Adults are not always comfortable talking to teenagers about sex and sexually transmitted diseases. Teenagers aren’t typically eager to engage adults in that conversation either.

But many Broward County teenagers, and school and public health officials agree that it’s in everyone’s best interest to learn to listen to each other.

“We have to be aggressive about engaging the kids in these conversations and this dialogue to channel their behavior or give them information that will perhaps change their lives,” said Dr. Rosalind Osgood, Broward County School Board member.

More than 50 percent of HIV-positive youth in the U.S. do not know that they are infected, according to the Centers for Disease Control and Prevention (CDC). And if they’re not aware of their status, it’s unlikely they’re enrolled in HIV care programs. They may not even be taking actions to prevent spreading the virus.

Broward County provides many free and easy-to-access opportunities for young people to take an HIV test. But it’s a challenge to get adolescents to access testing and education services.

(Continued on page 19)
In the 1980s and early 90s, we saw friends, colleagues, partners and celebrities die of AIDS. We witnessed incredible panic and stigmatization. And over time, we saw new medicines, therapies and technologies help the afflicted recover and live long lives with a positive status.

Today’s youth don’t know a world without HIV/AIDS. They didn’t experience the death and dying of the initial outbreak. They were born just as the health community began to grapple with the virus, and identify new ways to manage it.

So between the old and the young, there’s a disconnect.

Today, deaths due to HIV/AIDS are down tremendously. Worldwide, AIDS-related deaths peaked in 2005, when 2.3 million died. In 2012, deaths fell by 30 percent, according to UN AIDS. For many, it seems like HIV is a different disease, as our youth aren’t experiencing the same kind of loss that some of us experienced 20-plus years ago.

We have to bridge the gap between the old and the young. The epidemic may not be as visible, and we may have moved past feelings of panic and shock, but the infection rate is high, especially among youth, and we’re still grappling with stigma.

In 2010, youth (ages 13-24) accounted for 17 percent of the U.S. population, but roughly 26 percent of all new HIV infections, according to the Centers for Disease Control and Prevention (CDC). Gay and bisexual youth made up roughly 19 percent of all new HIV infections, and a whopping 72 percent of new HIV infections among youth. Black youth accounted for roughly 57 percent of all new HIV infections among youth, followed by Hispanic/Latino youth and white youth, both at 20 percent.

If these numbers tell us anything, it’s that we need to engage our youth as key stakeholders in the fight against HIV/AIDS. We need to provide mentor-ship and we need to tailor our messaging so that there’s open and two-way communication. Among the biggest challenges may be in reaching a population that typically feels that they are invincible. We have to find a way to make the gravity of the situation make sense to youth, so that they can make better choices. According to the CDC, about 60 percent of HIV-positive youth in the U.S. do not know that they are positive.

The Affordable Care Act (ACA) enables youth to manage their health care. Under the ACA, youth can even stay on their parents’ health plan until they turn 26. They are among the highest rate of uninsured among any age group. Despite arguments that young adults don’t need health insurance, one in six young adults has a chronic illness, according to the Centers for Medicare and Medicaid Services.

Let’s empower our youth to fight HIV/AIDS. Let’s teach them safe sex and viral suppression. And let’s commit to developing more and better programs committed to embracing and assisting young people. Those of us who know the epidemic’s early days have a lot to share. But we also need to listen to our young people because as we move forward, they are becoming the new face of the epidemic.

LEONARD JONES
Human Services Section Manager
Ryan White Part A Grantee’s Office
Broward County
When discussing HIV and youth, and the importance of empowering the next generation, there are several key points we should assess carefully.

First, while the number of HIV infections can increase year after year, that increase alone doesn’t mean anything because populations are always growing. Are the numbers of new infections increasing faster than the population is growing? The HIV infection rate is the measure we need to focus on.

Second, we should be sure we’re all using the same definitions when we make use of the terms adolescent, youth or young adult. In Florida, we define adolescence as young people between the ages of 13 and 19, and young adult between the ages of 20 and 24. However, the Centers for Disease Control and Prevention (CDC) looks at new HIV infections among youth, aged 13 to 24. Agreeing on how to define these age groups is crucial because doing so will in part determine the HIV infection rate.

Although there’s been much concern that today’s youth are the new face of the HIV epidemic, the Prevention Program at the Broward County Department of Health has not seen a spike in HIV infections among youth locally. In fact, for several years Broward’s rate of HIV infection among our youth has been declining.

We work hard to focus our prevention efforts on meeting youth where they are. For example, the Ban-AIDS program targets Broward County middle and high school students and their families by involving youth in HIV community planning, engaging them on the consequences of contracting an STD, plus a number of other community outreach programs. Earlier this year, we targeted the college population with a “Broward Beach Blitz” that recruited seaside businesses to make free condoms available and hang promotional posters in their establishments. Between February 28 and March 6, we distributed more than 20,000 condoms and educated more than 600 people.

We can empower our youth by giving them the tools, resources and knowledge to protect themselves from sexually transmitted diseases and infections. Last fall in Hollywood, nearly 50 youth between the ages of 16 and 18 requested HIV tests, and yet they had not been sexually active. “Why would they want to be tested?” we wondered. They told us that they were suspicious that they had been infected perinatally, and their parents were keeping it from them.

A lack of information sharing and trust between adults and youth is just one of my department’s findings from doing outreach and testing. But it underscores an important point: We must treat youth as stakeholders in the fight against HIV/AIDS. We must empower them to take control of their sexual health.

EVELYN ULLAH
Director, HIV Program
Florida Department of Health
Broward County
New HIV-Testing Technologies Yield Faster Results

More than 30 registered HIV-testing sites throughout Broward County are adopting faster and more efficient testing technology.

“If you’re going to take the time to screen for HIV, then you want to take a test that screens earlier than the currently available technologies,” said TJ Rivetti, national sales director, virology solutions, for Alere North America.

