

# Florida PrEP Institute

January 10-12, 2018  
Orlando



## MEETING SUMMARY



CAI



# EXECUTIVE SUMMARY

As part of a pilot effort to develop state-specific HIV PrEP Institutes through the CDC-supported Capacity-Building Assistance Providers Network (CPN), a planning team at the Florida Department of Health in Tallahassee worked with CPN partners to craft a 3 day agenda of interactive sessions to assist Florida health departments, health care organizations, and community-based organizations plan for PrEP implementation (See Appendix for full agenda).

On January 10-12, 2018, 52 Institute participants met at the Heart of Florida United Way in Orlando. Thirty-four of the participants (66%) were from county health departments (CHDs). Nine (17%) were from healthcare organizations (HCOs), and 9 (17%) were from community-based organizations (CBOs). Nine counties, most from Central Florida, were represented (Duval, Orange, Seminole, Polk, Leon, Broward, Hillsborough, Manatee, and Palm Beach). Non-CHD organizations included Planned Parenthood of Southwest and Central Florida, Inc.; Tampa Hillsborough Action Plan (including EPIC/Empath Health and Synergy); Genesis Community Health, Inc.; Metro Health, Wellness & Community Centers; JASMYN, Inc.; and Big Bend Cares.

When asked for their **level of satisfaction** with the Institute on a scale of 1 to 5, with 1 being “very dissatisfied” and 5 being “very satisfied”, participants reported very high satisfaction with the overall learning experience (average 4.9, range 4-5), quality of the content (average 4.9, range 4-5), trainers (average 4.9, range 3-5), and teaching methods (average 4.8, range 3-5).

When asked about the impact of the Institute, participants reported:

- 43% improvement in **knowledge** of the topics covered in the Institute
- 44% increase in **confidence** in their ability to perform practices taught in the Institute
- 32% increase in **intention to use skills** taught in the Institute

A participant shared in their evaluation, **“I've always believed in PrEP, but implementation seemed impossible or not very doable (so to speak). Since attending the Institute I have learned so many ways/means of accessing resources to make administering/starting PrEP VERY possible.”**

Based on the success of the pilot Institute, major next steps include:

1. Establishing methods to support ongoing communication between Institute participants to facilitate continued networking and learning
2. Scheduling at least two additional PrEP Institutes in South Florida & Panhandle in 2018
3. Following up with participants at 6 months to gather PrEP initiation numbers (quantitative) as well as feedback on impact of the Institute on start-up activities (qualitative)
4. Developing a directory of Florida PrEP Champions which includes both experienced navigators and clinicians

# MEETING OVERVIEW

As part of a pilot effort to develop state-specific HIV PrEP Institutes, the CDC-supported Capacity-Building Assistance Providers Network (CPN) partnered with the Florida Department of Health (DOH) in Tallahassee to design a customized training for Florida County Health Departments (CHDs) and several collaborating health care organizations (HCOs) and community based organizations (CBOs) in selected jurisdictions. The CPN planning team was led by the San Francisco Department of Public Health's Center for Learning and Innovation, in close partnership with Ciatelli Associates, Inc., National Community Health Partners, and the CBA Resource Center (CRC) at the University of Missouri Kansas City; this team embarked on a planning process with the State over five months that involved twice-monthly conference calls.

The planning team organized two webinars in December 2017 (an orientation webinar and overview of PrEP implementation in CHD STD clinics) in advance of the interactive three day Institute held in Orlando in January. The primary goal of the Institute was to engage participating organizations in an active planning process to implement PrEP in 2018. This training activity was closely aligned with the State's desire to increase PrEP uptake as part of its four point plan to end AIDS and the planned rollout of PrEP medication through all CHD sexual health, family planning, or specialty clinics.

To select jurisdictions for this pilot Institute, the Florida DOH used the following data sources and criteria:

- **Florida DOH Survey:** In 2017, the Florida DOH conducted a survey of its 67 County HDs to establish a baseline knowledge of PrEP implementation at the public health-supported clinics as well as their understanding of PrEP referral and prescribing by local HCOs and CBOs.
- **High HIV incidence:** High HIV burden jurisdictions were prioritized; CDC strongly recommended Duval County be included in the pilot based on high HIV incidence evidence suggesting relatively limited PrEP prescribing.
- **Regional approach:** Given extremely limited travel support available for participants, the team focused on jurisdictions primarily from Central Florida in close proximity to Duval County. Orlando was selected as a central location to host the Institute to accommodate participants from regional counties.
- **Determinations of Need (DON):** In collaboration with the CPN partners, the State assessed candidate organization's readiness to prescribe PrEP in the next 6-12 months. Those organizations in the target jurisdictions that were already providing PrEP were de-prioritized. A few jurisdictions with some PrEP experience (PrEP "Champions") were selected to participate so they could share lessons learned with other Institute participants.

In addition to helping with organizational selection, DONs allowed the partners to learn more about the intentions, understanding, strengths, and challenges for PrEP stakeholders in each county. Insights from the DONs allowed the team to craft an Institute agenda that would be maximally responsive to participant needs (see Appendix).

