to the agenda. The Needs Assessment meeting has been posted to March 13.

- Signatures: Signatures were collected from the Chair, Vice-Chair and Secretary, and will be used electronically for Planning Council minutes and correspondence.

- Future Meetings: Sandy asked about inviting the Committee Co-Chairs to a future Executive Committee meeting, and members agreed to do this. She will also be inviting Sue Andrews with the Ryan White Part 'A' Office to come in next month and talk briefly about her job in the Administrative Agency.

- Bylaws: Question came up as to when the Bylaws Committee will be meeting again. They have two items that have been referred to the committee. Pat Sampson as Bylaws Co-Chair decided on Thursday, February 20, at 3:00 p.m. as the date and time for Bylaws Committee meeting.

7. Announcements

- St. Johns River Community College will be hosting several AIDS Memorial Quilts on February 12-14.

8. Adjournment

The meeting was adjourned at approximately 5:01 p.m.

ACTION REQUIRED BY PLANNING COUNCIL: None

Metropolitan Jacksonville Area
HIV Health Services Planning Council

WOMEN, ADOLESCENTS, and CHILDREN COMMITTEE

Ryan White Part A and Part B Programs
Behavioral and Human Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Meeting Date: Thursday, February 6, 2014

Committee Members Present: Errol Schell (*Co-Chair*), Gloria Coon, Julie Cromer, Bonita Drayton, Cathy DuPont, Carole Ann Faria, Carol Fulton, Audrey Gardner, Audrey Green, Ciera Morris, Gregory O'Gwinn, Ella Russell, and Brandi Williamson

Support Staff Present: Brian Hopkins and Sandra Sikes

Guests: Valerie Bozeman (*LSS*), Belinda Jones-Green (*River Region*), Joe Mims (*UF CARES*), and Autumn Redding (*UF CARES*)

1. **Call to Order**
   The meeting was called to order at 9:05 a.m. by Co-Chair Errol Schell.

2. **Moment of Silence**
   There was a moment of silence for individuals who have died of HIV/AIDS, or those living with and affected by the disease, and for everyone experiencing other emotional, psychological, and physical issues.

3. **Introductions**
   Members did self-introductions.

4. **Public Comments**
   There were no public comments.

5. **Program**
   Belinda Jones-Green, Joe Mims, and Autumn Redding gave a short presentation on **PATH Home: Partnership for Access to Treatment and Housing**. This is a partnership between case managers at UF CARES and River Region. It is open to clients 18 years of age or older who are HIV+ and multi-diagnosed. Jacksonville is one of nine sites nationally who are participating in this project; it is expected that around 300 clients will be in our local project. Screening Referral Forms were distributed to those in attendance and Autumn Redding of UF CARES is listed as the contact.

6. Unfinished Business:

- Upcoming Health Fair – First Church/Hopewell Health Care Ministry: Several more committee members volunteered to participate for this March 15 health fair.

- Take It To The Streets: The committee will be participating in this March 15 event as well.

- National Week of Prayer for the Healing of AIDS: Committee members were reminded to contact Torrencia Shiloh if they know of any church who wishes to participate in this week-long event.

- National Women and Girls HIV/AIDS Awareness Day – March 10: It is not possible to have this event as Hemming Plaza as originally planned. A reservation was placed on Friendship Park for March 10, and the committee will continue to search for other possible sites as well. An ad-hoc sub-committee was formed with Julie Cromer, Audrey Gardner, Audrey Green, and Ella Russell, and they will meet sometime in the next two-three weeks to discuss options and planning.

7. New Business:

None

8. Announcements

- CRC and River Region will be at Club Aqua Friday night between 10:00 p.m. and 2:00 a.m. This is in conjunction with National Black HIV/AIDS Awareness Day; the testing van will be on site as well.

- The AIDS Program Office and AHF have partnered with Family Dollar and will be doing several events around Jacksonville in conjunction with National Black HIV/AIDS Awareness.

- CRC will be hosting a health fair at Hilltop Village Apartments on Saturday, March 8 from 11:00 a.m. to 5:00 p.m. This is for National Women & Girls HIV/AIDS Awareness Day.

- Next WAC meeting will be Thursday, March 6 at 9:00 a.m.

9. Adjournment

Co-Chair Schell adjourned the meeting at 10:00 a.m.

ACTION REQUIRED: None

FIRST CHURCH/HOPEWELL HEALTH CARE MINISTRY

Location: 3990 Loretto Road, Jacksonville 32223

Date: Saturday, March 15, 2014

Time: 9:00 a.m. to 1:00 p.m. (set-up at 8:30)

Theme: Tending the Temple – 2014
Disseminate health information related to common health problems; provide health screening and health promotion information; provides opportunity for participants to interact with professionals from local community agencies

W.A.C. Coordinator: Julie Cromer Julie.cromer@aidshealth.org

Committee members participating are: Julie Cromer, Audrey Green, Sierra Morris, Kimyata Whaley, Carole Faria, Ella Russell, and possibly Gregory O'Gwinn

Supplies Needed from RW Part 'A' Office: W.A.C. tablecloth, brochures, give-a-ways

TAKE IT TO THE STREETS

Location: St. Luke Baptist Church
742 Franklin Street, Jacksonville 32202

Date: Saturday, March 15, 2014

Time: Noon to 4:00 p.m.

W.A.C. Coordinator: Alfreda Telfair 554-0316 Alfreda.telfair@jax.ufl.edu

Committee members participating are: Julie Cromer, Audrey Green, Sierra Morris, Alfreda Telfair, Kimyata Whaley, Gloria Coon, Carole Faria, and Bonita Drayton

Supplies Needed from RW Part 'A' Office: Items carried over from Hopewell's Event

NATIONAL WEEK OF PRAYER FOR THE HEALING OF AIDS

Location: Various churches around the area
Date: Sunday, March 2 through Sunday March 9, 2014
Time: continuous
Theme: Can Love Conquer Stigma?

W.A.C. Coordinator: Torrencia Shiloh 253-2984
Torrencia.shiloh@flhealth.gov

Advise Torrencia if you are doing anything with a local church, such as speaking, handing out HIV information, scheduling a testing van, conducting a discussion panel, or just having prayers offered specifically for the healing of AIDS.

Metropolitan Jacksonville Area
HIV Health Services Planning Council

PLWHAA COMMITTEE

(People Living With HIV/AIDS and Affected Community)
Ryan White Part A and Part B Programs
Behavioral and Human Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Meeting Date: Thursday, February 13, 2014

Committee Members Present: Nathaniel Hendley (*Co-Chair*), Torrencia Shiloh (*Co-Chair*), Jim Baird, Jim Bernert, Bill Brim, Jason Clark, Gloria Coon, Chris Day, Gloria Ealey, Sharon Hunter, Eric McBride, Gregory O'Gwinn, Sharon Peterson, Roberto Polanco, Frieda Saraga, Velda Stokes, Antoinette Turner, and Zane Urbanski

Support Staff Present: Denise Jackson and Sandy Sikes

Guests: Justin Bell, Latonya Franklin, and Abraham Levy

Call to Order
The meeting was called to order at 12:05 p.m. by Co-Chair Nathaniel Hendley.

Moment of Silence
Members observed a moment of silence for individuals who have died of HIV/AIDS, or those living with and affected by the disease, and for everyone experiencing other emotional, psychological, and physical issues.

Purpose Statement
The current PLWHAA Purpose Statement was recited by all.

Self Introductions

Public Comments/Announcements
- There were no public comments.
- Get Inspired 6K Run is scheduled for June 28 at Hemming Plaza.
- March calendar was distributed; this calendar is specifically for PLWHAA Committee members. If you want to add anything, please let Nathaniel know.
- Torrencia discussed the 'Star Chart', which lists committee members, and their attendance and participation.
- NFAN Luncheon is scheduled for Friday, February 28 at Noon – St. Luke's Community Church on McDuff Avenue.
- Activate U is coming up Monday, February 17 from 1:00 to 3:30 p.m. at UF Health on 8th Street.

Unfinished Business
None

New Business

- Revise PLWHAA Purpose Statement: the group shared ideas on re-wording the PLWHAA Purpose Statement, and the following version was agreed on by the members.

> Our mission is to **Educate, Advocate, Support** and **Empower** all **PLWHAA (People Living with HIV/AIDS and Affected)** in Northeast Florida communities. We also exist to be a vocal planning body focused on raising awareness by way of "High Impact Prevention" strategies and our goal is to help with "**Getting to Zero**".

- Ad Hoc Committee for CONNECTIONS Conference: Volunteers were asked to sign up for this committee. Zane Urbanski spoke to the group about what the World AIDS Day Committee is looking for. The WAD Committee will not approve a CONNECTIONS Conference without assurance from the PLWHAA Committee that they will assume responsibility for putting the conference on. If the PLWHAA Committee moves forward with plans to host CONNECTIONS, they need to show that there will be sufficient support from the PLWHA community. The PLWHAA committee cannot start this, and then if their membership loses steam on the project, they cannot expect WAD to step in and finish the CONNECTIONS conference for them.