Alere Determine™ HIV-1/2 Ag/Ab Combo, a rapid blood test, detects HIV antibodies between 12 and 26 days after infection, while similar tests detect antibodies between 20 and 45 days after infection. Alere provides results in 20 minutes. A positive result is confirmed through an additional blood or oral test.

Health officials say adopting the new technology aligns Broward with the National HIV/AIDS Strategy, which aims to reduce new infections, increase access to care and improve health outcomes for People Living With HIV/AIDS, and reduce HIV-related health disparities. When people know their status sooner, they’re better equipped to protect themselves and others. Individuals who are unaware of their infection are 3.5 times more likely to transmit the virus to someone else.

“Sometimes, when people do find out that they are HIV positive, they have to stop and think and process that before they reach out to care,” said Rania H. Mills, condom distribution manager/early intervention consultant with the HIV/AIDS program at Florida Department of Health in Broward County. “If you know that you’re HIV positive in 12 days rather than 20 days, you can start that process earlier.”

The new technologies will be available in mostly community-based organizations. Training for health care workers is expected to begin later this year.

New recommendations for HIV prevention and HIV-positive adults and adolescents are available for clinical providers, nonclinical providers, health department staffs and HIV planning groups.

The Centers for Disease Control and Prevention (CDC) released “Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States, 2014,” in December 2014. The document provides new recommendations, expands on 2003 guidelines, addresses a range of biomedical, behavioral and structural interventions, and promotes the National HIV/AIDS Strategy (NHAS).

Officials say the recommendations reflect a new context for HIV prevention and care. For example, recent advances show that early anti-retroviral treatment (ARV) improves health, suppresses HIV viral load and reduces the risk of transmitting HIV to others. In addition, health care departments are encouraged to promote the NHAS, a vision document that seeks to prevent new HIV infections, reduce HIV-related health disparities, increase access to care and optimize health outcomes.

The new guidelines address a broad range of critical issues, such as reproductive health care, the social, ethical and legal context, pregnancy, partner services, sexually transmitted diseases, risk reduction, quality improvement and other medical and social services. Several federal and nongovernmental organizations developed the guidelines. Those organizations include the CDC, Health Resources and Services Administration (HRSA), National Institutes of Health (NIH), American Academy of HIV Medicine, Association of Nurses in AIDS Care, International Association of Providers of AIDS Care, National Minority AIDS Council, and Urban Coalition for HIV/AIDS Prevention Services.

For more information, please visit stacks.cdc.gov

Available Now:
New Guidelines for HIV Prevention and People Living With HIV
Mapping Pathways to Prevent HIV

Anti-retroviral drugs (ARVs) aren’t just a means to treat HIV. They’re also tools to prevent the spread of the virus. Mapping Pathways, a community-led research project, is investigating the strategic use of ARVs for HIV prevention.

Although the project is community led, it’s both local and global. Through community-based research in the United States, India, and South Africa, Mapping Pathways provides an evidence-based understanding of ARV prevention strategies. It promotes a holistic approach to treatment and prevention, integrated political, economic, social and cultural perspectives, and community-based organizations taking the lead in shaping the new healthcare model driven by the Affordable Care Act.

Partners include RAND Europe and the AIDS Foundation of Chicago.

In November 2014, Jorge Gardela, Health Outreach Director with The Pride Center at Equality Park, and other Broward County public health officials and advocates, joined 30 others from across the country for training in Chicago. They learned how to use new tools for prevention, particularly for high-risk populations, such as drug users, hospital workers and those who have unprotected sex.

“It’s important to open your eyes and see new strategies for prevention,” Gardela said. “We have so many tools for prevention, but up till now, it’s working in some parts, but not 100 percent.”

Some of the prevention tools included Pre-Exposure Prophylaxis (PREP), ARVs that may be taken by those who are at risk of contracting the virus, and Post-Exposure Prophylaxis (PEP), ARVs taken by individuals shortly after being exposed to the virus.

In March, local public health workers plan to continue a conversation on how to expand PREP in Broward County, and then launch training with community stakeholders over the summer.

People Living With HIV (PLWH) who adhere to their ARVs typically suppress their viral load to the point that it is undetectable, dramatically reducing the likelihood of transmitting HIV to others. Taking ARVs regularly is also known to reduce the risk of contracting HIV among negative, high-risk populations.

“PREP really can help us to stop this disease,” Gardela said.

Assuring effective ARV usage is a challenge because people are resistant to change, Gardela said. There are also concerns about the medicine’s side effects, which can include anemia, diarrhea, dry mouth, fatigue, headaches, nausea, vomiting, rash, pain, nerve problems and weight loss. But Gardela and others believe ARV strategies are the way forward.

“It’s not about taking money from one area to another,” Gardela said. “It’s another tool to stop the HIV epidemic.”
Affordable Care Act Glossary

Affordable Care Act
The comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name “Affordable Care Act” is used to refer to the final, amended version of the law.

Benefit Year
A year of benefits coverage under an individual health insurance plan. The benefit year for plans bought inside or outside the Marketplace begins January 1 of each year and ends December 31 of the same year. Your coverage ends December 31 even if your coverage started after January 1. Any changes to benefits or rates to a health insurance plan are made at the beginning of the calendar year.

Cost Sharing
The share of costs that you pay out of your own pocket. This term generally includes deductibles, coinsurance, and co-payments, or similar charges, but it doesn’t include premiums, balance billing amounts for non-network providers, or the cost of non-covered services. Cost sharing in Medicaid and CHIP also includes premiums.

Cost Sharing Reduction
A discount that lowers the amount you have to pay out-of-pocket for deductibles, coinsurance, and co-payments. You can get this reduction if you get health insurance through the Marketplace, your income is below a certain level, and you choose a health plan from the Silver plan category. If you’re a member of a federally recognized tribe, you may qualify for additional cost-sharing benefits.