On January 10-12, 2018, 52 Institute participants met at the Heart of Florida United Way in Orlando, and participated in three days of activities. The first two days engaged all participants and the last day focused only health department staff. The full agenda can be found in the Appendix. In addition to the CPN training team (5 from the SFDPH, 3 from CAI, and 3 from NCHP) 2 members of the CRC offered key logistical support, and two members from the CPN observed (Dr. A.D. McNaughten, Chief of the Capacity Building Branch from CDC, and Dr. Robin Kelley from NMAC).

Thirty-four of the participants (66%) were from CHDs. Nine (17%) were from HCOs, and 9 (17%) were from CBOs. The nine counties represented included Duval, Orange, Seminole, Polk, Leon, Broward, Hillsborough, Manatee, and Palm Beach. Non-CHD organizations included Planned Parenthood of Southwest and Central Florida, Inc.; Tampa Hillsborough Action Plan (including EPIC/Empath Health and Synergy); Genesis Community Health, Inc.; Metro Health, Wellness & Community Centers; JASMYN, Inc.; and Big Bend Cares.

## LEARNING OBJECTIVES

There were three stated learning objectives for the Institute:

1. To describe up to 3 barriers to PrEP uptake for the jurisdiction's target population(s), as well as at least 3 strategies to overcome them
2. To identify a model for PrEP implementation that fits well with the mission and workflow of the organization
3. To develop a PrEP Implementation Plan specific to your organization/jurisdiction that could be implemented immediately post-Institute

## AGENDA

**Day 1:** The first day of the agenda included multiple presentations that offered background and key information related to PrEP, including the Florida PrEP landscape, a PrEP users panel, implementation lessons from Florida PrEP Champions, the essentials of PrEP navigation, mapping PrEP journeys for priority populations, and community and individual-level messaging about PrEP.

**Day 2:** The second day was focused on within-county collaboration. The day opened with a group activity to explore communication, coordination, and collaboration strategies, followed by a "coat of arms" exercise for representatives from each county to brainstorm strategies to collaboratively engage priority populations. After a break, participants from the organizations used worksheets to develop a concrete PrEP implementation plan. There was a large group discussion using case studies to illustrate and problem-solve PrEP workforce-related challenges, then a brainstorm of capacity-building needs and a closing activity to turn the PrEP planning

into action items that were detailed on a postcard, which the CPN will mail to participants one month post-Institute so they can measure progress.

**Day 3:** The third day of the Institute was for health department staff only. This day started with an extended presentation on monitoring and evaluating PrEP uptake with a focus on using the HMS electronic health record at CHD-run clinics, a discussion of leveraging resources to expand PrEP services, a review of “Data to PrEP” strategies (using STD surveillance data and partner services to support PrEP outreach), and a discussion of increasing clinical and non-clinical provider capacity through academic/public health detailing and communities of practice. The day closed with a working lunch, during which the Florida DOH Leadership Team from Tallahassee met with the CPN partners to debrief the Institute, determining lessons learned and next steps.

## EVALUATION FINDINGS

All participants were asked to complete an evaluation at the end of each day. In total, 38 evaluations were collected (73% response rate). Twenty-seven (71%) were from CHD staff attendees, 6 (16%) from HCO staff attendees, and 5 (13%) from CBO staff attendees.

### Satisfaction and Impact

When asked for their **level of satisfaction** with the Institute on a scale of 1 to 5, with 1 being “very dissatisfied” and 5 being “very satisfied”, participants reported very high satisfaction with the overall learning experience (average 4.9, range 4-5), quality of the content (average 4.9, range 4-5), trainers (average 4.9, range 3-5), and teaching methods (average 4.8, range 3-5).

When asked about their **knowledge** of the topics covered in the Institute on a scale of 1 to 5, with 1 being “none” and 5 being “high”, participants reported an average knowledge rating of 3.3 *before* the Institute (range 1-5), and 4.7 *after* the Institute (range 4-5), a **43% increase**.

When asked about their **confidence** in their ability to perform practices taught in the Institute, participants reported an average confidence of 3.1 before (range 1-5) and 4.5 after (range 2-5), a **44% increase**.

When asked how much they did / do **intend to use skills** taught in the Institute, participants reported that before the Institute they intended to use the skills with an average rating of 3.7 (between “somewhat” and “moderately”) but after the Institute they intend to use the skills with an average rating of 4.8 (“a lot”), a **32% increase**.

Finally, when asked about their perceived **access more training** about PrEP before or after the Institute, participants reported an average rating of 3.5 before the Institute (range 1-5) and 4.8 after the Institute (range 4-5), a **37% increase**.