  Those who signed up for the Ad Hoc Committee were: Torrencia Shiloh, Gloria Coon, Chris Day, Sharon Hunter, Eric McBride, Gregory O'Gwinn, and Antoinette Turner. Their first meeting will be 11:00 a.m. on March 13, just before the next PLWHAA committee meeting.

- PLWHAA Committee Expectations: Co-Chairs requested that committee members let them know what they expect from PLWHAA in 2014. If members want to hear a particular topic or speaker, please let Torrencia or Nathaniel know.

- ACA: Committee members were asked if they had experienced any problems so far with signing up in the insurance marketplace, or with the policy they purchased. No one indicated any problems at this point. Members will be invited in the future to share their experiences, positive or adverse, with the group.

- Rules of Conduct: The Rules of Conduct form was distributed to the attendees; this is one of the forms to be signed when a member of the public joins a committee. Attendees took part in reading out loud each of the rules.

- PLWHAA Outing: Committee Co-Chairs plan to have an outing or social each quarter for the members. By consensus, the group picked Hamburger Mary's as their first outing. Sharon Hunter agreed to contact Hamburger Mary's to make a reservation and to see if we could have bingo there.

Adjournment

The meeting was adjourned at 1:12 p.m.

ACTION REQUIRED: No action required.

Metropolitan Jacksonville Area
HIV Health Services Planning Council

NOMINATING COMMITTEE

Ryan White Part A and Part B Programs
Behavioral and Human Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Meeting Date: Friday, February 7, 2014

Committee Members Present: Justin Bell (*Co-Chair*), Sharon Hunter (*Co-Chair*), Mark Cleveland, Nathaniel Hendley, Eric McBride, Sharon Peterson, and Antoinette Turner

Support Staff Present: Sandra Sikes

1. **Call to Order**
   The meeting was called to order at 9:30 a.m. by Co-Chair Sharon Hunter.

2. **Moment of Silence**
   Members observed a moment of silence for individuals who have died of HIV/AIDS, or those living with and affected by the disease, and for everyone experiencing other emotional, psychological, and physical issues.

3. **Public Comments**
   There were no public comments.

4. **Unfinished Business**
   - Reappointment: Members did a final review on the eleven candidates for reappointment. Revised attendance numbers were presented, covering the entire two-year period. A straw ballot was then taken; at this point the candidates had not been identified and the voting was done entirely on each candidate's attendance record, community involvement, and their answers to the interview questions. After the candidates were identified, a final vote was taken using a written ballot. The Nominating Committee will recommend the following candidates to the Council for the 2014-2016 term: Justin Bell, Mark Cleveland, Frank Emanuel, Heather Kilpatrick, Eric McBride, Errol Schell, Velda Stokes, Alfreda Telfair, Antoinette Turner, and Max Wilson.

   - Member Recruitment: The Nominating Committee reviewed the action plan for identifying and recruiting members of the Hispanic community and others to the PLWHAA Committee and the Planning Council.

Member Responsible	Assignment	Outcome
Justin, Nathaniel	Attend NFAN Luncheon; meet other PLWHA's & make announcement about our meetings.	Nathaniel Hendley and Torrencia Shiloh attended the January 31 NFAN Luncheon at St. Luke's Community Church. Nathaniel reported that the audience was very receptive.

Member Responsible	Assignment	Outcome
Sharon Peterson	Survey any possible candidates at Sulzbacher Center who would be interested in PLWHAA committee.	Sharon drafted a flyer announcing that the Planning Council is looking for members. A draft of this flyer was brought to the meeting; members critiqued and Sharon will make the necessary revisions and post her flyer at Sulzbacher.
Justin, Nathaniel	Meet or call providers (AHF, UF, LSS, CRC, etc.) and stress our need for their help in identifying potential Hispanic members for the PLWHAA Committee. Ask providers to discuss this during their weekly/monthly staff meetings. Find out from providers what their guidelines are for posting flyers in their office.	Nathaniel called and spoke to representatives at JASYMN and UF Rainbow. Justin will be reaching out to Lutheran Social Services.
Nathaniel	Contact Torrencia Shiloh regarding the Hispanic Planning Council that she oversees. Can she recommend anyone from that Council?	Roberto Polanco is interested in joining; he will be submitting his membership application soon.
Mark, Nathaniel	Mark to develop a flyer for recruiting members to the Planning Council. Mark will develop a flyer geared specifically for posting at BCCC, and will forward the flyer to Nathaniel who will take care of the posting at BCCC. Mark to meet with Sandy Sikes and go over all open slots the Planning Council has currently. Mark wants to not only recruit for Hispanic members, but also to recruit for open mandated positions.	Mark met with Sandy on January 15 and got a list of the mandated categories. He continues to work on a flyer; has run into a technical glitch on his printer, but that is being resolved. Nathaniel requested that Mark email him the flyer in the meantime, so he can print. All flyers should be routed to Sandy as the central holding place.

5. New Business

None

6. Interview

Committee members interviewed Dr. Dana Barnes for the Formerly Incarcerated Representative category which will be open March 1. Following the scoring of her interview, Mark Cleveland made a **motion**, seconded by Sharon Peterson, **to recommend Dr. Barnes to the Planning Council**. The motion was approved.

7. Announcements

8. Adjournment

The meeting was adjourned at 11:25 a.m.

ACTION REQUIRED BY THE PLANNING COUNCIL:

Submit the name of Dana Barnes for recommendation to Mayor Brown as an appointee to the Jacksonville Planning Council

Metropolitan Jacksonville Area
HIV Health Services Planning Council

BYLAWS COMMITTEE

Ryan White Part A and Part B Programs
Behavioral and Human Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Meeting Date: Thursday, February 20, 2014 – 3:00 p.m.

Committee Members Present: Heather Kilpatrick (Co-Chair), Patricia Sampson (Co-Chair), and Justin Bell

Support Staff Present: Sandra Sikes

1. **Call to Order**
   The meeting was called to order at 3:05 p.m. by Co-Chair Heather Kilpatrick.

2. **Moment of Silence**
   Heather asked for a moment of silence to be observed for individuals who have died of HIV/AIDS, or those living with and affected by the disease, and for everyone experiencing other emotional, psychological, and physical issues.

3. Public Comments
   There were no public comments.

4. **Unfinished Business**
   There was no unfinished business.

5. **New Business**
   - EIIHA Committee: Executive Committee had requested that EIIHA be added as a Planning Council standing committee. Bylaws and Policies & Procedures will need to be revised to add language describing the EIIHA Committee. **Motion** made by Pat Sampson, seconded by Justin Bell, **to recommend that the Planning Council add the EIIHA Committee to Bylaws, Article X, Section 3, item I and to Policies & Procedures No. 2006-01, Item 9**. There was no further discussion and the motion was voted on and approved. The description will read as follows:

     EIIHA – (Early Identification of Individuals with HIV/AIDS Committee) focuses on facilitating rapid case identification and barrier-free linkage to ambulatory HIV/AIDS care for individuals living in Region 4. This committee looks at providing tools that can assist in the identification of persons who do not know their HIV status or who are out of care and provide the means to link them to health and support services.

- Designated Proxies: The Planning Council voted in November 2013 to return a proposed Policy & Procedure to the Bylaws Committee for amendment. The committee looked at adding an opt-out selection to the Notice of Proxy form, so Planning Council members can either designate their own primary and secondary proxies, or they can request any available member of the Proxy Pool, to serve as their proxy. **Motion** made by Pat Sampson, seconded by Justin Bell, **to recommend that the Planning Council adopt Policies & Procedures 2013-01, Procedure for Designated Proxy and Proxy Pool, as amended**. Motion was voted on and approved.

- Bylaws Committee: Discussion took place regarding the membership, timing of meetings, and work of the Bylaws Committee. **Motion** made by Pat Sampson, seconded by Justin Bell, **to recommend that the Planning Council amend Policies & Procedures 2006-01, Item 2, Bylaws Committee, changing the composition of the membership to include the Executive Committee.** There was no further discussion and the motion was voted on and approved. The description will read as follows:

  2. Bylaws – This committee shall be composed of Executive Committee members and other interested Planning Council members. The committee will meet at least twice a year to review the bylaws, updating as necessary, and Bylaws Committee meetings will be held in conjunction with an Executive Committee meeting.

6. **Adjournment**
   The meeting was adjourned at 3:45 p.m.

ACTION REQUIRED BY THE PLANNING COUNCIL:

1st Reading by the Planning Council on the proposed changes to Bylaws (Article X, Section 3) and Policies and Procedures.

Approve adoption of Procedure No. 2013-01 as amended.

Approve adoption of Procedure 2006-01, Item 2.

Policies for Committee Membership and Voting

The Metropolitan Jacksonville Area HIV Health Services Planning Council has eight (8) committees charged with responsibility for developing policies and procedures as legislated in the Ryan White HIV/AIDS Treatment Extension Act of 2009. Those committees are as follows (Article X, Section 3, Planning Council Bylaws, Last Amended October 24, 2013):

1. **Executive** - Ensures orderly and integrated progression of the Planning Council committee work, plans future activities, and approves the Planning Council budget when it is impractical to convene the full Planning Council.