For more information, visit www.healthcare.gov/glossary

How You Could Benefit From the Health Insurance Continuation Program

Ryan White clients whose incomes are below 400 percent Federal Poverty Level may be eligible for financial assistance under the Health Insurance Continuation Program (HICP). The HICP provides financial assistance to a selection of Affordable Care Act Marketplace plans identified by the Ryan White Part A Program. The insurance plans available to eligible clients provide equal or better coverage than the coverage clients receive through Ryan White Programs.

The program, which provides a continuum of health insurance coverage for people living with HIV, works closely with public programs to transition clients as they become eligible for public benefits. Its financial assistance is limited to insurance premium payments, copays and deductibles so that low-income clients have no trouble maintaining health insurance coverage. Through the program, a client’s insurance company and Medical Providers will receive direct payments of up to $6,500 per year to ensure continuity of medical benefits coverage.

The program can also offer transitional coverage by extending an individual’s existing health insurance until they become eligible for Medicaid or Medicare.

For more information about the HICP and to see if you qualify, please call Broward Regional Health Planning Council at (954) 566-1417 or www.brhpc.org.

Affordable Care Act Marketplace Navigators with the Epilepsy Foundation of Florida are available to assist Ryan White clients with enrollment into the ACA. For more information, please contact the Epilepsy Foundation of Florida at 1-877-553-7453 or visit efof.org.
ACADEMIES OF MEDICINE IS HERE!
THINGS YOU SHOULD KNOW

Open Enrollment for the Affordable Care Act (ACA) Federal Health Insurance Marketplace begins November 1, 2015 and closes on January 31, 2016. This is a very important period for persons living with HIV.

The ACA helps People living with HIV/AIDS, including those currently receiving services through the Ryan White Program, to increase their access to affordable, high-quality health care. Many Ryan White clients across the Country have gained access to health insurance or have seen their current health insurance improve.

The Health Insurance Marketplace helps uninsured individuals enroll in health coverage. Enrolling in a health plan will help cover your general health care needs, as well as your HIV care. Everyone is required to have health insurance coverage or pay a tax penalty.

How do I know how much it will cost, and who do I pay it to? How much and who you have to pay depends on what plan you select and your individual circumstances. Affordable Care Act Navigators can help you figure that all out to get you the insurance coverage that best fits your needs.

(Continued on page 8)

Affordable Care Act Glossary
If you’re a member of a federally recognized tribe or an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder, you may qualify for additional cost-sharing reductions.

Eligible Immigration Status
An immigration status that’s considered eligible for getting health coverage through the Marketplace. The rules for eligible immigration status may be different in each insurance affor-ability program.

Hardship Exemption
Under the Affordable Care Act, most people must pay a fee if they don’t have health coverage that qualifies as “minimum essential coverage.” One exception is based on showing that a “hardship” prevented them from becoming insured.

Health Insurance Marketplace
A resource where individuals, families, and small businesses can: learn about their health coverage options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage. The Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage. This includes ways to save on the monthly premiums and out-of-pocket costs of coverage available through the Marketplace, and information about other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). The Marketplace encourages competition among private health plans, and is accessible through websites, call centers, and in-person assistance.

For more information, visit
www.healthcare.gov/glossary
Affordable Care Act Glossary

Open Enrollment Period
The period of time during which individuals who are eligible to enroll in a Qualified Health Plan can enroll in a plan in the Marketplace. For coverage starting in 2016, the Open Enrollment Period is November 1, 2015–January 31, 2016. Individuals may also qualify for Special Enrollment Periods outside of Open Enrollment if they experience certain events.

Pre-Existing Condition
A health problem you had before the date that new health coverage starts.

Qualifying Life Event
A change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage. Examples of qualifying life events are moving to a new state, certain changes in your income, and changes in your family size (for example, if you marry, divorce, or have a baby) and gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder.

Special Enrollment Period
A time outside of the open enrollment period during which you and your family have a right to sign up for health coverage. In the Marketplace, you qualify for a special enrollment period 60 days following certain life events that involve a change in family status (for example, marriage or birth of a child) or loss.

For more information, visit www.healthcare.gov/glossary

ACA Enrollment is Here!
THINGS YOU SHOULD KNOW

There may also be monies available to help pay for your premiums. If you receive your medication through AIDS Drug Assistance Program (ADAP) or services through the Ryan White Part A Program, you may be eligible for assistance paying your health insurance bills including plan premiums, deductibles and co-pays, if you select the approved plan endorsed by the ADAP and Ryan White Part A program.

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<tr>
<th>CARRIER</th>
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<td>United Health Care of Florida</td>
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<td>Blue Cross Blue Shield of Florida</td>
<td>Silver - Blue Select Everyday Health 1443</td>
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The enrollment process seems so confusing:

The following people can help guide you through the process: Case Managers, Navigators and Centralized Intake and Eligibility Determination (CIED) Workers.

For More Information on ACA and your eligibility, please call the ADAP Program Office at 954-467-4700 then select option 3 or the Ryan White Part A Program at 954-357-9797.

Follow us on Twitter and Facebook @GetCareBroward for ACA weekly updates!
Tips for Maximizing Your Insurance

With the Affordable Care Act, people living with HIV/AIDS can make the most of several critical health services. The services, called Essential Health Benefits (EHBs), are required of most plans in the individual and small group markets. They include services that are important to receiving quality HIV prevention and care. Here are some ways you can benefit:

**Hospitalization, Emergency and Ambulatory Patient Services:**
The Ryan White HIV/AIDS program is prohibited from paying for overnight hospital care/inpatient care or emergency services. Both are covered by EHBs, as well as ambulatory patient services, which are used to prevent, diagnose or treat health conditions. Unfortunately, many HIV-positive people do not regularly consult with a doctor. Ambulatory patient services, also called doctor benefits, are typically provided by a doctor’s office, at a hospital or on an outpatient basis.