## Specific Practices

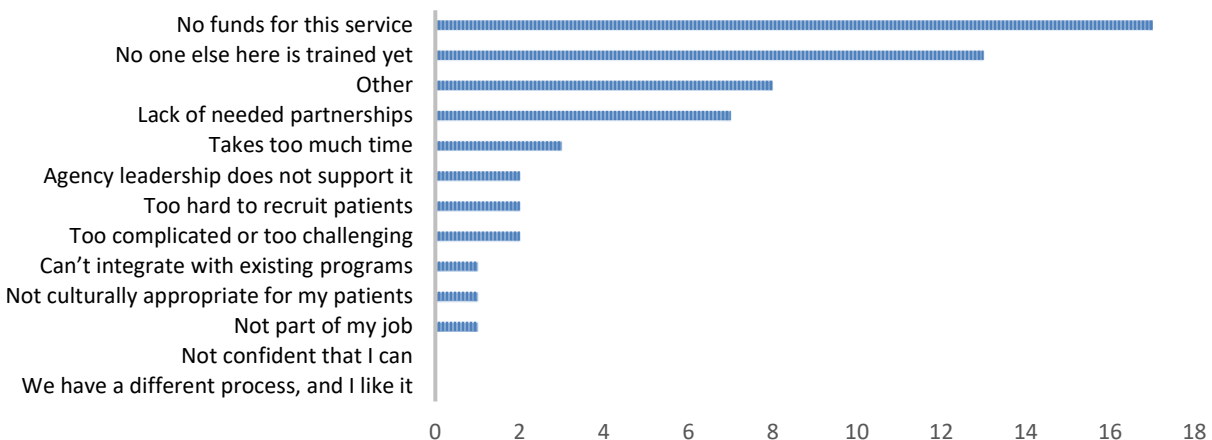
In the next section, participants were asked what **one specific practice** they intended to change as a result of the Institute. One participant wrote, **“I've always believed in PrEP, but implementation seemed impossible or not very doable (so to speak). Since attending the Institute I have learned so many ways/means of accessing resources to make administering/starting PrEP VERY possible.”**

Other participant responses included:

- Direct training with frontline staff re PrEP
- Develop a weekly audit tool to make sure labs are followed up upon in a timely manner, and patient/pharmacy receives the prescription for Truvada within 7 days of HIV test
- Provide additional training for front desk and clinical staff
- Talk or educate about PrEP if client or person has risk
- Comprehensive understanding of financial options
- Increase use of existing training and development resources; networking
- Continue to advocate for a navigator
- Information sharing among all staff; strategizing, planning, goal setting, re-evaluation
- No physical exams required for PrEP clients
- Same day PrEP given at the same time labs were drawn
- Importance of hiring a PrEP Navigator ASAP
- Local training- staff needs to be aware of PrEP in our DOH
- Patient recruiting practices
- Community/collaborate/cooperate more with the private sector
- Utilize 340B funds for the PrEP program
- Change my clinic setting to more "private", with a separate clinic for HIV/STD patients
- Flow chart and prioritize on how to implement PrEP

## Barriers

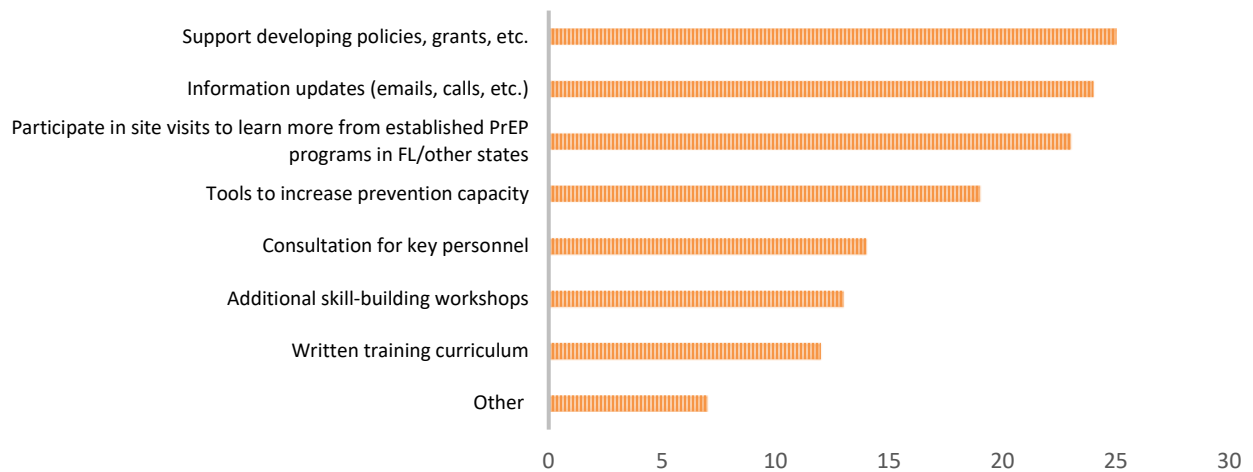
Participants were then asked what they think are the **most important barriers** to using the skills they had learned in their practice setting. Almost half (45%) chose lack of funding, followed by lack of training (34%) and lack of needed partnerships (18%). Other responses are shown in the figure below:



For those who noted “other” barriers, specified answers included: “additional workload without additional staff/financial support”; “finding appropriate staff time / resources”; “unfunded mandate”; “need PrEP navigators”; “there will most likely be some resistance in the clinics regarding extra work”; and “there isn’t one voice in Duval County on PrEP and it is needed!”