2. **Bylaws** - ~~Reviews and updates the bylaws as necessary and at least annually~~. This committee shall be composed of Executive Committee members and other interested Planning Council members. The committee will meet at least twice a year to review the bylaws, updating as necessary, and Bylaws Committee meetings will be held in conjunction with an Executive Committee meeting.

3. **Priority and Allocations** - Establishes service priorities and allocates funds to Ryan White eligible service categories. Regularly and effectively assesses the efficiency of the Administrative Agency in rapidly allocating/reallocating funds and provides input to the Planning Council as a whole.

4. **Continuum of Care Coordinate** - Serves to coordinate the planning of Part A and Part B services in the TGA and Area 4. There are three (3) subcommittees:

   (a) **Eligibility** - Reviews and makes recommendations regarding eligibility for Ryan White services in Area 4 (Baker, Clay, Duval, Nassau, and St. Johns Counties).
   (b) **Needs Assessment** - Identifies needs and barriers to care for individuals affected by HIV disease.
   (c) **Comprehensive Planning** - Oversees the development and implementation of a Comprehensive Plan for Area 4.

5. **Pharmacy & Therapeutics** - Reviews and recommends changes to the Ryan White Formulary and processes for dispensing pharmaceuticals.

6. **Nominating** - Recommends candidates for vacancies on the Planning Council as outlined in the open nominations operating procedures. Provides nominations for officers of the Planning Council.

7. **PLWHAA** - (People Living With HIV/AIDS and Affected Community) acts as a platform within the affected and infected community for the development of treatments and a cure, supports individuals to make informed choices about their HIV health, advocates for quality health care to respond to HIV and related conditions, and promotes medical strategies that prevent new infections.

8. **Women, Adolescents, and Children** - Develops recommendations to address the issues of women, adolescents, children and family centered care.

9. **EIIHA** - (Early Identification of Individuals with HIV/AIDS) focuses on facilitating rapid case identification and barrier-free linkage to ambulatory HIV/AIDS care for individuals living in Region 4. This committee looks at providing tools that can assist in the identification of persons who do not know their HIV status or who are out of care and provide the means to link them to health and support services.

Committee Membership - Planning Council

The Chair and Vice Chair of the Planning Council will appoint the Co-Chairs of each of the committees upon recommendations of the committees. Nomination for committee Co-Chairs will be made in October at regularly scheduled committee meetings. Appointment of committee Co-Chairs by the Planning Council Chair and Vice Chair will occur in January. Committee Co-Chairs will be limited to two terms of one year each per committee. Upon the approval of the committee Co-Chairs, persons who are not members of the Planning Council may be included as members of committees in accordance with the pre-orientation policy (Article X, Section 1, Planning Council Bylaws, Amended 2008).

Any member of the Planning Council can be a member of any Planning Council committee or subcommittee. Members of the public can make a written request for committee/subcommittee membership from the Co-Chairs of the committee/subcommittee the person is interested in joining. Upon approval by the Co-Chairs, the member of the public becomes a member of the committee/subcommittee.

BYLAWS

Section 2 All Committee meetings will be open to the public.

Section 3 Planning Council committees will include:

A. Executive Committee - ensures orderly and integrated progression of the Planning Council committee work, plans future activities, and approves the Planning Council budget when it is impractical to convene the full Planning Council.

B. Bylaws Committee - reviews and updates the bylaws as necessary and at least annually.

C. Priority and Allocations – establishes service priorities and allocates/reallocates funds to service categories.

D. Continuum of Care Coordination Committee - serves as a communication link to the three (3) subcommittees described below:

Eligibility - reviews and makes recommendations regarding eligibility for Ryan White services in Area 4 (Baker, Clay, Duval, Nassau and St. Johns Counties);

Needs Assessment - identifies needs and barriers to care for individuals affected by HIV disease;

Comprehensive Planning - oversees the development and implementation of a Comprehensive Plan for Jacksonville Transitional Grant Area 4.

E. Pharmacy & Therapeutics - reviews and recommends changes to the Ryan White Formulary and processes for dispensing pharmaceuticals.

F. Nominating Committee - recommends candidates for vacancies on the Planning Council as outlined in the open nominations operating procedures and recommends nominations for officers of the Planning Council.

G. Women, Adolescents, and Children with HIV- develops recommendations to address the needs of women, adolescents, children and family centered care.

H. PLWHAA Committee – acts as a platform within the affected and infected community for the development of treatments and a cure, supports individuals to make informed choices about their HIV health, advocates for quality health care to respond to HIV and related conditions, and promotes medical strategies that prevent new infections.

I. EIIHA – (Early Identification of Individuals with HIV/AIDS) focuses on facilitating rapid case identification and barrier-free linkage to ambulatory HIV/AIDS care for individuals living in Region 4. This committee looks at providing tools that can assist in the identification of persons who do not know their HIV status or who are out of care and provide the means to link them to health and support services.

Procedure for Designated Proxy and Proxy Pool

Designated Proxy:	An individual who is not affiliated with the Planning Council or any of its committees.
Proxy Pool:	An individual who is part of the Planning Council family, and who was voted into the position by the full Planning Council, and who abides by the rules of the Council

All members of the Metropolitan Jacksonville Area HIV Health Services Planning Council, regardless of their mandated category, will be eligible to have their own designated proxy.

A Planning Council member should complete and sign a Notice of Proxy form, designating their proxy, and submit to the Planning Council Secretary for processing. Notice of Proxy forms are not considered activated until they are accepted and signed by the current Planning Council Secretary. After the form is signed by the Council Secretary, the Council Secretary or the Program Support Aide will advise the Planning Council member.

The following requirements will be in place for selecting your own Designated Proxy:

- Must be 18 years of age or older
- Cannot be a Jacksonville Planning Council member, a Proxy Pool member, or a member of any Planning Council committee

There will be an opt-out provision, where the Council Member can have someone from the Proxy Pool fill in during their absence. Proxy Pool members could sit in for any Council member, regardless of their mandated category, and would not be specifically assigned to any one member. Both Council and Proxy Pool members would still abide by the Sunshine Law.

Notice of Proxy forms will be submitted to the Council Secretary within 30 days of the new Council Member being voted on by the Planning Council for recommendation to the Mayor. The Notice of Proxy form will be in effect until the Council member's term ends. Upon reappointment, the Planning Council member will complete and sign a new form to submit to the Planning Council Secretary within 30 days.

The following guidelines should also be noted:

- HIV status is not identified for a Designated Proxy. Members are free to choose their own proxies without regard to the Designated Proxy's HIV status.

- Planning Council members cannot discuss Council business with a Proxy Pool member, but they can discuss business with their Designated Proxy. This allows the Council member to advise their designated proxy on how to vote in the member's absence.

- Should a Designated Proxy join a Planning Council committee, their Designated Proxy status would then be voided and the Program Support Aide would notify the Council Member to select another Designated Proxy.

- If the Planning Council member uses a Designated Proxy and both their primary and alternate proxies are absent from a meeting, the Council will not select another person to fill in. Likewise, if a Planning Council member uses the Proxy Pool, and the number of members absent exceed the number of available Proxy Pool members, then that Council member will not have representation at the meeting.

- Designated proxies are not eligible to have their taxi service paid by Ryan White, but Proxy Pool members will continue to have this benefit.

- Council packets are not mailed to designated proxies. It is the Council member's responsibility to provide their designated proxy with Planning Council information.

- The Designated Proxy's vote is final. The Planning Council member will have no recourse in voiding a vote that was cast in their name.

- There are no training or membership requirements to be met for designated proxies, other than the proxy being at least 18 years of age. Members are encouraged to consider selecting individuals who would be congenial and respectful to the other Planning Council members and guests. Membership requirements for Proxy Pool members remain in force, namely Proxy Pool members must go through the interview process, be voted in by the Planning Council, participate on at least one committee, and have their attendance tracked.

NOTICE OF PROXY

Planning Council Member: **IMA FORD**

☐ As a member of the Metropolitan Jacksonville Area HIV Health Services Planning Council, I designate the following as my proxies:

_____ Primary Proxy

_____ Alternate Proxy

- This is to serve notice that in my absence, I designate the above Primary Proxy to act on my behalf during the Jacksonville Planning Council meetings, with all rights and privileges that I would normally have during a meeting, including the right to make motions, enter into discussions, and vote.
- In the event my Primary Proxy is not in attendance, has a conflict of interest, or is otherwise unable to fulfill this duty, then I designate my Alternate Proxy with the same privileges as I extended the Primary.
- The Primary and Alternate Proxies I have selected are **not** members of the Planning Council or its committees.

☐ As a member of the Metropolitan Jacksonville Area HIV Health Services Planning Council, I designate any available member of the Proxy Pool as my proxy.

This Notice of Proxy will remain in force for the remainder of my current term on the Council, or until a new Notice of Proxy form is accepted by the Planning Council Secretary.