**Preventive and Wellness Services and Chronic Disease Management:**
All private health plans, other than those that existed prior to March 23, 2010 and have “grandfathered” status, must provide coverage for preventative services. They’re even prohibited from charging you for them. Receive flu shots, hepatitis vaccinations, HIV screenings, cancer screenings and more.

**Maternity and Newborn Care:**
Maternal and newborn care is especially important for women living with HIV. With proper treatment, HIV-positive women are far less likely to transmit the virus, and far more likely to deliver healthy, HIV-negative babies. Essential health benefits enable you to receive services during pregnancy and delivery and after childbirth.

**Mental Health and Substance Use Disorder Services:**
If you need counseling or mental health support, the EHBs have you covered. Receive services from psychiatrists, psychologists and other mental health providers, and treatment for alcohol addiction, drug dependency and abuse. You may also receive counseling for HIV-related challenges, such as coping with a diagnosis or managing communication difficulties in a relationship.

**Pediatric services:**
Children’s medical services, including dental and eye care, are also included.

**Prescription Drugs:**
The EHBs ensure that the medications prescribed by your doctor, including antiretroviral drugs, are covered, but plans vary. Be sure to check the specific drugs your plan includes to be sure you’re getting the coverage you need.

**Laboratory Services:**
Make the most of doctor-ordered tests and diagnostic services, such as x-rays, CD4 counts, and viral load tests.

**Rehabilitative and Habilitative Services and Devices:**
Rehabilitative and habilitative services and devices support those with injuries, disabilities and chronic conditions like HIV. These services help people regain or recover mental and physical skills, so that they can function and perform everyday activities.

Sources: [healthcare.gov](http://healthcare.gov), Epilepsy Foundation of Florida
Frequently Asked Questions

01 | Why do I need insurance when I receive services through Ryan White?

The Ryan White HIV/AIDS Program pays health service fees for some people with HIV. Some HIV patients receive services from an arm of Ryan White called the AIDS Drug Assistance Program (ADAP). Ryan White and ADAP are not health insurance and do not meet the requirements to have insurance, known as the individual mandate.

Ryan White or ADAP may purchase insurance coverage for you or provide you with services today. But if you will be eligible for new coverage through the Affordable Care Act in the healthcare marketplace or through Medicaid, the services or financial support you receive from Ryan White or ADAP may change or be replaced by insurance. If you are receiving help from Ryan White or ADAP, it’s important that you contact the program to find out about new options.

If your insurance plan has limits or gaps in what it covers, or charges cost sharing or co-payments when you access services or fill a prescription, Ryan White or ADAP may be able to help you cover those costs. Ryan White may also be able to connect you to new health coverage in Florida.

02 | Will my HIV medications be covered if I sign up for health coverage under the affordable care act?

Antiretroviral therapy for HIV will be covered. The Affordable Care Act (ACA) requires all health plans sold in the new health insurance marketplaces to cover prescription drugs, including anti-retrovirals for HIV. All state Medicaid programs cover prescription drugs, regardless of whether the state is expanding Medicaid or not.

The different plans available in the marketplace, however, may have different rules about how much cost sharing they charge and which specific drugs they cover. Not all private health plans will cover all HIV drugs so it is important to learn as much as possible about whether your current medications are covered and with what cost sharing when you are choosing a plan.

If you are denied coverage for a drug prescribed by your doctor, you have the right to challenge the denial and present medical evidence to justify your need for the drug.

03 | Can my wife/husband/family get the same insurance as me?

Yes, in most cases. As part of the Affordable Care Act, health insurance marketplaces (also called exchanges) provide insurance options to individuals and families, which should make it easy to enroll in the same plan. In addition, the ACA allows young adults under age 26 to obtain insurance from a parent’s health plan. Young adults may also be eligible for a marketplace plan or for an employer-based health plan, coverage that may be better than that available through their parents.

Children 18 and younger may be eligible for Medicaid, even if their parents are not, or for CHIP, a federal program that provides health coverage to children in families with incomes too high to qualify for Medicaid. Some parents enroll their children in Medicaid or CHIP, but apply for coverage for themselves.
04  |  Can I change plans purchased from the Marketplace after I enroll?

If you have a 2016 plan through the Health Insurance Marketplace, you have limited opportunities to make changes outside the Open Enrollment Period. The deadline for changing or enrolling in a 2016 plan is January 31, 2016.

But you can change Marketplace insurance plans outside Open Enrollment if you qualify for a Special Enrollment Period due to certain changes in your household or income, such as getting married, having a baby, or losing other coverage.

If you need to cancel your 2016 health plan because you obtain other health coverage during the year or for some other reason, you can do so at any time. You can cancel coverage for everyone in your household or certain people.

05  |  Can you explain how out-of-network service affects the Ryan White HIV/AIDS Program?

Each plan sold in the Marketplace must provide a link on the Marketplace website to its health provider directory so you can find out if your doctor is included. If staying with your doctor is important to you, you should check directly with your doctor to confirm that s/he is in the network of the plan you are considering.

06  |  Will I have to pay a tax penalty if I don’t enroll?

If you are not enrolled in a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year. In 2015, the fee was 2 percent of income, or $325 per person. In 2016 and later years, it’s 2.5 percent of income or $695 per person. Afterwards, it is adjusted for inflation.

You can claim an exemption when filing your taxes or, depending on the type of exemption, when you apply for coverage through the Marketplace.

For more information, please visit Healthcare.gov.

07  |  What is the individual shared responsibility? Who is exempt from the shared responsibility payment? What is the process for receiving an exemption from the shared responsibility payment?

Under the Affordable Care Act, individuals must have minimum health insurance coverage, whether it’s individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE or select other coverage. Those who fail to enroll in a health plan that qualifies as minimum essential coverage have to pay a fee, called the individual shared responsibility payment. The fee increases yearly.