**Additional Assistance**

Participants were then asked about the types of **additional assistance** they were most interested in receiving after the Institute. Two thirds of respondents said they would like support developing policies, grants, etc. and almost as many (63%) said they were interested in information updates (emails, calls, etc.). Sixty-one percent said they would be interested in participating in site visits to learn more from established PrEP programs.



Those who expressed interest in additional skill-building workshops specified they wanted workshops that “focused on nurses”; included “in-person provider training”; “PrEP Navigation training for the community”; and a “Jan 2019 PrEP Institute: Where are we now / Kick it up a notch!” Those who reported a desire for more written training curricula requested it related to data collection (this was an HCO provider who did not attend day 3 of the Institute) and PrEP info “From A to Z” as reference material. Finally, the 7 participants who noted a desire for “Other” types of additional assistance specified “A state-supported grantwriter to bring in funds”; “An identified coach to assess and assist”; “A think tank for overcoming barriers”; A follow-up Post Institute”; to “Touch base in 6 months-1 year. Training, set goals, outcomes?”; “More Institutes like this”; and “Money, money, money”.

**Most valuable aspect**

When asked for the most valuable aspect of participating in the Institute, responses included:

- Interactive activities and networking
- Networking and establishing relationships with other CHDs and community orgs
- Listening to others talk about doing PrEP and the panel when they talked about their experience being on PrEP
- The networking with not only my county but of other counties that attended
- Networking with people in my county
- Group exercises, diverse topics

- Having a round table discussion with county partners to hear how we can either partner or help one another out through this process
- Gaining an understanding of PrEP/PEP
- Cross-learning and training
- Collaborations
- Networking, face-to-face sharing of ideas/tools
- Finding other health departments we can get assistance from in the practice in our clinic
- Knowledge of PrEP and having others who are already offering PrEP
- Sharing many great, new ideas
- Getting the chance to talk to other agencies statewide and local
- Everything! Such an incredible opportunity to collaborate and focus with our state. So happy to have had this opportunity.
- Learn new information to implement at my agency
- Networking and best practices
- A lot of sitting, almost a little overwhelming, but great stuff - thank you!
- The worksheets and follow-up slides and info
- The information sharing from agencies of best practices
- The protocol
- The knowledge and conversations
- Gaining insight from facilities who already have program in place / not enough
- Sharing of info. Gained understanding of other health departments
- Loved the panel on the first day and all group/table activities. Also have lunch/food was a nice touch! Nice having slides on flash drives, too. Thank you!
- The panel hearing people's experiences
- To see key leaders and listen to their experiences, challenges, and best practices
- Meeting with community partners and other DOH staff
- Networking
- Gaining the knowledge of all the available resources. Also, that beginning/implementing PrEP is not very difficult after all and that it will become easier over time.
- Learning about how to start PrEP; learning about how to network with CBOs also
- The 90 min of completing the "Implementation Plan". Wish that could've been even longer.
- Focus on retention

### **Meeting objectives, balance, and bias**

Participants were asked to independently rate how well the Institute's learning objectives were met, on a scale of 1 to 5 (from "not at all" to "very well"). The average score was 4.7 for objective 1 (being able to describe barriers and strategies to overcome them) and 4.6 for objectives 2 (identifying a fitting model of PrEP implementation) and 3 (developing a PrEP implementation plan), with a range of 3-5, 2-5, and 2-5, respectively.

Every participant who answered the question said that yes, the presentations were evidence-based and balanced (100%), free of commercial bias (100%), and that the objectives of the training were met in general (100%).



## PrEP numbers

When asked for approximately how many clients/patients to whom their organization has prescribed PrEP over the past 12 months, answers ranged from zero (70% of those answering the question) to 700, with an average of 86 patients prescribed PrEP among those with non-zero answers (range 1-700).

When asked for approximately how many clients/patients their organization has linked to PrEP services (outside their organization) over the past 12 months, answers ranged from zero (52% of those answering the question) to 150, with an average of 28 patients linked to PrEP among those with non-zero answers (range 1-150).

## Session-specific ratings

Finally, participants were asked to rate each specific session for the Institute, both related to the trainers' knowledge on the topic and their facilitation skills. All ratings were on a scale of 1 to 5, with 1 being "minimal" and 5 being "great". Average ratings for each session are detailed in the table below.