_____ _____
Ima Ford Date

Accepted by the Planning Council:

_____ _____
Date

March 2014

Metropolitan Jacksonville Area HIV Health Services Planning Council

Sun	Mon	Tue	Wed	Thu	Fri	Sat
2	3	4 **4:00 Exec**	5	6 **9:00 W.A.C.**	7 **10:00 Nominating**	8
9	10 W.A.C. Event for Nat'l Women & Girls HIV/AIDS Awareness	11 9:00 MCM Curriculum 12:00 World AIDS Day Committee Mtg	12	13 **12:00 PLWHAA** **1:45 Needs Assessment**	14	15 W.A.C. Hopewell Health Fair Take It To The Streets
16	17	18	19	20 Nat'l Native HIV/AIDS Awareness Day	21 9:00 Providers Mtg 10:30 EIIHA	22
23	24 *HB: Antoinette Turner*	25	26	27	28	29
30	31					

April 2014

Metropolitan Jacksonville Area HIV Health Services Planning Council

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 2:00 FCCAPP **4:00 Exec**	2 *HB: Frank Emanuel*	3 **9:00 W.A.C.**	4 **10:00 Nominating**	5
6	7	8 9:00 MCM Curriculum 12:00 World AIDS Day Committee Mtg	9	10 **12:00 PLWHAA**	11	12
13	14	15	16	17	18 9:00 Providers' Mtg 10:30 EIIHA	19 *HB: Kendall Guthrie*
20 Easter	21	22	23	24 Dining Out For Life	25	26
27	28	29	30			

HIV/AIDS Epidemiology Partnership 4

Baker, Clay, Duval,

Nassau and St. Johns Counties

Excluding Dept. of Corrections

Florida Department of Health
HIV/AIDS and Hepatitis Section
Annual data trends as of 12/31/2013
Living (Prevalence) data as of 06/30/2013

Created: 01/02/14
Revision: 02/11/14

FLORIDA HEALTH

HIV and AIDS Case Data

- HIV Infection reporting represents newly reported HIV cases, regardless of AIDS status at time of report.
- HIV infection cases classified as Stage 3 (AIDS) became reportable in Florida in 1981.
- HIV infection cases (without an AIDS diagnosis) became reportable in Florida on July 1, 1997.
- AIDS cases and HIV infection cases by year of report are NOT mutually exclusive and CANNOT be added together.
- Frozen databases of year-end data are generated at the end of each calendar year. These are the same data used for Florida CHARTS and all grant-related data where annual data are included.
- HIV prevalence data are prepared later in the year, when most of the "expected" death data are complete, usually in July.

FLORIDA HEALTH

HIV and AIDS Case Data (con't)

- Adult cases represent ages 13 and older, pediatric cases are those under the age of 13. For data by year, the age is by age of diagnosis. For living data, the age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.
- Unless otherwise noted, whites are non-Hispanic and blacks are non-Hispanic.
- Unless otherwise noted. Area and county data will exclude DOC cases.

FLORIDA HEALTH

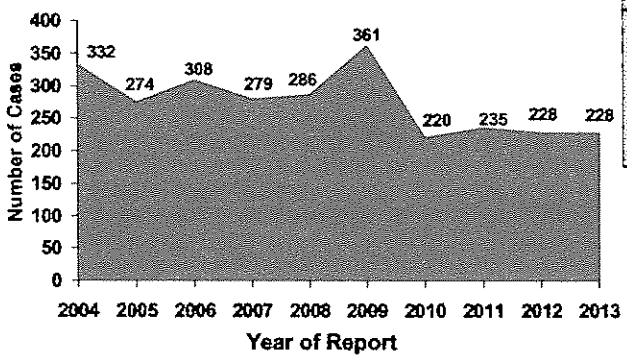
Cumulative HIV (not AIDS) and AIDS Cases, Reported through 2013, Partnership 4

Persons Living with HIV/AIDS through 2012 as of 06/30/2013	Cumulative AIDS Cases (1981-2013)		
	Adults (Age 13+)	Pediatrics (Age <13)	Total
6,065	7,774	78	7,852
	Cumulative HIV Cases (not AIDS) 07/1997-12/2013		
	Adults (Age 13+)	Pediatrics (Age <13)	Total
	2,977	38	3,015
Total	Adult (Age 13+)	Pediatrics (Age <13)	Total
HIV/AIDS Cases	10,751	116	10,867

ADULTS	Males	Females	Total	M:F Ratio
Cumulative AIDS Cases	5,501	2,273	7,774	2.4 : 1
Cumulative HIV Cases	1,858	1,119	2,977	1.7 : 1

FLORIDA HEALTH

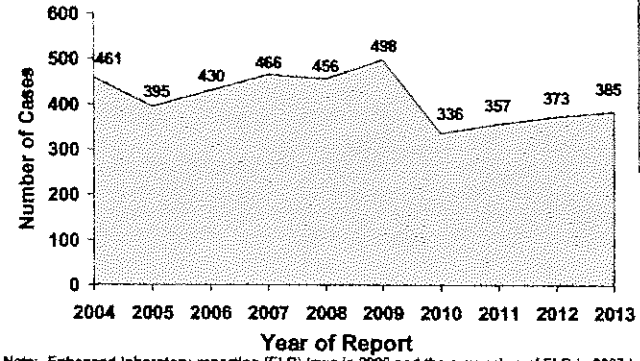
AIDS Cases and Rates*, by Year of Report, 2004-2013, Partnership 4



Year	Rate
04	27.1
05	21.9
06	24.0
07	21.3
08	21.6
09	27.0
10	16.3
11	17.4
12	16.8
13	16.6

Electronic laboratory reporting delays in late 2007 along with the expansion of electronic lab reporting, contributed to the artificial spike in 2009, followed by an annual approach to leveling. Over the past ten years, the number of AIDS cases have decreased by 31%.
*Source: Population estimates are provided by Florida CHARTS as of 02/05/2014. Rates are expressed as per 100,000 population.

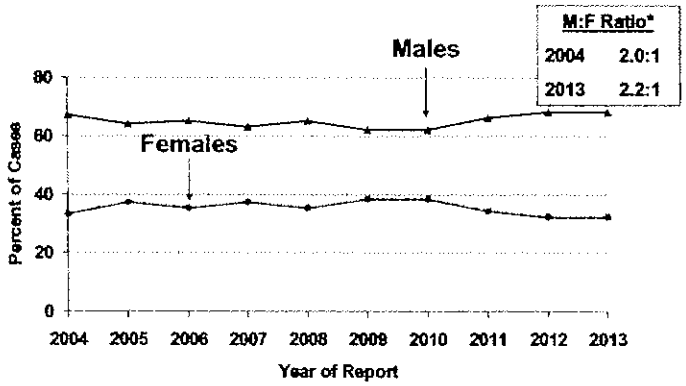
HIV Infection Cases and Rates*, by Year of Report, 2004-2013, Partnership 4



Year	Rate
04	37.6
05	31.5
06	33.5
07	35.0
08	34.4
09	37.3
10	24.9
11	26.4
12	27.5
13	28.0

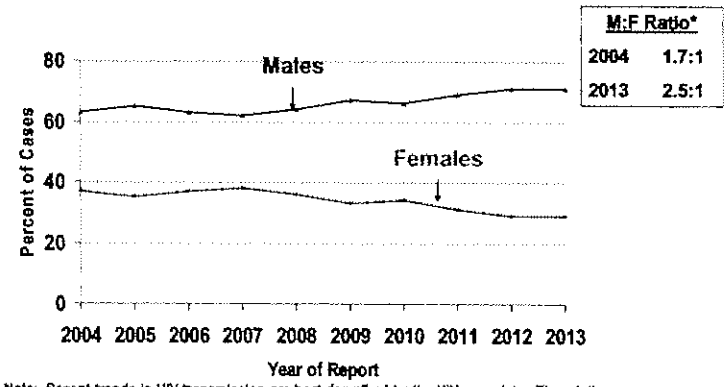
Note: Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of HIV infection in 2009. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by another increase in newly reported cases of HIV infection in 2013. These trends were observed across most race/sex/risk groups throughout the state.
*Source: Population estimates are provided by Florida CHARTS as of 02/05/2014. Rates are expressed as per 100,000 population.