But you may be exempt from paying if you:

1. are a member of a religious sect that is recognized as conscientiously opposed to accepting any insurance benefits and adhere to the tenets of that sect
2. are a member of a recognized health care sharing ministry
3. are a member of a federally recognized Indian tribe
4. have household income below the minimum threshold for filing a tax return
5. only went without the required coverage for a short coverage gap of less than three consecutive months during the year
6. were certified by a Health Insurance Marketplace as having suffered a hardship that makes you unable to obtain coverage
7. cannot afford coverage because the minimum amount the individual must pay for premiums is more than eight percent of the individual’s household income
8. are in jail, prison or similar penal institution or correctional facility after the disposition of charges
9. are not a U.S. citizen, U.S. national, or alien lawfully present in the U.S. See IRS, Questions on Individual Shared Responsibility Provision Question.

Sources: Epilepsy Foundation of Florida, hrsa.gov, Healthcare.gov, greaterthan.org
LOCAL PREVENTION NEWS

Grant to Help Broward Schools Promote Sexual Health & Education

An Adolescent and School Health grant from the Centers for Disease Control and Prevention (CDC) is helping Broward schools learn more about youth sexual risk behaviors and encourage youth to practice safe sex.

The five-year grant includes funding for surveillance and education. Every other year, Broward Schools administers a youth risk behavior survey that helps officials learn which risk behaviors students are engaging in. The education component includes three focus areas, such as increasing access to testing and treatment of sexual health issues, empowering students who feel marginalized or in the minority to access education and services, and assuring that school sexual health curriculums are comprehensive, appropriate and conducted in safe environments.

Broward was also one of three districts awarded funding to focus on young men who have sex with men (MSM), but particularly black and Latino men, said Sebrina James, instructional facilitator, sexual health for Broward Schools. “We don’t want to just focus on testing, we want to look at men’s health as a whole,” said James, who administers the $400,000 grant.

This year, Broward Schools is also implementing a comprehensive sexual health curriculum between grades kindergarten and 12 that is in line with the National Sexuality Education Standards. Over time, James said, she expects the grant to make a difference in students’ sexual education and health.

“Because we have a policy in place, staff, teachers and others won’t be as apprehensive about sharing information with the students,” James said. “I think that it opens the door for a lot more positive, healthy discussion with students.”

Young? Gay? New to South Florida? Latinos Salud Is Here For You!

Jose Javier knows firsthand the challenges faced by young gay Latino men when they arrive in South Florida from Latin America.

“It’s a big shock when you get here,” said Javier, who was born in the U.S. but raised in the Dominican Republic. “Whenever I got away from my family, it was like two different lives. The one you live in Wilton Manors and the one you live at home. It’s very difficult to separate one from the other.”

It’s a challenge common to Latino clients of Latinos Salud, a community-based organization in Wilton Manors focused on gay, bisexual, trans-gender and queer minorities.

Young, gay men from Latin America aren’t often used to discussing sex openly, or even seeing doctors in their own communities. But in South Florida, they find a sex-charged atmosphere, more prevention messaging and health care providers serving the gay community.

“They don’t really know how to negotiate their sexual encounters in terms of talking about safe sex,” said Obed Caballero, counseling services coordinator. “They’re not as empowered even though they have this new freedom and self.”

Latinos Salud was founded in 2008 to create a safe space for gay Latinos and their partners to find friends, support and resources. The organization boasts more than a dozen staff members, who represent several countries across the Caribbean and Latin America. Its programs and services include sexually transmitted diseases and HIV rapid testing, life coaching, special events and linkage services for guys living with HIV.

Last fall, at the 2014 United States Conference on AIDS (USCA) in San Diego, Calif., Javier and Caballero convened a well-attended round-table discussion titled, “Young, Latino and gay? Now what; Stories and strategies addressing the barriers and risk factors that affect access to care and prevention services.”

The discussion covered a range of issues, including the challenges posed by immigration. Those in the U.S. illegally are wary of dealing with anyone they perceive as an official. “That is another major barrier to people accessing any kind of prevention services or medical care,” Caballero said.

They plan to build from the discussion at this year’s USCA conference in September. “Retention is a very key topic because of the continuum of care,” Javier said, noting that Latinos Salud has a high client retention rate. “Last year, we were focused on barriers to the initial steps. This year, we’re looking at how you retain (clients) in HIV care.”

For more information about Latinos Salud, please visit www.latinossalud.org.
Community Group Mobilizes Black Women to Fight AIDS

When Penny Robertson-Heastie lost two uncles to AIDS, their cause of death was treated like a family secret. No one talked about it because they felt ashamed. Family members were also uneducated about the disease, she said.

“It doesn’t have to be a secret,” Robertson-Heastie said. “Voice your opinion on HIV/AIDS. Become educated so you know where to go to get resources.”

Robertson-Heastie’s personal loss, and her family’s response, drove her to become a community outreach worker. She’s a longtime ambassador with Sistas Organizing to Survive (SOS), a grassroots mobilization of black women in the fight against HIV/AIDS. Robertson-Heastie goes door-to-door, attends community events and health fairs, and targets churches, school-age kids and adults. She focuses her efforts in the 33311, where there is a high rate of new HIV infections in Broward.

“You’re dealing with people on the level they’re on without being judgmental,” said Robertson-Heastie, a licensed practical nurse. “It’s a disease, not a person.”

In 2008, the Florida Department of Health launched SOS statewide in response to growing HIV infection rates among black women. Shortly afterwards, participants gathered in Orlando and other locations across the state, where they pledged to get tested for HIV and encourage other black women to do the same.

Today, Broward County has 58 trained SOS community ambassadors who target various gathering spaces.