<b>Session: Trainers</b>	<b>Knowledge</b>	<b>Facilitation</b>
<b>DAY 1</b>		
FL PrEP Landscape: Mara Michniewicz, Dr. Jeffrey Beal	4.84	4.86
Learning from PrEP Users: Leisha McKinley-Beach (moderator)	4.78	4.78
Organizational Models of PrEP Implementation: Kathy Dobson, Christian Klimas, Yolanda Kellam-Carter, Sabrina Cluesman	4.79	4.76
Essentials of PrEP Navigation: Robert Wilder Blue, Tom Webster, Will Murphy	4.82	4.74
Mapping PrEP Journeys: Dr. Jonathan Fuchs (moderator)	4.87	4.87
PrEP Messaging: Mara Michniewicz, Shannon Weber, Tom Webster	4.89	4.87
<b>DAY 2</b>		
County-level strategies to engage priority populations: Tom Webster, Will Murphy, Shannon Weber, Dr. Jonathan Fuchs	4.84	4.86
Strengthening the PrEP Workforce: Leisha McKinley-Beach, Michael Sandoval, Will Murphy	4.89	4.89
Building Capacity: Soliciting ideas from participants: Dr. Jonathan Fuchs (moderator)	4.92	4.92
Moving from Planning to Action: Shelley Facente (moderator)	4.89	4.89
<b>DAY 3 (health department staff only)</b>		
Monitoring and Evaluating PrEP Uptake: Dr. Jonathan Fuchs, Dr. Jeffrey Beal, Debbie Taylor	5.00	5.00
Leveraging Resources to Expand PrEP: Mara Michniewicz	4.93	4.89
Using STD Surveillance Data/Partner Services to Support PrEP: Dr. Jonathan Fuchs	4.96	4.96
Increasing Clinical/Non-Clinical Provider Capacity: Dr. Jonathan Fuchs, Robert Wilder Blue	4.96	4.96

## Other comments

Participants were given free space to provide any other information about their Institute experience or suggestions for improvement. Many participants also wrote clarifying notes in various places on the evaluation; each of these qualitative responses are captured in the list below:

- Great! One of the most useful trainings!
- I especially enjoyed the interactive and group activities.
- Please provide water bottles in the AM. Seems silly, but needed.
- A lot of great information provided.
- Loved the hands-on and group activities.
- TelePrEP [would be helpful].
- Offer more [of these Institutes]!
- I don't deal with insurance and found that it gave me a heart attack!
- Overall it was very good.
- More discussion from "established" programs to express barriers and how to overcome them [would have been beneficial].
- I think it would be very helpful to have the person in charge of each county's program plus the lead medical provider attend. Some will have a hard time "selling" PrEP and need leadership to hear this info.
- Well-developed curriculum and reachable faculty: the real deal!
- Overall, the experience was wonderful and provided great info on our current strengths and areas for improvement.
- Minor: Offer decaf coffee as well. Major: 1) Less speakers to allow more time for each, 2) Have a section set aside for a panel of facilities who have PrEP in place to discuss what they found did not work and what did work
- Great, useable info. Come back in one year for follow-up, maybe even a touch-base in 6 months.
- Speakers often ran over time - puts others behind.
- Have training at same location as hotel - easier to get to.
- Have best practices from others that already have PrEP implemented as to what works/what doesn't. Even like a flow process.
- Speakers need to increase speaking volume or have a microphone - very loud crowd on day 1!
- Speakers ran out of handouts - could've made copies at United Way.
- Different room [would have been preferred].
- Really enjoyed the panel discussion; perhaps having someone role-play their process from beginning to end would be valuable.
- All trainers were excellent. Loved the diversity of trainers from multiple organizations.
- Best Practice to have trainer with each table during activities, to ensure each group is on track
- PrEP users panel was outstanding!
- Handouts were great - thank you for those.
- [The journey mapping activity was] confusing, and [had a] poor explanation of how to complete task.

- Should have speakers' names separate [for the session evaluations], not all together to get an accurate evaluation of each one.
- All amazing speakers with so much great information.
- Shelley was amazing! Thank you!
- Thorough presentations, plenty of time to ask questions.
- I'm walking away with lots of new ideas.
- The information was incredible. Now we have an idea of how to start.

## **ESTIMATED START DATES**

At the end of Day 2, participants were asked to turn planning into action by completing self-addressed postcards that listed action steps they planned to take over the next month, and provided an estimated start date for providing PrEP within their organization. Postcards will be mailed to participants by the CRC approximately one month from that date.

Start dates listed on the cards were as follows:

Polk DOH	-	January 16, 2018
Planned Parenthood	-	February 28, 2018 (expansion to additional clinics)
Leon DOH	-	March 1, 2018
Big Bend Cares / Care Point	-	March 1, 2018
Orlando Immunology Center	-	Feb or March, 2018 (expansion)
Duval DOH	-	postcards varied from 3/1/18 to 6/2018 to 8/2018
Orange DOH	-	March 30, 2018
JASMYN	-	increasing access to PrEP for minors ages 13-17 by April 1, 2018
Palm Beach DOH	-	April 2, 2018
Hillsborough DOH	-	April 16, 2018
Synergy (THAP)	-	12-18 months

## **CAPACITY-BUILDING NEEDS**

On Day 2, there was a facilitated session to help participants identify additional capacity-building needs to implement PrEP successfully. Responses from this brainstorm included:

- How to identify/leverage funding/resources (need more FTE)
- How to recruit/hire diverse staff to provide and support PrEP
- How to hire and train PrEP navigators
- Motivational Interviewing skills/capabilities
- Customer Service/front-line staff training
- PrEP 101