Adult AIDS Cases, by Sex and Year of Report, 2004-2013, Partnership 4



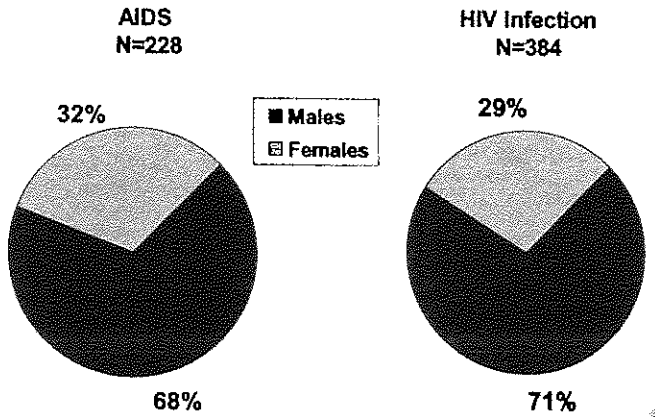
Note: Adult AIDS Cases tend to represent HIV transmission that occurred many years ago. The relative increases in male cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

Adult HIV Infection Cases, by Sex and Year of Report, 2004-2013, Partnership 4



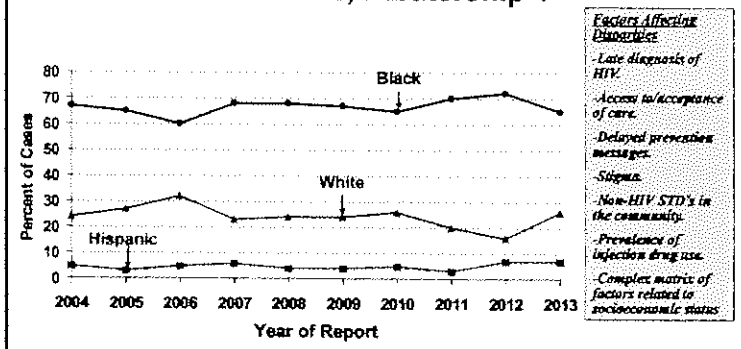
Note: Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV Infection Cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

Adult AIDS and HIV Infection Cases by Sex, Reported in 2013, Partnership 4



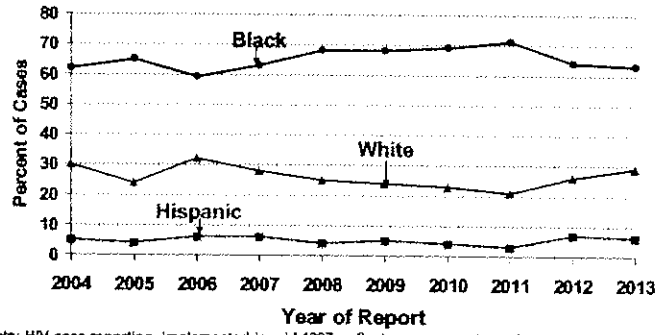
Note: Partnership 4's Adult Population is: 48% Male and 52% Female.

Adult AIDS Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 4



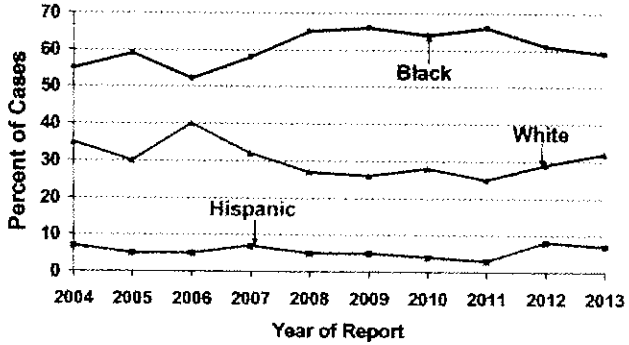
Note: In 2013, blacks accounted for 68% of adult AIDS cases, but only 20% of the population. From 2004 to 2013, the proportion of adult AIDS cases among blacks decreased by 2 percentage points. In contrast, the proportion of adult AIDS cases increased by 2 percentage points among both whites and Hispanics, respectively, during the same time period. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 6% of the cases and are not included.

Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 4



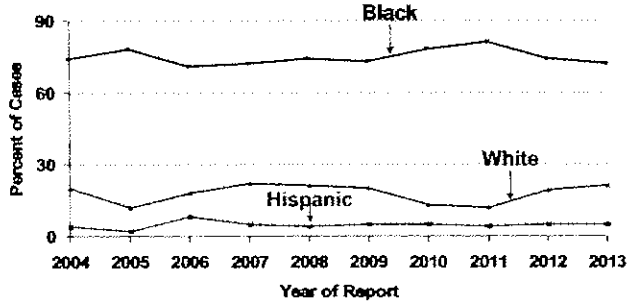
Note: HIV case reporting, implemented in mid-1997, reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2004 to 2013, the proportion of HIV infection cases decreased by 1 percentage point among whites. In contrast, the proportion of HIV infection cases increased by 1 percentage point among both blacks and Hispanics, respectively, during the same time period. Other races represent less than 5% of the cases and are not included.

Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 4



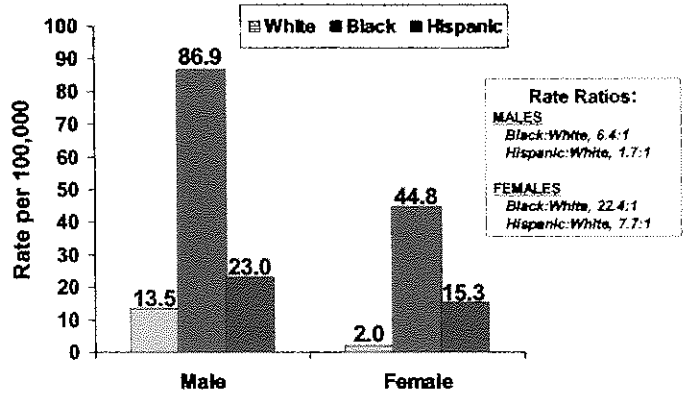
Note: Blacks represented the majority (> 59%) of male HIV infection cases for most of the years. From 2004 to 2013, the proportion of adult male HIV infection cases among blacks increased by 4 percentage points. In contrast, the proportion of adult male HIV infection cases among whites decreased by 3 percentage points, while no differences where observed among Hispanics during the same time period. Other races represent less than 6% of the cases and are not included.

Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 4



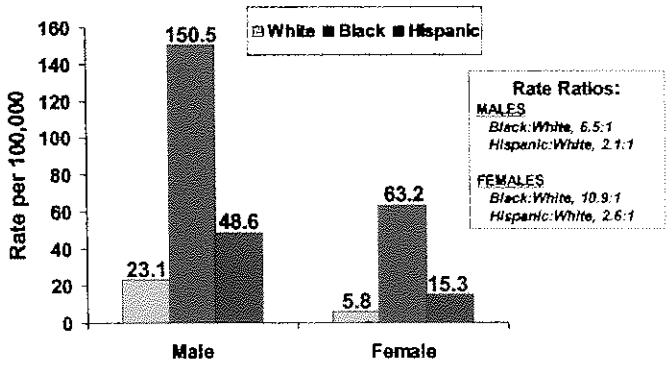
Note: HIV case disparities are more evident among women than men. From 2004 to 2013, black women represented 70% or more of the cases each year. Over the past ten years, the proportion of HIV infection cases decreased among black and white females by 2 and 1 percentage points respectively. Conversely, the proportion of HIV infection cases among Hispanic females increased by 1 percentage point, during the same time period. Other races represent less than 8% of the cases and are not included.

Adult AIDS Case Rates* by Sex and Race/Ethnicity, Reported in 2013, Partnership 4



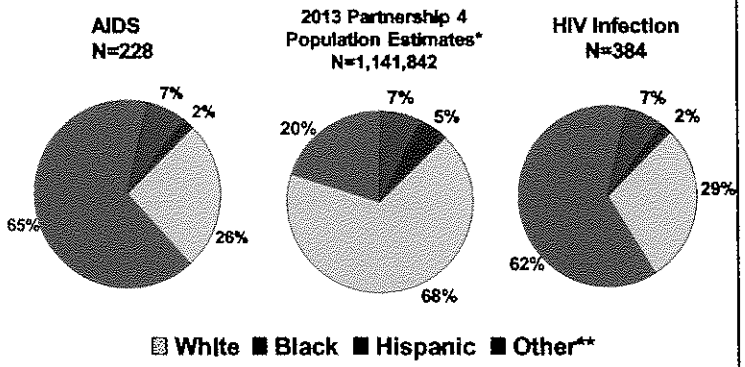
Note: Among black males, the AIDS case rate is 6 times higher than the rate among white males. Among black females, the AIDS case rate is 22-fold greater than the rate among white females. Hispanic male and female rates are higher than the rates among their white counterparts.
*Source: 2013 Partnership 4 population estimates are provided by Florida CHARTS as of 02/05/2014.

Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2013, Partnership 4



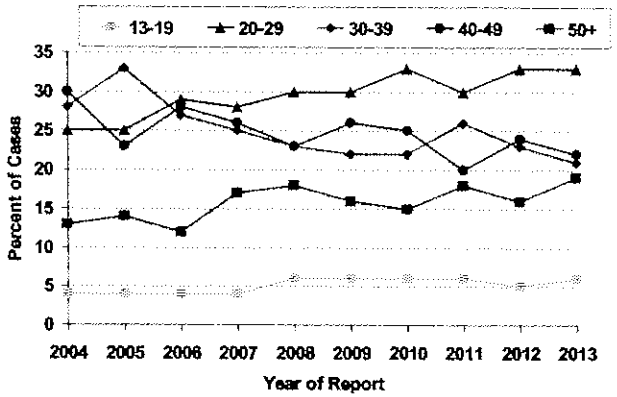
Note: Among black males, the HIV infection case rate is nearly 7 times higher than the rate among white males. Among black females, the HIV case rate is nearly 11-fold greater than the rate among white females. Among Hispanic males and females, the HIV case rates are higher than the rates among their white counterparts.
*Source: Population estimates are provided by Florida CHARTS as of 02/05/2014.