“As the Minority AIDS Coordinator for Broward County, I take great pride in this initiative because I feel I am my sister’s keeper,” said Krystle Kirkland-Mobley, with the HIV/AIDS Prevention Program, Broward County Department of Health. “It’s so motivating and empowering to be a part of this SOS movement that reaches black women to recognize their risk for HIV infection and to take an HIV test.”

While women of all races account for about one in four new HIV/AIDS cases in the U.S., among the newly infected, about 2 in 3 are black women. They typically contract HIV through unprotected heterosexual sex, according to the Office on Women’s Health, U.S. Department of Health and Human Services (HHS).

The HHS points to several reasons why HIV/AIDS disproportionately affects black women. Stigma tends to be high within the black community, where HIV is already highly prevalent. Blacks also suffer from higher levels of poverty, which often results in access to lower-quality health care, allowing HIV to advance to AIDS more quickly. Finally, black women have high rates of sexually-transmitted infections (STIs). If left untreated, STIs give HIV easy access into the bloodstream.

The Mt. Hermon AME Family Life Center in Fort Lauderdale hosted SOS Summit 2014, themed “Sistas Leading the Way... Sounding the alarm for a revolution to end AIDS in Florida.”

Of the roughly 280 summit participants, about 180 represented Broward County, including 79 girls who attend Broward Schools, Kirkland-Mobley said. The event included panel discussions focused on HIV/AIDS treatment and education.

“The community women departed this summit empowered to take charge of their sexual health and to educate other black women,” Kirkland-Mobley said.
Where HIV-Positive Gay Men Can Go For Advice

Carrying an HIV-positive status comes with a lot of responsibility. It’s not easy to receive a new diagnosis, choose a doctor, disclose your status to a new partner, prevent spreading the virus to others, adhere to your medications and more.

TheBody.com’s HIV/AIDS Resource Center for Gay Men is a great place to share and receive information, whether you’re an HIV-positive man who is gay or occasionally has sex with men. Learn how to fight back against stigma and discrimination. Find the resources you need to overcome substance abuse. Read first-person accounts of gay and bisexual youth and men overcoming personal challenges.

Below are a few tips we’ve culled from the site, but you should visit the center on-line for detailed information:

How To Deal With A New Diagnosis

“I think the most important thing is to keep your cool as much as you can and try to educate yourself at your own pace - because it’s important to learn about what your options and your treatment possibilities are… HIV is no longer a death sentence, but... something that you have to take care of for the rest of your life.”

--Gary, Ft. Lauderdale, Fla.; Diagnosed in 1992

Where To Go For Support

Whether you’re newly diagnosed, or have been living with a positive status for some time, you are not alone. Find the support you need, whether on-line or in person. Seek out on-line forums where you can post and reply messages to people all over the world. Or find an HIV/AIDS hotline, support group or counseling center geared toward men with similar concerns and challenges.

Don’t Despair, Your Sex Life Is Not Over

When you practice good adherence, and safe sex by using condoms, you can dramatically reduce the risk of transferring HIV to your partner. Treating your HIV responsibly can prevent the spread of the virus. Treatment is prevention. Don’t be afraid to visit the Resource Center for answers to specific HIV-prevention questions.

Signs and Symptoms That You’re Having Trouble Coping With HIV

It’s not easy to manage an HIV positive life, whether you’re newly diagnosed, or have been living with the virus for years. Adhering to your medicine is only half the battle. The other challenge is managing your emotions: the anger, denial, fear, sadness and stress that often accompany your status.

Below are signs and symptoms that you’re having difficulty coping. If these descriptions sound familiar, remember that you are not alone.

**Anger**

Many people feel angry when they learn of their status. They don’t know when they acquired it; they believe they took all the necessary precautions, and don’t understand how this happened.

This is another emotion and part of coping. But it’s important that you get past your anger. Once you accept that you are HIV positive, you can begin to live healthier and happier. Reach out to friends and support groups. Avoid stressful situations. Get exercise, spend time outdoors, practice your favorite hobbies and treat yourself to the pleasures that make you feel good.

**Denial**

Oftentimes, when people learn that they are HIV positive, they don’t want to believe that it is true. The news can be shocking, and unfortunately, many people experience shame and stigma. These feelings are common. Living a healthy life with HIV is a big responsibility and it can take time to adjust.

Don’t let these emotions linger for too long. It’s important that you accept your status so that you can take steps to improve your health, and protect yourself and others.

**Depression**

Depression is a medical illness that should be diagnosed by a mental health professional. Symptoms of depression include prolonged sadness, feeling hopeless, irritable, restless or empty. If you’re suffering from depression, you may feel tired all the time or have trouble staying asleep. Symptoms also include having difficulty concentrating or remembering details, overeating or loss of appetite, suicidal thoughts or attempts, and losing interest in activities or hobbies, including sex, according to the National Institute of Health.

**Fear and Anxiety**

The thought of living with HIV can be scary and nerve-wracking. Perhaps you don’t know much about HIV. Maybe you’re afraid of disclosing your status to others. Feeling fear and anxiety in relation to your HIV positive status is common. Unfortunately, these emotions can cause you to lose sleep, feel dizzy or short of breath.

The most important thing to remember is that you are not alone; there are support systems in place to help you, including doctors, psychiatrists, family members, friends, support groups, and other services. You should always talk with your doctor about your options.

The Ryan White Part A Program offers an array of health services including Mental Health and Outpatient Substance Abuse services. To learn more about the many health services available to you call 954-357-9797. The sooner you access the resources you need, the sooner you will improve your quality of life.

Sources: HIV InSite, University of California, San Francisco | EverydayHealth.com Aids.gov | National Institute of Mental Health
Support Groups For HIV-Positive Youth, Young Adults and Guardians

No matter your age, it’s never easy to disclose an HIV-positive status. But it might be most difficult when you’re a teenager.