- Medication Assistance Programs (MAP) – more info about these to pay for PrEP
- Think tanks to overcome barriers
- Local task force/Networks (similar to CANE)
- Ways to share information about barriers when clients try to access PrEP
- Monitoring and evaluation (can the State gather and disseminate information?)
  - Information on PrEP uptake/TA needs
  - Agree on common data points statewide (or at least countywide)
- Support to move away from paper (toward iPad or Tablet, particularly re: eligibility assessment)
- Support for clinical TA providers (perhaps through the AETC, Gilead, or the CPN)
  - Prescribing PrEP
  - Finding time
  - Cultural competence (particularly identifying key providers who need training)

## KEY TAKEAWAYS

At the end of Day 3, the CPN team and Florida DOH (Central Office) staff met to debrief about the Institute using a +/- strategy. Key takeaways are noted below:

### **Positive Aspects of this PrEP Institute (+)**

- The Institute definitely fostered partnerships & sparked collaboration
- Leadership from the State was critical and excellent
- We were able to gauge & assess readiness through the DON process; highly customized DONs led to a tailored Institute that really directly met people's needs
- People really liked that it was state-specific, not off-the-shelf
- The Institute provided value for champions as well (they didn't just teach)
- PrEP user panel was OUTSTANDING, early timing was also important
- PrEP champions were also very important to the picture, and could be used more
- Leisha did a great job with the PrEP user panel and the provider capacity case studies
- People really appreciated the resources re how to pay for PrEP (especially Robert's details)
- Journey mapping was very positive (though needed more time / simplification)
- People loved that there were a variety of topics
- The agenda was very comprehensive, which helped this stand more or less on its own
- It was good to have different presenters (kept it interesting)
- Interactive exercises were frequent, much positive feedback about this
- Overall the Institute was culturally responsive, which participants noted and appreciated
- People were candid, which meant we had created a safe space for real discussion
- Flow of first day's agenda was optimal – keep that for the future!

### **Areas of change to consider for future institutes (Δ)**

- Venue location should be near restaurants, especially if paying for lunch is a challenge within the CPN structure
- HOT coffee is essential! This was a challenge. Water also really needs to be provided.
- Name cards on the table are important, beforehand (if county arrangements matter, which they did for this Institute). County-based seating from the beginning would have been good
- The Secret shopper strategy would have been a good one to discuss
- Provide Pharmacist continuing education credit, since several pharmacists attended
- When we asked people what they hoped to get out of the Institute, we could have created a checklist that we then checked off as we provided those things (ongoing visual)
- Questionable value of HMS presentation to non-clinicians (though codes were valuable to Admin) – this was a large portion of Day 3
- Need more time for journey mapping, or consider splitting PrEP stages by table
- More attention to CBO evolution (to provide HCO services, even if not an FQHC) – these blurry lines sometimes created confusion
- Important to modify the epi slide set (landscape presentation) to be specific to the Institute audience (the one used during this Institute was long and very detailed)
- Statewide social marketing development was in progress, so it was difficult to talk about PrEP messaging (resources are not yet final, etc.)
- We needed more time for the implementation plan section (people found this valuable)
- We found ourselves wanting to see the implementation plans – perhaps collect and copy?
- More visual instructions (i.e., on a slide) would have been helpful for some interactive activities
- More time for navigation – perhaps less time for Will’s piece of the presentation
- We spent much of the Institute highlighting “Best Practices” but then some participants reported that it would have been useful to have event more best practices information. Perhaps have a handout that is a “best practices tracker” so this information is more evident?
- Worth considering separate tracks for more intensive training for navigators vs. clinicians vs. administrators
- More info could have been collected before/during about the participants’ roles in the counties, which would have helped discussion and facilitation
- More time for the session on capacity building during day 3; many people said they wanted more attention to capacity building, though there was a session dedicated to this
- More clarity needed about what the next steps would look like for participants (group calls, an information distribution list or Google group, CRIS request tools)
- Improve recruitment of non-HD attendees, to have a more robust picture of the PrEP network countywide. Look to include participants from ERs/hospitals, private MDs
- Postcard activity at the end of Day 2 felt overlooked; people were tired and while this should have been a highlight, the postcards were of questionable content quality and usefulness. Consider moving this part of the Institute earlier, when people are fresher

- Consider how to integrate PrEP users into other activities, not just a “one and done” panel early on day 1 (this was a favorite of participants and facilitators alike).
- Include PrEP champions more heavily in the process, not just as a quick panel and that is the only time they share the lessons learned (although they actively participated throughout and offered comments during all discussions)
- Committing more info to paper from rich experience (i.e. Robert’s commentary on patient assistance program navigation, etc. could be turned into a handout)

## NEXT STEPS

In conclusion, next steps for the FL PrEP Institute Planning Team include:

### SHORT TERM

1. Group call from 3-4pm FL time on Jan 24, to review evaluation findings, etc.
2. Short debrief of Institute on next CPN PrEP/PEP/ARV Workgroup call Jan 24 (Shelley/Jonathan)
3. Shelley to send out email thank you to participants that highlights types of CBA available, provides navigation scripts and navigator job descriptions, etc. (*Complete*)
4. Jonathan to contact Sam Graper at Orlando Immunology Center re the press piece he asked us about immediately before the Institute began (*Complete*)

### MEDIUM TERM

5. FLDOH to explore establishing a GroupSite/Google group/similar (SFDPH to assist), to facilitate continued networking and conversation among participants (this was a major request of the group)
6. Mara will look at HIV/AIDS calendar re: scheduling future trainings in South Florida & Panhandle
7. Develop a simple application process to formalize who should be in the room (some registered participants no-showed, others showed despite not being registered; participant makeup was not always ideal within counties and an application may improve that)
8. Jonathan to look into EPIC data collection options (for ease/standardization)
9. Robert to have an exploratory call with Gilead re possibilities for funding to support iPad data collection options

### LONGER TERM

10. Conduct follow-up with participants at 6 months to gather PrEP initiation numbers (quantitative) as well as feedback on impact of the Institute (qualitative) (Shelley)
11. Develop a PrEP Champion directory, that includes both navigators and champion clinicians (FLDOH, with CPN support as needed)

# APPENDIX



Heart of Florida United Way  
1940 Traylor Blvd  
Orlando, FL 32804

## Agenda

### Day 1, Wednesday, January 10<sup>th</sup>

8:00 – 8:30am      **Registration**

8:30 – 9:00am      **Welcome and Introductions**  
*Moderator:* Shelley Facente, MPH -- SFDPH

9:00 – 10:00am    **The Florida PrEP landscape: Scaling up to meet the need of priority populations**  
*Moderator:* Brandon Moton, DrPH(c), MPH -- Florida DOH  
*Speakers:*    Mara Michniewicz, MPH -- Florida DOH  
                 Jeffrey Beal, MD -- Florida DOH

*This session will review the State's HIV/STI epidemiology to guide PrEP implementation as a key strategy in addressing new HIV diagnoses in priority populations. A focused review of PrEP effectiveness and clinical monitoring strategies will be provided.*

10:00- 10:15am    **Break**

10:15 – 11:00am    **Learning from PrEP Users**  
*Moderator:* Leisha McKinley-Beach, MPH -- Black AIDS Institute/SFDPH

*This session will engage current PrEP users to share their individual PrEP stories, highlighting positive experiences and challenges they have faced accessing, initiating and continuing PrEP.*

**11:00 – 12:00pm**     **Organizational models of PrEP Implementation: Lessons from the field**  
*Moderator:* Harold Thomas, MS, MUEP -- NCHP  
*Speakers:* Kathy Dobson -- Planned Parenthood  
Christian Klimas -- Metro Wellness and Community Centers  
Yolanda Kellam-Carter, MEd -- Duval County Health Department  
Sabrina Cluesman -- JASMYN

*This session will feature current PrEP champions from different clinical settings to describe the services provided, patients served, staffing, and funding. Panelists will also share obstacles faced during program startup, as well as current challenges and plans moving forward.*

**12:00 – 1:00pm**     **Lunch**

**1:00 – 2:30pm**     **Essentials of PrEP Navigation**  
*Speakers:* Robert Wilder Blue, MSW -- SFDPH  
Tom Webster -- Cikatelli Associates Inc.  
Will Murphy -- Cikatelli Associates, Inc.

*This session will review the essentials of PrEP navigation and cover medication access for publicly and privately insured and uninsured patients as well as support strategies that can enhance initiation, follow-up, adherence, and retention. Participants will walk through case studies to illustrate key concepts in PrEP navigation and review several helpful resources.*

**2:30 – 2:45pm**     **Break**

**2:45 – 3:45pm**     **Mapping PrEP journeys across the PrEP cascade for our priority populations**  
*Moderator:* Jonathan Fuchs, MD, MPH -- SFDPH

*This session will encourage participants to track the PrEP experience for different priority populations as they navigate a wide range of medical and non-medical issues that may affect their individual PrEP journeys. Participants will describe potential “pain points” that may affect knowledge and awareness of PrEP, PrEP uptake, and retention in PrEP care.*

**3:45 – 4:45pm**     **Community and Individual-level Messaging about PrEP**  
*Speakers:* Mara Michniewicz, MPH -- Florida DOH  
Shannon Weber, MSW -- PleasePrEPme.org/ SFDPH  
Tom Webster -- Cikatelli Associates, Inc.