Adult AIDS and HIV Cases Reported in 2013 and Population Data, by Race/Ethnicity, Partnership 4



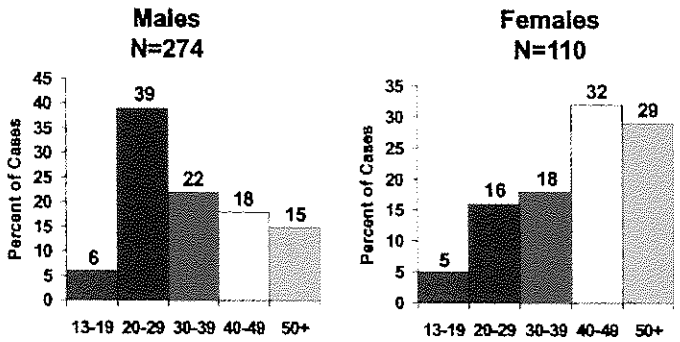
Note: In this snapshot for 2013, blacks are over-represented among the AIDS and HIV infection cases, accounting for 65% of adult AIDS cases and 62% of adult HIV infection cases, but only 20% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage of the population.
*Source: Population estimates are provided by Florida CHARTS as of 02/05/2014.
**Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.

Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2004–2013, Partnership 4



Note: From 2004 to 2013, the proportion of adult HIV infection cases among those aged 13-19, 20-29 and 50+, increased by 2, 8 and 5 percentage points, respectively.

Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2013, Partnership 4

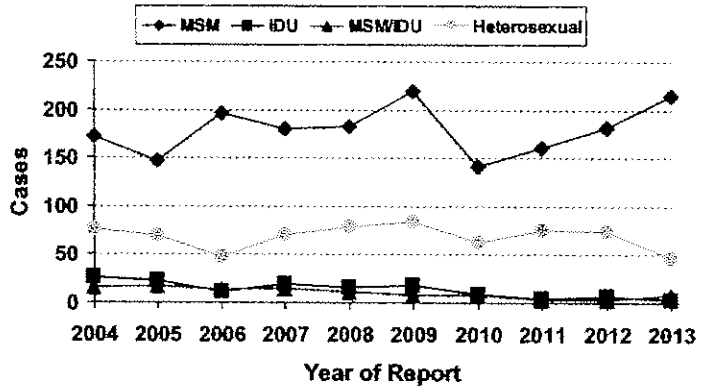


Note: HIV infection cases tend to reflect more recent transmission than AIDS cases, and thus present a more current picture of the epidemic. With regard to the age group with the largest proportion of HIV infection cases, recent estimates show that among males, 39% of HIV infection cases occur among those aged 20-29, whereas among females 32% of HIV infection cases occur among those aged 40-49.

Definitions of Mode of Exposure Categories

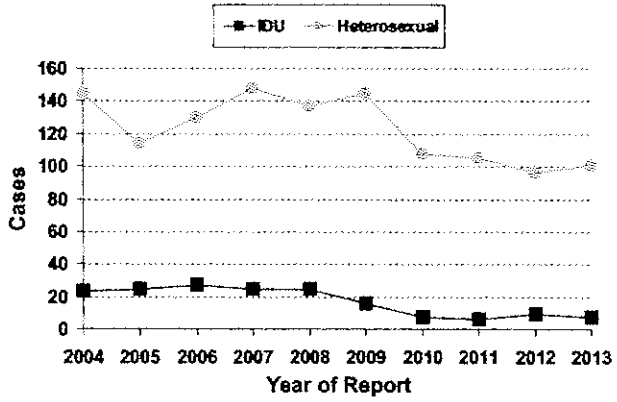
- **MSM** = Men who have sex with men
- **IDU** = Injection Drug Use
- **MSM/IDU** = Men who have sex with men & Injection Drug Use
- **Heterosexual** = Heterosexual contact with person with HIV/AIDS or known HIV risk
- **OTHER** = includes hemophilia, transfusion, perinatal and other pediatric risks and other confirmed risks.
- **NIR** = Cases reported with No Identified Risk
- **Redistribution of NIRs** = This illustrates the effect of statistically assigning (redistributing) the NIRs to recognized exposure (risk) categories by applying the proportions of historically reclassified NIRs to the unresolved NIRs.

Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2004–2013, Partnership 4



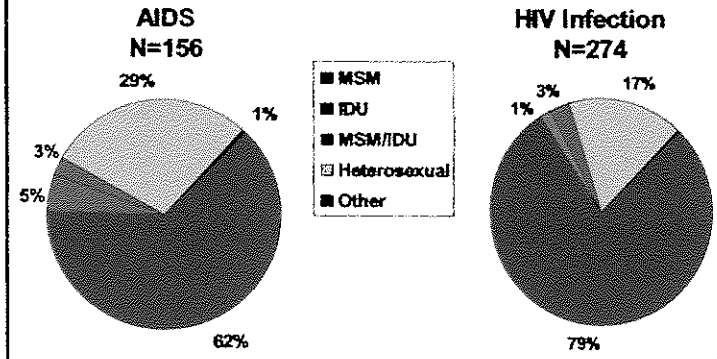
Note: NIRs redistributed. Men who have sex with men (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 4, followed by heterosexual contact.

Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2004-2013, Partnership 4



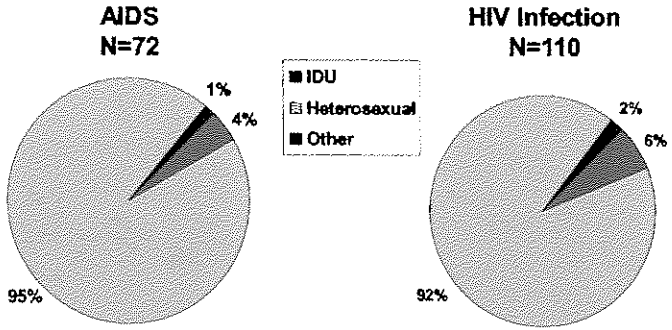
Note: NIRs redistributed. The heterosexual risk continues to be the dominant mode of exposure among females.

Adult Male AIDS and HIV Infection Cases, by Mode of Exposure, Reported in 2013, Partnership 4



Note: NIRs redistributed. Among the male AIDS and HIV infection cases reported for 2013, men who have sex with men (MSM) was the most common risk factor (62% and 79% respectively) followed by cases with a heterosexual risk (29% for AIDS and 17% for HIV).

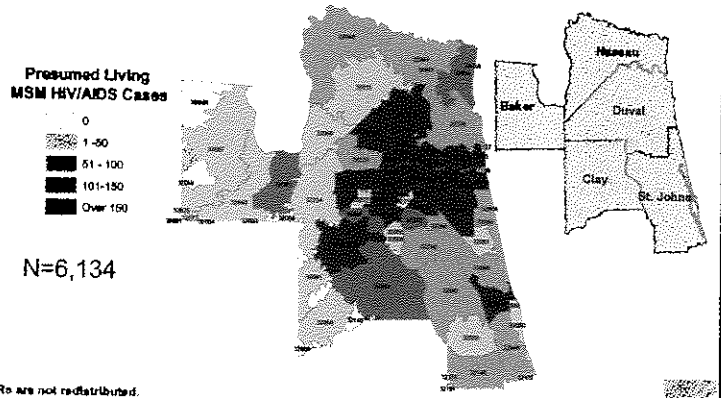
Adult Female AIDS and HIV Infection Cases, by Mode of Exposure, Reported in 2013, Partnership 4



Note: NIRs redistributed. Among the female AIDS and HIV infection cases reported for 2013, heterosexual contact was the highest risk (95% and 92% respectively).