The Children’s Diagnostic & Treatment Center at Broward Health has support groups and programs for HIV-positive teens and their guardians. The groups provide a safe space for members to talk about the challenges they’re facing, and connect with others who may be facing a similar situation.

One of the center’s original groups is Teen Talk, which started in 2009 for youth between the ages of 12 and 18. The idea came from Camp Hope in Texas, a week long summer camp for low-income HIV-positive kids to develop life skills and manage their status. Since then, organizers have continued to recognize the need for more and more groups.

When participants began to age out of Teen Talk, the Children’s Diagnostic & Treatment Center began a transitional group for young adults, who are perinatally infected, but all HIV-positive people between the ages of 19 and 26 are welcome.

Then, organizers realized another group needed special attention.

“We were discovering all of these young men were being infected behaviorally, usually by older men, so we found a need to start a group for them,” said Jamie Blood, research associate.

The young MSM group is for young men between the ages of 16 and 23.

“Then, because of that, we realized that some of the guardians are not comfortable with this whole MSM thing,” Blood continued. “A woman said she was OK with her son being HIV-positive but it was the gay thing that was bothering her the most.”

All groups meet monthly. Some have faced dwindling attendance due to transportation issues. Teen Talk and the Transitional group will be re-launching soon, Blood said.

Teens face a number of challenges, including adhering to their medications, and managing an HIV-positive status when they’re still maturing. Gaining the confidence to disclose their status is tough, especially if they want to start dating.

“We try to encourage them to tell any potential partners when the time is right and they’re comfortable,” Blood said. “For some of them, it is a big struggle. And others say, it doesn’t really matter. They’re very brave.”

When a teen decides they want to disclose to another person, Blood advises them to make sure they’re fully comfortable, and ready for any response.

“Can you trust this person?” he asks them. “Is this someone that you want in your life? Is this someone that you think you can count on?”

If the teenager is upset by the response, he refers them to counseling.

Over time, it hasn’t become any easier for teenagers to have these conversations. Many youth lack support, guidance and love within their families or personal relationships. Unfortunately, stigma is still prevalent, especially in the black, African-American, Caribbean and Hispanic communities, Blood said.

“There’s a lot of non communication even within families,” Blood said. “One family member can be living with the virus and the rest of the family may not even know it, except for the mother. If the mother is not completely comfortable, that sets the tone for the rest of the family.”

Blood wants these youth to know that there are resources available. Programs and support groups with Children’s Diagnostic & Treatment Center are ready to serve them.

For more information, please contact Jamie Blood at jblood@browardhealth.org or call 954-728-1127.
Talkin’ T Provides Safe Space for Trans-gender Community

A monthly meeting for trans-gender people and allies was drawing to a close, when members began to share personal challenges. One individual, “just let it out,” recalled Jodi Reichman, the group’s co-facilitator.

After 14 years of recovery, this person shared that they still faced discrimination, and felt tempted to begin using again. The group rallied around this person. “It was such a powerful night,” Reichman said. “It was probably one of the best nights we had.”

The meeting was another example of the importance of Talkin’ T, a safe space for the trans-gender community to share personal troubles and find support.

“There is somebody here that is going to help them through their crisis, whether it’s working the street, whether it’s rehab, whether it’s just facing something in their life that they’re having a hard time dealing with,” said Reichman, trans-gender program coordinator with the Florida Department of Health in Broward County.

The Talkin’ T sessions are a collaboration between T-House, an HIV/AIDS initiative by the health department, and Care Resource. The group, facilitated by Reichman and Jessmarie Gonzalez, meets every third Monday of the month between 6:30 and 9 pm, at Fusion, 2304 NE 7th Ave., Wilton Manors.

Since starting with eight people in March 2014, attendance has grown to about 40, and draws members from Broward, Miami-Dade and Palm Beach counties, Reichman said.

Bishop S.F. Makalani-MaHee, an attendee, said the group reminds him that he is not alone in navigating life as a trans-gender individual, while also affirming how far he’s come.

“It’s reciprocal,” Makalani-MaHee said. “It reminds me what is possible, and it affirms what is possible for folks who are not as far along in their transition as I am.”

The sessions are guided by open-topic discussion. So while predictable topics like prevention needs and low self-esteem are addressed, the group directs the conversation. “Once you’ve heard topics like HIV week after week, the community loses interest,” Reichman said.

Sessions also include presentations on subjects like hepatitis C, safe sex, Pre-Exposure Prophylaxis (PREP) and Post-Exposure Prophylaxis (PEP). If a member tests positive, “we have people who will help them work through the system,” Reichman said.

Makalani-MaHee called the group “extremely powerful,” and underscored the importance of gathering the community so members can access medical, mental health and legal resources.

“We’re dealing with a community that is truly marginalized and marginalized into the shadows,” Makalani-Mahee said. “It’s not safe necessarily for trans folk to be out in the open.”

Eventually, Talkin’ T will split into two groups: one for trans-men and another for trans-women. “Both groups need to be able to express their needs and be able to be understood by like people,” Reichman said.

For more information, call 954-892-9367.
I didn’t know my diagnosis when I was younger, so I didn’t get a dose of the real world until adulthood. I found out I was positive in 2004, so I was 14 years old. I was at summer camp in Texas. Every year, we would go to this outdoorsy camp with cabins, and just a bunch of kids from all over. One day, I noticed that there were different dates and weeks listed on the back of a board. Our week was labeled “HIV.” I didn’t know what to think, but I knew from other people’s reactions that it was a bad thing.

My doctor attended the camp with me every year. She’s like another mother to me. It was different when nobody wants to stick by me, who wanted to dress like popular kids. I had people that wanted to touch me. Everyone was “Eww, don’t touch me!” It was a horrible experience.

Growing up, I was always one of the popular kids. I had people that wanted to stick by me, who wanted to dress like me. It was different when nobody wants to talk to you; nobody wants to touch you.