*This session will highlight state-sponsored plans to increase community PrEP awareness through social marketing and provider capacity building. Learnings from PleasePrEPme.org will guide an interactive discussion about key messages we can share with prospective PrEP users and the larger community about PrEP effectiveness, risk perception, STI prevention and condom use, relationship of PrEP and PEP, among other frequently asked questions.*



- 4:45 – 5:00pm**      **Wrap up and discussion of any outstanding items**
- 6:00 -- 7:30pm**      **Networking Reception at the Crowne Plaza Orlando-Downtown Hotel Concord Room**  
*Cash bar with light refreshments provided, courtesy of the San Francisco Public Health Foundation*

**Day 2, Thursday, Jan. 11th**

- 8:30 – 8:45am**      **Welcome and reflections on Day 1**

- 8:45 – 10:15am**      **County-level strategies to engage priority populations**  
*Moderators:* Tom Webster -- Cicatelli Associates, Inc.  
 Will Murphy – Cicatelli Associates, Inc.  
 Shannon Weber, MSW -- PleasePrEPme.org / SFDPH  
 Jonathan Fuchs, MD, MPH -- SFDPH

*This interactive session will encourage participants to explore communication, coordination, and collaboration at the jurisdictional level, and consider ways to enhance community-level outreach to priority populations, assessing for PrEP eligibility, initiating them on PrEP, retaining them in PrEP care and optimizing adherence (including referral for other services and support).*

- 10:15 --10:30am**      **Break**

- 10:30 – 12:00pm**      **Developing a PrEP Implementation Plan**  
*Moderator-* Robert Wilder Blue, MSW -- SFDPH

*This session will provide time for site teams to develop their local implementation plans to begin offering PrEP or scaling up their activities to reach a larger group of eligible PrEP clients and/or access populations they may not be reaching currently. CPN and FLDOH team members will provide support to organizational teams.*

- 12:00 – 1:00pm**      **Lunch**

- 1:00 – 1:30pm**      **Large-group discussion reflecting on the morning**  
*Moderator:* Shelley Facente, MPH -- SFDPH

- 1:30 -- 2:30pm**      **Strengthening the PrEP workforce**  
*Speakers:* Leisha McKinley-Beach, MPH -- Black AIDS Institute/SFDPH  
 Michael Sandoval, MS -- NCHP  
 Will Murphy -- Cicatelli Associates, Inc.

*This session will use a case-based approach to focus on organizational readiness to provide culturally-responsive PrEP services and to create welcoming environments for clients from diverse backgrounds. Participants will also describe ways to train and support clinical and non-clinical staff.*

- 2:30 -- 2:45pm**      **Break**
- 2:45 – 3:15pm**      **Building capacity: What can the Florida DOH and CBA providers offer?**  
*Moderator: Jonathan Fuchs, MD, MPH -- SFDPH*
- This session will solicit ideas from participants about capacity building needs that may help address perceived gaps in organizational knowledge and skills required to implement PrEP.*
- 3:15 – 3:45pm**      **Moving from Planning to Action**  
*Moderator: Shelley Facente, MPH -- SFDPH*
- This final session of Day 2 will ask participants to draft next steps and share back highlights of their organizational implementation plans.*
- 3:45 – 4:00pm**      **Evaluation and adjourn**

**Day 3, Friday, Jan. 12th (For Health Department Staff)**

- 8:30 – 9:00am**      **Implementation Workshop Review, including specific needs from partners identified during days 1/2**
- 9:00 – 9:45pm**      **Monitoring and Evaluating PrEP uptake**  
*Moderator: Jonathan Fuchs, MD, MPH -- SFDPH*  
*Speakers: Debbie Taylor, RN, MPA -- Florida DOH*  
*Jeffrey Beal, MD -- Florida DOH*
- This session will lead off with a discussion of data sources to monitor PrEP uptake followed by a discussion of the HMS electronic health record to focus on tracking PrEP use at health-department run clinics.*
- 9:45 – 10:15am**      **Leveraging resources to expand PrEP services**  
*Speaker: Mara Michniewicz, MPH -- Florida DOH*
- This session will highlight for county HDs the funding landscape for PrEP rollout, including the new CDC integrated prevention and surveillance cooperative agreement (18-1802), and other federal, state, and county resources that can be invested to scale up PrEP implementation.*
- 10:15 -10:30am**      **Break**

**10:30 – 11:15am**      **Using STD surveillance data/partner services to support PrEP outreach**  
*Speaker:* Jonathan Fuchs, MD, MPH -- SFDPH

*This session will focus on an emerging outreach strategy for Disease Investigation Specialists (DIS) to use STI surveillance data to identify individuals at risk for HIV and who could be offered PrEP education and referral for services.*

**10:30 – 11:15am**      **Increasing clinical and non-clinical provider capacity**

*Moderator:* Shelley Facente, MPH -- SFDPH  
*Speakers:* Jonathan Fuchs, MD, MPH -- SFDPH  
Robert Wilder Blue, MSW -- SFDPH

*This session will focus on evidence-based strategies to increase PrEP prescribing using academic/public health detailing as well as communities of practice to support case-based discussions among staff responsible for navigating clients to PrEP and offering other supportive services. Opportunities to link with medical societies and other professional organizations will be explored.*

**11:45- 12:00pm**      **Closing comments, discussion of post-Institute evaluation**

*Moderator:* Shelley Facente, MPH -- SFDPH

***County HD staff adjourn***

**12:00-2:00pm**      **Lunch and Institute debrief with the Florida DOH Leadership team**

*Moderator:* Shelley Facente, MPH -- SFDPH