Cases Living with HIV Disease

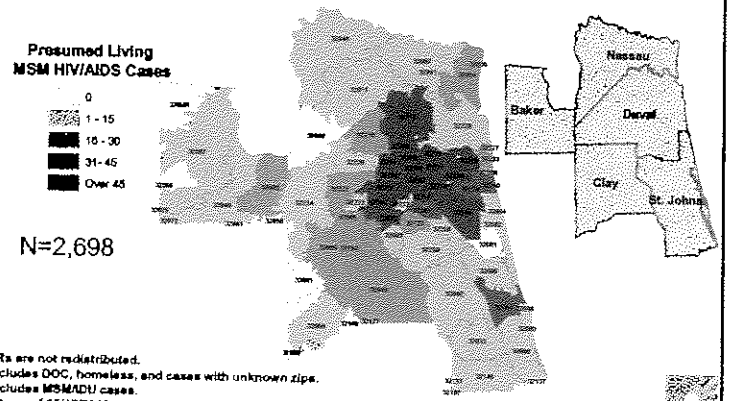
Adults Living with HIV Disease
By Zip Code, Reported through 2012, Partnership 4



N=6,134

NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 05/17/2013

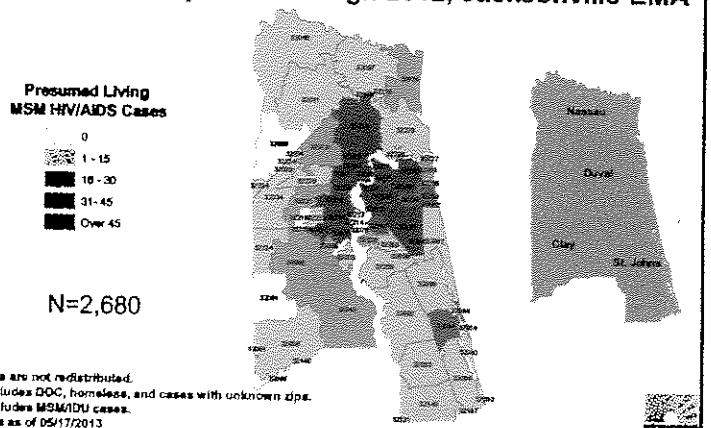
Men who have Sex with Men (MSM)*
Living with HIV Disease
By Zip Code, Reported through 2012, Partnership 4



N=2,698

NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 05/17/2013

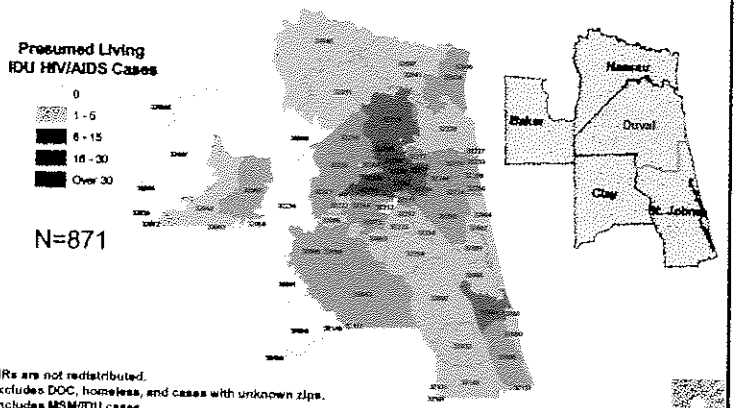
Men who have Sex with Men (MSM)*
Living with HIV Disease
By Zip Code, Reported through 2012, Jacksonville EMA



N=2,680

NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 05/17/2013

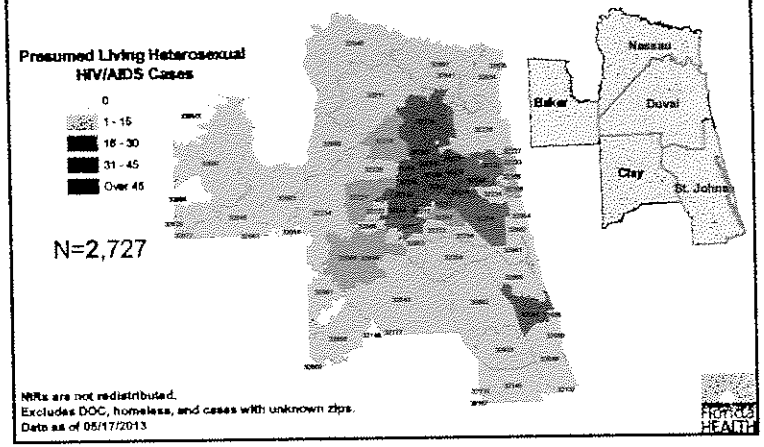
Injection Drug Users (IDUs)*
Living with HIV Disease
By Zip Code, Reported through 2012, Partnership 4



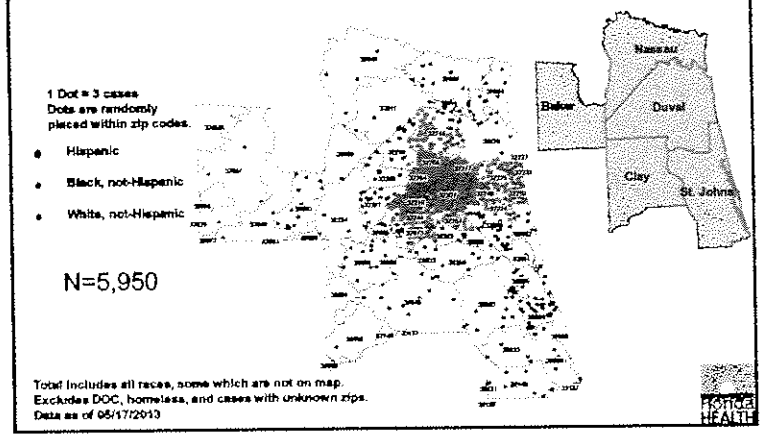
N=871

NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 05/17/2013

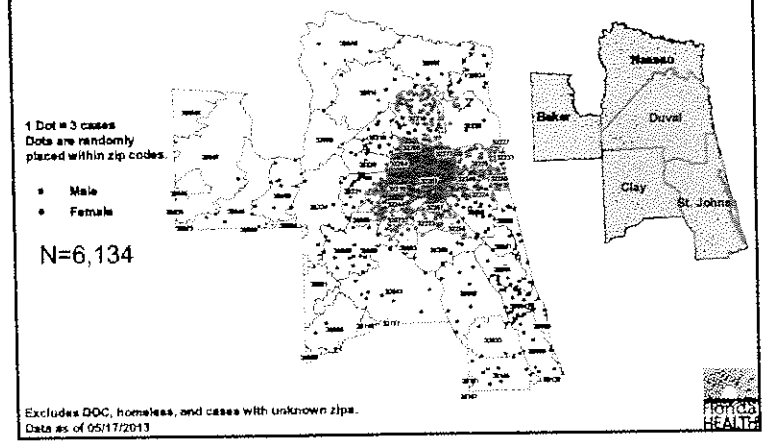
Adult Heterosexuals Living with HIV Disease By Zip Code, Reported through 2012, Partnership 4



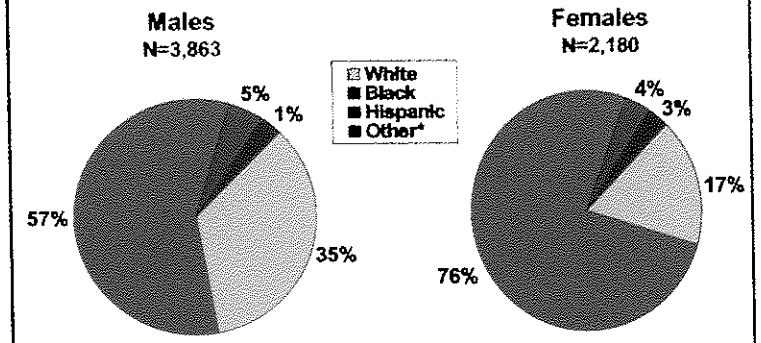
Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Reported through 2012, Partnership 4



Adults Living with HIV Disease By Zip Code and Sex, Reported through 2012, Partnership 4



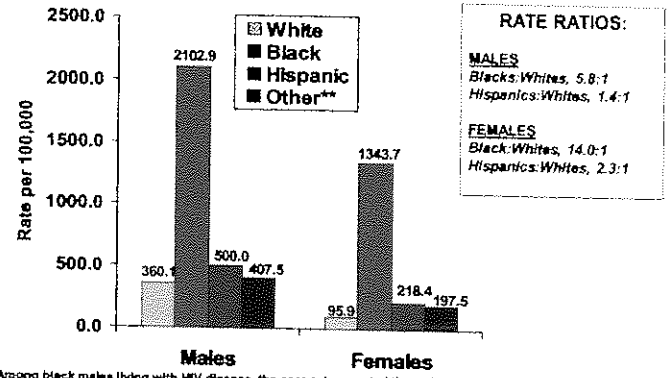
Adults Living with HIV Disease, by Sex and Race/Ethnicity Reported through 2012, Partnership 4



Note: Among adults living with HIV disease, blacks represent the highest race among both males (57%) and females (76%).
*Other includes Asian/Pacific Islanders and Native Alaskans/American Indians.