People asked the teacher to move their seats, and the teacher was just like them. There was stigma all over.

Before that happened, I was a good student. I was a cheerleader. I was on the debate team. I didn’t leave school until about 7 pm every day. School was my life. Had that girl not told everyone about me, I would have been great. I would have gone to college. My life was planned for me.

But afterwards, I remember being done with everything. My grandmother worked, so I made her believe that I was going to school and would stay home. The school would call, and I would delete their message off the voice mail before she got home. My grandmother found out I was skipping three months into my sophomore year, when the school sent a letter home.

It was this big old incident. She went to the principal, and then became a pharmacy tech through an internship program. I stayed from friend’s house to friend’s house. Those friends, they were older. I had a lot of fun. I just learned from that point to not tell anybody about my status. I acted like what happened at school never happened. I still went to the doctor. I still saw my family. I just didn’t talk about that. They didn’t ask.

I didn’t adhere to my medication at all after what happened. I was in and out of the hospital. Eventually, it got to the point where my doctor said, “You’re going to take your medication or you’re going to die. You’re about to get AIDS.”

I was about 18 when she told me that. I know when people are older they feel like they’ve done everything they can do. I wasn’t at that place. I didn’t feel like I had accomplished anything. I didn’t want to die. At that point, I had my own place and car. I just started over like a clean slate.

Now, I’m 24 years old. I’m still not public about being positive. I share my story but it’s amongst others like me. There are a lot of older people who don’t care; they’re so comfortable with themselves. I guess I’m not that old yet.

But I think I’m coming around slowly. When I try to be in a relationship with someone, I do tell them. Once I got older, and I started forming those relationships, I realized everybody’s not like those people from high school.

If I could help someone like me, I would tell them to be confident because people are going to judge you regardless. If I could go back in time, I would have continued going to school. I’m back in school full-time now. I started an LPN course because I always wanted to be a nurse. I love caring for people. If I had stayed on track, I would have been a nurse by now. I probably would have been going to school to get my masters.
Challenges with Engaging Youth on HIV

“There’s the fear that their parents may find out,” said Sebrina James, instructional facilitator, sexual health for Broward Schools.

In 2014, Broward Schools adopted a comprehensive sexual education curriculum. Students receive sexual education at least once a year, and in every grade, although parents can elect for their child to not participate.

“When you’re talking to a young person about something like HIV and AIDS, you have to deal with condoms, you have to deal with abstaining,” Dr. Rosalind Osgood, Chair of Broward Schools said. “But it’s always a fine line. You don’t want to encourage sexual promiscuity, but you also want to teach them to save their lives.”

Despite a wealth of information available, youth still don’t know a lot of the basics on HIV/AIDS, local officials said. Maria Davis, an HIV/AIDS activist who served as keynote speaker at a Dillard High School event marking World AIDS Day last December, says they’re more likely to learn if they’re influenced by their peers or know someone who is affected.

“For the younger audience, think first, love yourself and don’t get caught up in idolizing other people who don’t really have an investment in your life,” Davis said.

Davis, a music promoter from New York City who is living with HIV, argues that a lack of self-worth makes young people susceptible to HIV and other sexually transmitted diseases.

“Do you love yourself enough to not die for a disease?” Davis asked students. It’s a preventable disease, she told them. “So how do you prevent it?”

HIV/AIDS Awareness Days

February 7, 2016
National Black HIV/AIDS Awareness Day

National Black HIV/AIDS Awareness Day is an HIV testing and treatment community mobilization initiative targeted at Blacks in the United States and across the Diaspora. There are four specific focal points: education, testing, involvement, and treatment. Educationally, the focus is to get Blacks educated about the basics of HIV/AIDS in their local communities.

For more information visit www.nationalblackaidsday.org

5 Things You Should Know: Youth & HIV

Benjamin Di’Costa - Former Youth and Trans-gender Specialist with Latinos Salud in Broward County, current Youth Mentorship Coordinator in Chicago, IL- discussion on why we need more services for those ages 18 and younger.

01 Youth Are Affected By HIV | Living with HIV is not just an 18-and-up-thing, but an experience shared by people of all ages. And yet, programs tend to focus on people who are 18 and up, especially within the nonprofit community. We need more programming dedicated to educating and reducing stigma among our youth.

02 Not All Youth Contracted HIV Sexually | Some were infected through drug use, like sharing needles. Others contracted HIV from their mothers during pregnancy, childbirth or breastfeeding. By recognizing the various experiences of the youngest People Living With HIV/AIDS (PLWHA), we can begin to offer services that best address their distinct experiences and challenges.

03 Youth Are Becoming Rapidly Infected | Young adults between the ages of 13 and 24 accounted for about 26 percent of all new infections in 2010, according to the Centers for Disease Control and Prevention. And nearly 60 percent of HIV-positive youth in the U.S. do not know that they are infected. Fortunately, we’ve passed comprehensive sexual education in Broward, so that we can distribute condoms and perform HIV testing in our schools. But we need more funding, patience and awareness.

04 Youth Are People, Not Deliverables | Too often within the nonprofit community, we see youth exploited as a deliverable. We’re not doing ourselves, or these young people any favors by treating youth as a means to receiving grant funding. We need to increase our efforts to reduce new infections by adequately identifying and addressing their needs.

05 Treat Youth As Equals | There’s a communication gap between the older and younger generations, particularly within the LGBT community. The older community, who survived the AIDS epidemic, feels like they cannot talk to younger people because they’ve seen and done it all. Treat youth as equals. But young people too should listen and learn from the older generation how to live a long, healthy life with HIV.
1 in 4 people living with HIV in the U.S. are women.

Call the Ryan White Part A Program

954.357.9797

There are over 17,000 people living with HIV in Broward County. If you have HIV, get into treatment now.

Learn more about the many health services that can extend your life.

Free or reduced cost services available.