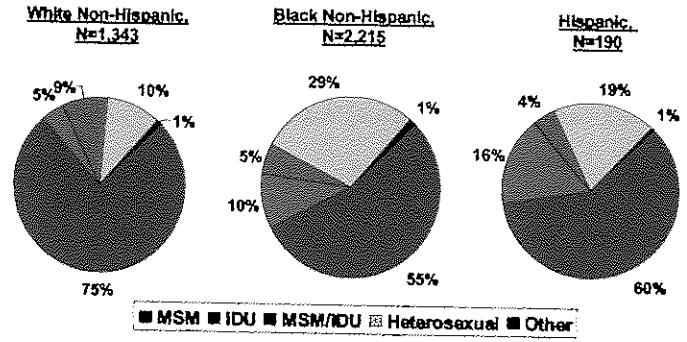
Florida HEALTH

Case Rates* of Adults Living with HIV Disease, by Sex and Race/Ethnicity, Reported through 2012, Partnership 4



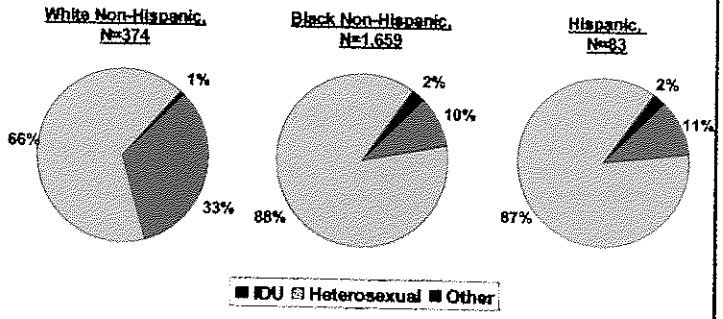
Note: Among black males living with HIV disease, the case rate reported through 2012 is nearly 6 times higher than the rate among white males. Among black females living with HIV disease, the case rate is 14 times higher than the rate among white females. Hispanic male and female rates higher than the rates among their white counterparts. Data excludes Department of Corrections cases.
*Source: Population estimates are provided by FloridaCHARTS
**Other includes Asian/Pacific Islanders and Native Alaskans/American Indians.

Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2012, Partnership 4



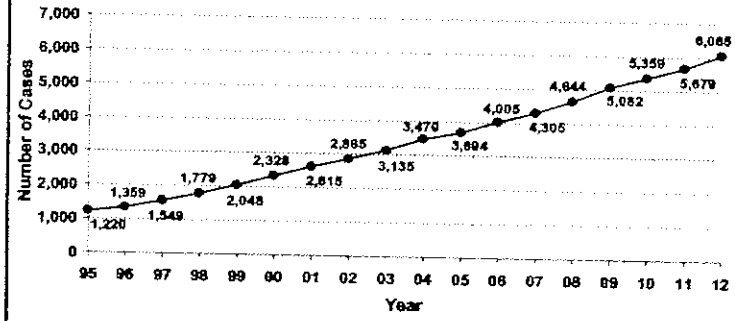
Note: NRs redistributed. Among males living with HIV disease, the distribution of risk among blacks differs from that among whites and Hispanics. MSM represents the highest risk for all races. White males have the smallest proportion of heterosexual contact cases.

Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2012, Partnership 4



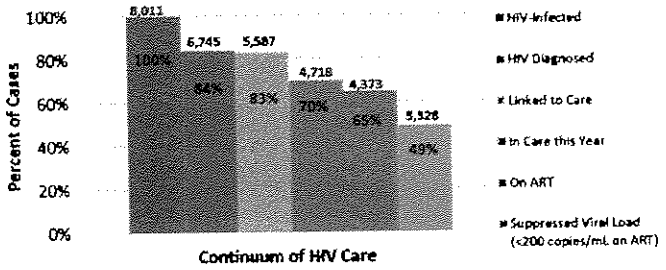
Note: NRs redistributed. Among females living with HIV disease, the distribution of risk among whites differs from that among blacks and Hispanics. Heterosexual contact is the majority risk for all races. However, whites have the highest proportion of IDU cases.

Annual Prevalence of Adults Living with HIV Disease, 1995-2012, Partnership 4



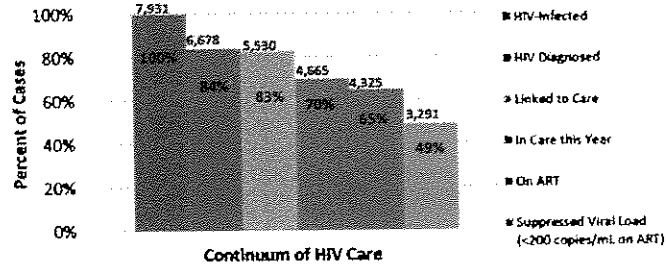
Note: As a result of declining deaths, annual HIV/AIDS diagnoses have exceeded deaths since 1995, and the number of persons reported with HIV/AIDS that are presumed to be alive has been increasing. Since the year 1995, prevalent cases have increased by over 397%. In 2012, the prevalence increased by 7% from the previous year.

Number and Percentage of HIV-Infected Persons Engaged in Selected Stages of The Continuum of HIV Care — Partnership 4, 2012



- HIV-Infected=HIV diagnosed cases divided by 84.2% (to account for 15.8% national estimated unaware of their status in Florida).
  The 2011 indicator report (http://www.cdc.gov/hiv/pdf/2011_Monitoring_HIV_Indicators_RSSR_FINAL.pdf) estimates that 15.8% are undiagnosed (Table 5a) – this report uses 2010 data and was published in October 2013.
- HIV Diagnosed=Number of cases known to be alive and living in Florida through 2012, regardless where diagnosed, as of 06/30/2013 (used for unmet need calculations), plus an additional 4% to account for OOS in care, but not yet entered into eHARS.
- Linked to Care (Ever In Care) =Based on calculated data of persons living with HIV disease in Florida (regardless of where diagnosed) who ever had a CD4 or Viral load test in the eHARS dataset . (National estimates are 77%).
- In Care this Year=Based on Unmet need calculations as prescribed by HRSA, for persons living with HIV in Florida (regardless of where diagnosed) who having at least 1 HIV-related care service involving either a VL or CD4 test, or a refill of HIV-related RX, plus 5% for unreported/missing labs and plus 8% for OOS cases known in care, but not yet entered into eHARS. (National estimates for in care are 57%).
- On ART=Estimated 92.7% of in care this year in Florida per MMP (National estimates are 88%)
- Suppressed VL=Estimated 76.3% on ART are in care this year in Florida per MMP (National estimates are 77%).

Number and Percentage of HIV-Infected Persons Engaged in Selected Stages of The Continuum of HIV Care — Jacksonville EMA, 2012



- HIV-Infected=HIV diagnosed cases divided by 84.2% (to account for 15.8% national estimated unaware of their status in Florida).
  The 2011 indicator report (http://www.cdc.gov/hiv/pdf/2011_Monitoring_HIV_Indicators_RSSR_FINAL.pdf) estimates that 15.8% are undiagnosed (Table 5a) – this report uses 2010 data and was published in October 2013.
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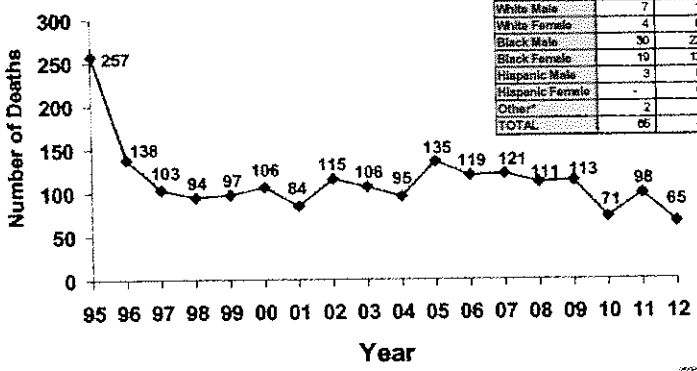
Resident Deaths due to HIV Disease by Year of Death, 1995-2012, Partnership 4



Race/Ethnicity	2012	
	No.	rate
White Male	7	1.6
White Female	4	0.9
Black Male	30	22.1
Black Female	19	12.4
Hispanic Male	3	6.0
Hispanic Female	-	0.0
Other*	2	2.5
TOTAL	65	4.8

Source: Florida Department of Health, Bureau of Vital Statistics, Death Certificates (as of 06/07/2013).
Population data are provided by FloridaCHARTS.

*Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.

Some Useful Links

CDC HIV/AIDS Surveillance Reports (State and Metro Data):
http://www.cdc.gov/hiv/stats/hasrlink.htm

MMWR (Special Articles on Diseases, Including HIV/AIDS):
http://www.cdc.gov/mmwr/

U.S. Census Data (Available by State, County):
http://www.census.gov

Partnership 4 Dept. of Health, HIV/AIDS & Hepatitis Program Website
(Slide Sets, Fact Sheets, Monthly Surveillance Report, Counseling & Testing Data, etc., etc.):
http://www.doh.state.fl.us/disease_ctrl/aids/index.html

"The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow."

–Foege WH et al. Int. J of Epidemiology 1976; 5:29-37

FLORIDA HEALTH

For Florida HIV/AIDS Surveillance Data
Contact: (850) 245-4444

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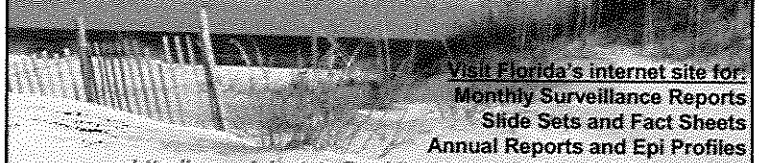

Visit Florida's internet site for:
Monthly Surveillance Reports
Slide Sets and Fact Sheets
Annual Reports and Epi Profiles
http://www.doh.state.fl.us/disease_ctrl/aids/trends/trends.html

Visit CDC's HIV/AIDS internet site for:
Surveillance Reports, fact sheets and slide sets
http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm