Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

# MEETING AGENDA

**Committee:** Membership/Council Development Committee
**Date/Time:** July 9, 2020, 11:30 a.m. **Location:** Virtual Meeting Room
**Chair:** Vincent Foster **Vice-Chair:** Timothy Moragne

1. **CALL TO ORDER:**
   a. Welcome
   b. Ground Rules
   c. Statement of Sunshine
   d. Introductions
   e. Moment of Silence
   f. Public Comment

2. **APPROVALS:** 07/09/2020 Agenda and 06/11/20 Meeting Minutes

3. **STANDARD COMMITTEE ITEMS**
   I. **Current Applicants, Interested Parties, and Appointments (Handout Provided in Meeting)**
   *Work Plan Objective 1: Ensure HIVPC is representative and reflective.*
   ACTION ITEM: Review application.

4. **NEW BUSINESS**
   I. **Needs Assessment Presentation (Handout A)**
   *Work Plan Activity 4.3: Conduct ongoing member training*
   ACTION ITEM: Receive Needs Assessment presentation.

5. **RECIPIENT REPORT**

6. **PUBLIC COMMENT**

7. **ANNOUNCEMENTS**

8. **ADJOURNMENT**

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**PLEASE COMPLETE YOUR MEETING EVALUATIONS**

**THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL**

• Linkage to Care •Retention in Care • Viral Load Suppression •

**VISION**: To ensure the delivery of high-quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

**MISSION**: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care

Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

# FY 2020-21 Membership/Council Development Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Membership/Council Development Committee in achieving its objectives in the coming year.

For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

**GOAL: Ensure HIVPC membership reflects the HIV demographics of the Broward EMA including 33% representation of unaffiliated PLWHA.**
**Passionately engage 100 Community Members and recruit 7 members to the HIVPC.**

## Objective 1: Ensure HIVPC is representative and reflective

| Activities | Frequency | Responsible Party | Outcomes | Action Items/Data Prep | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.1 Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members are unaffiliated PLWHA | Quarterly | Staff/MCDC | Ensure HIVPC reflects epidemic | Review council demographics at each MCDC meeting. Review changes to council demographics according to each applicant, prior to committee approval for HIVPC membership. Prioritize unaffiliated consumer demographics in order to maintain minimum of 33% PLWHA representation. | X | | | X | | | | | | | | |
| 1.2 Review seat status and ensure mandated seats are filled | Quarterly | Staff/MCDC | Ensure compliance | Monitor current member affiliations; ask members to update their contact information annually. Actively recruit members for vacant federally mandated seats. | X | | | X | | | | | | | | |
| 1.3 Announce vacant positions at each Executive/HIVPC meeting | Monthly | MCDC Chair | Public awareness | Announce vacant positions and mandated seats during committee reports at each Executive and HIVPC meeting. | X | | | X | | | | | | | | |
| 1.4 Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders | Monthly | MCDC | Increased community awareness | Provide information on vacant positions and mandated seats to Case Managers, gatekeepers, and other HIV stakeholders via correspondance and distribution of marketing materials. | | | | | | | | | | | | |

## Objective 2: Member selection process and application procedure development

| Activities | Frequency | Responsible Party | Outcomes | Action Items/Data Prep | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.1 Review and update Recruitment & Retention Plan | Annually | MCDC/Staff | Recruitment & Retention of new HIVPC and Committee members | Review previous year's Recruitment & Retention Plan and revise based on outcomes and new intitiatives/strategies. | | | | | | | | | | | | |
| 2.2 Complete tasks outlined in Recruitment & Retention Plan | Ongoing | MCDC | Recruitment & Retention of new HIVPC and Committee members | Complete tasks outlined in Recruitment & Retention Plan. | | | | | | | | | | | | |
| 2.3 Develop recruitment and website materials | As Needed | Staff | Strategic recruitment of new members | Develop marketing materials as needed. | | | | | | | | | | | | |
| 2.4 Develop HIVPC promotional video | To be completed in FY2020 | MCDC/Staff | Strategic recruitment of new members | Produce a video that describes the purpose of HIVPC, the work of the Council and Committees, and how to join a Committee or the HIVPC. | | | | | | | | | | | | |
| 2.5 Revise HIVPC and Committee applications | As Needed | MCDC/Staff | Ensure up-to-date language and current information is provided to Interested Parties | Review HIVPC and Committee applications to ensure the most current information is available, that language is inclusive, and that HIVPC receives necessary information for its review of applications. | | | | | | | | | | | | |

## Objective 3: Recruitment & Engagement Efforts

| Activities | Frequency | Responsible Party | Outcomes | Action Items/Data Prep | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.1 Hold Membership Drive | Annually | MCDC/ Staff | Increased community awareness | Conduct outreach at multiple provider agencies or other HIV stakeholders via tabling, games, and other engagement activities. | | | | | | | | | | | | |
| 3.2 Collaborate with HIV stakeholders to create engagement opportunities | Ongoing | MCDC/ HIVPC | Increased community awareness | Provide brief overviews of the HIVPC at HIV stakeholder events. | | | | | | | | | | | | |
| 3.3 Develop engagement opportunities for the HIVPC in the community | Ongoing | MCDC | Increased community awareness | Create opportunities for HIVPC to engage and recruit community members. | | | | | | | | | | | | |
| 3.4 Host ongoing Orientations for prospective members on the scope of committees and expectations of new members | As Needed | MCDC | Strategic recruitment of new members | Train prospective members on topics relevant to HIVPC membership. Topics include education about the 3 guiding principles, the Ryan White Program, and the functions of the HIVPC Standing Committees. | | | | X | | | | | | | | |
| 3.5 Review Recruitment & Retention tools from other jurisdictions | Monthly | MCDC | Increased member awareness of recruitment and retention strategies | At each meeting, an MCDC member will present a recruitment or retention tool utilized by other jurisdictions. This will facilitate discussion of potential new strategies. | X | | | | | | | | | | | |

## Objective 4: Planning Council Development and Committee Collaboration

| Activities | Frequency | Responsible Party | Outcomes | Action Items/Data Prep | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4.1 Collaborate with other Committees of the HIVPC to participate in activities | Ongoing | MCDC | Cross-Committee Collaboration | Discuss upcoming HIVPC events with host committees and determine opportunities for collaboration. | | | | | | | | | | | | | |
| 4.2 Recognize Member of the Year | Annually | MCDC/ HIVPC | Acknowledgement of Member Achievement | Develop a system by which to recognize a member for his/her/their contributions to the work of the HIVPC. | | | | | | | | | | | | | |
| 4.3 Conduct ongoing member training | Quarterly/As Needed | MCDC/ Executive Committee/ Staff | Capacity building | Conduct member trainings based on MCDC Training Plan to further educate HIVPC members. | | | | | | | | | | | | | |
| 4.4 Create a Succession Development Plan | Ongoing | MCDC/Staff | Capacity building | Create a framework to empower members to fill leadership positions and be strong advocates for HIVPC and its Committees. | | | | | | | | | | | | | |
| 4.5 Conduct post-appontment training to educate newly appointed members on the HIVPC member roles and responsibilities | As Needed | MCDC & HIVPC Chair/Vice Chair | Educated HIVPC | Train new members on topics including attendance policies, sunshine laws, grievance policies, service descriptions, mentor program, reimbursement policies, etc. | | | | | | | | | | | | | |
| 4.6 Offer mentorship program as necessary | Ongoing | MCDC | Capacity building | Develop a mentorship program to assist new members in the onboarding process of joining HIVPC and/or Committees. This program should be in accordance with Sunshine Law. | | | | | | | | | | | | | |
| 4.7 Utilize feedback from CEC, collaborative events, and engagement events to update recruitment and engagement strategies | Ongoing | MCDC/ Staff | Cross-Committee Collaboration/ Recruitment & Retention of new HIVPC and Committee members | Revise recruitment and engagement strategies to ensure MCDC uses its most effective strategies and activities. | | | | | | | | | | | | | |

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# MEETING MINUTES

**Committee**: Membership/Council Development Committee (MCDC)
**Date/Time:** Thursday, June 11, 2020, 9:30 a.m.
**Location:** Virtual Meeting Room
**Chair:** Vincent Foster **Vice-Chair:** Dr. Timothy Moragne

**ATTENDANCE**

| # | Member | Present | Absent | Recipient Staff |
|---|---|---|---|---|
| 1 | Arencibia, Y. | X | | Walker, N. |
| 2 | Cutright, A. | X | | |
| 3 | Foster, V., *Chair* | X | | |
| 4 | Katz, H. B. | X | | **HIVPC Staff** |
| 5 | Moragne, T., *Vice-Chair* | X | | Oratien, V. |
| | | | | Ukpai, F. |
| | | | | |
| | | | | **Guests** |
| | | | | Samplin-Salgado, M. |
| | | | | Shamer, D. |
| | | | | Wilson, I. |
| | **Quorum = 4** | **5** | | |

## 1. CALL TO ORDER:

The Chair called the meeting to order at 9:40 am and welcomed all present. Attendees were notified that the meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed, and introductions were made by MCDC members, Recipient Staff, and the PCS Team by roll call. Guests stated their names for the record by voice or in writing.

## 2. APPROVALS:

**Motion #1:** To approve the 06/11/20 meeting agenda
**Proposed by:** Katz, H.B. **Seconded by:** Cutright, A.
**Discussion:** The Committee agreed to move the agenda item, *"Discuss Current Recruitment & Retention Options"* to be discussed after the Standard Committee Items.
**Action:** Passed Unanimously

**Motion #2:** To approve meeting minutes of 03/12/20
**Proposed by:** Katz, H.B. **Seconded by:** Cutright, A.
**Action:** Passed Unanimously

## 3. MEETING ACTIVITIES/NEW BUSINESS

Robert's Rules & TEAM Training: The Committee reviewed amendments to its previously agreed upon training proposal (Handout A on file). The new plan includes two 90-minutes webinars rather than one half-day in-person training. The training will also include strategies for working virtually.

MCDC voted to approve the change in training methods and to amend the number of Robert's Rules Training licenses supplied by the consultant. The PCS Team will follow up with the consultant to request additional licenses.

**Motion #3:** To approve amendments to the Robert's Rules & TEAM Training proposal.
**Proposed by:** Arencibia, Y. **Seconded by:** Cutright, A.
**Action:** Passed Unanimously

Rather than select potential training dates, the Committee opted to poll HIVPC members for best availability.

ACTION ITEMS:

- Update training contract to include 35 licenses
- Poll HIVPC members for best availability for training

## 4. STANDARD COMMITTEE ITEMS

Review HIVPC Demographics: The Committee reviewed its demographics (Handout B on file). The Council's membership is slated to increase with the approval of three members by the Broward County Board of Commissioners. Total HIVPC membership will increase to 22 and unaffiliated consumers will make up 32% of the Council.

Planning Council and Committee Attendance, Warning Letters, and Removals: The Committee reviewed Council & Committee member standing (Handout C on file). CEC, PSRA, the Executive Committee, and HIVPC have all lost one member since the last MCDC meeting. There have been no warnings issued in this time nor have any removals taken place.

Review Recruitment or Retention Tool: The Committee was unable to review the intended approach at this meeting. The Committee member tasked with presenting a recruitment or retention idea will continue to reach out to the party whose approach it is to present the idea at the next MCDC meeting.

## 5. MEETING ACTIVITIES/NEW BUSINESS

Discuss Current Recruitment & Retention Options: MCDC received a presentation from Michelle Samplin-Salgado. Mrs. Samplin-Salgado is a consultant with JSI who has been collaborating with the PCS Team to provide technical assistance to the HIVPC for Recruitment & Retention. Members were encouraged to discuss different aspects of recruitment & retention that are going well and those which could be improved.

Members noted challenges in creating bonding opportunities due to potential violation of Government-in-the-Sunshine law. The Committee suggested having socialization opportunities that are not mixed with Council business. MCDC emphasized the need for its mentoring program to guide new members. Members stated that an ideal Planning Council is one that is diverse, well known, energized, and consistent with the community's vision. An ideal Council would be seen as a partner with the community rather than perceived as another agency.

Mrs. Samplin-Salgado will continue to work with the PCS Team to incorporate this feedback into a technical assistance plan for the HIVPC.

## 6. UNFINISHED BUSINESS

None.

## 7. RECIPIENT REPORT

A representative from the Recipient Office noted Broward County's receipt of CARES Act funding $915 thousand exclusively for COVID-19-related funding. 12 provider agencies were surveyed regarding their need for assistance. 11 agencies responded and shared a need for personal protective equipment (PPE), COVID-19 tests, and support & equipment for the provision of telehealth services, among other needs. The Part A Recipient is allowing billing retroactive to April 1, 2020 for costs associated with providing care related to COVID-19.

The representative noted the significant turnover in Recipient staff that has taken place recently. The Program welcomed its new Health Care Services Administrator, Juanita Gonzalez-Charlot, at the end of May. The Part A Office is working to acclimate to its current staffing realities.

## 8. PUBLIC COMMENT

None.

## 9. AGENDA ITEMS/TASKS FOR NEXT MEETING: Date: TBD Venue: TBD

## 10. MEMBER TASKS

- The MCDC Chair will discuss when to hold the next MCDC meeting with the PCS Team based on the proposed agenda items.
- No members elected to take on new tasks.
- Dr. Moragne will continue to look into the recruitment & retention approach to present at the next MCDC meeting.

## 11. ANNOUNCEMENTS

None.

## 12. ADJOURNMENT

The meeting was adjourned at 11:13 am.

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# MCDC Attendance CY2020

| Consumer | PLWHA | Absences | Count | Meeting Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Meeting Date** | C | 13 | 12 | C | C | 11 | | | | | | | |
| 0 | 0 | 1 | **1** | Arencibia, Y. | | X | A | | | X | | | | | | | |
| 0 | 0 | 0 | **2** | Cutright, A. | | X | X | | | X | | | | | | | |
| 0 | 0 | 0 | **3** | Foster, V. *Chair* | | X | X | | | X | | | | | | | |
| 1 | 1 | 0 | **4** | Katz, H.B. | | X | E | | | X | | | | | | | |
| 0 | 0 | 0 | **5** | Moragne, T. | | X | X | | | X | | | | | | | |
| | | | | **Quorum = 4** | 0 | 5 | 3 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | |

| **Legend:** | |
|---|---|
| **X - present** | **N - newly appointed** |
| **A - absent** | **Z - resigned** |
| **E - excused** | **C - canceled** |
| **NQA - no quorum absent** | **W - warning letter** |
| **NQX - no quorum present** | **Z - resigned** |
| **CX - canceled due to quorum** | **R - removal letter** |

GET CARE
BROWARD
TREAT HIV | BEAT HIV
RYAN WHITE | PART A

# 2017-2020 Broward County HIV Needs Assessment Findings

Broward EMA HIV Health Services Planning Council (HIVPC)

Priority Setting and Resource Allocation Committee (PSRA)

Presented by BRHPC CQM Support Staff- Jessica Seitchick, MPH and Marcus Guise, MPH

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## Needs Assessment Background

- The Needs Assessment report was completed by the Ronik-Radlauer Group
  - Presented data is taken from the published Needs Assessment Report verbatim when possible
  - Some responses have been edited for clarity
- Key Terms
  - Behavioral Health- Mental Health and Substance Use

*"Broward County has done a great job supporting and assisting those with HIV and have streamlined a lot of the processes for the better over the past year or so. I honestly don't know where I'd be if it weren't for the available programs and assistance"-PLWH Survey Respondent*

2

MOU7

# Provider Feedback- Key Stakeholder Interviews, Focus Groups and Survey

**Strengths**

- Resources ( Test and Treat, PE)
- Leadership
- Providers are passionate, helpful, client-focused
- Prevention programs ( testing, condoms)
- Medication availability and delivery

**Challenges**

- Knowledge of resources ( agencies, services, funding)
- Not enough Providers
- Coordination among providers
- System navigation
- Social Determinants of Health ( housing, immigration status)
- Behavioral health concerns
- Higher risk behavior ( sexual and substance use)
- HIV prevention, testing and education

3

MOU5
MOU6

MOU1
MOU2

# Key Stakeholder Interviews - Black Women

## Summary

- 7 Black women, ages 28-51, reside in most impacted Broward zip codes

**Strengths**

- Awareness of modes of transmission
- Awareness of methods of prevention
- Desire for better health outcomes

**Challenges**

- People don't know about disparities in their community
- It is taboo to talk about HIV
- Lack of awareness of resources
- Lack of efficient healthcare for women of color
- Lack of knowledge about female condoms and PrEP
- Misconceptions about spermicide
- False hope that significant other is monogamous
- Condoms uncomfortable
- Fear of stigma
- Transportation

4

# Key Stakeholder Interviews - Black Women

## Opportunities for Improvement

### Outreach, Education and Testing

- "Access to free condoms"
- "Education about the level of the epidemic and how it is affecting their community"
- "Share information in the community by people they know, like, and trust"
- "Use social media like Facebook groups"
- "Use peer-to-peer activities, like 'sister circles'"

### Organizations/ Systems

- "Abstinence from IV drug use"
- "Safe disposal of needles"
- "First aid care"
- "Pop-up community-based clinics"

5

MOU3
MOU4
MOU8

*"We think we are 'superwomen'-we have been taught to be strong. If we are seen as weak, that is not good. Rumors get spread about people in the community."*

KEY INFORMANT INTERVIEW, BLACK WOMEN, PARTICIPANT

In response to: *why they believed the rates of HIV were so high in their community and why Black women were disproportionately affected by HIV?*

6

## Focus Groups

| Type of Focus Group | Date | # of Participants |
|---|---|---|
| Individuals receiving behavioral health and mental health services at Broward House | 3/29/18 | 18 |
| Disease Intervention Specialists at FDOH-BC | 5/17/18 | 7 |
| Long-term survivors at World AIDS Museum | 9/5/18 | 22 |
| HIV Medical Case Managers | 1/17/19 | 10 |
| Prescriptive Providers and Disease Case Managers | 1/23/19 | 11 |
| Black women at Comprehensive Care Center | 2/28/19 | 5 |
| Medical Provider Network | 1/29/20 | 7 |
| Transgender Support Group | 2/12/20 | 18 |
| **Total** | | 98 |

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## Focus Group - People with Lived Experience

Challenges

* Strengths were not reported for this group

| Outreach, Education and Testing | Agency/System | People | Processes |
|---|---|---|---|
| • "Education for youth and young adults"<br>• "Unsure where to obtain services" | • "Co-locate services"<br>• "Lack of bus passes" | • "Stigma (in community and by providers)"<br>• "Cultural and Religious beliefs"<br>• "Risky sexual behaviors"<br>• "Substance Use" | • "Lack of discussion of STIs"<br>• "Lack of follow up for missed appointments"<br>• "Difficulties with insurance navigation"<br>• "Difficulties with health system navigation"<br>• "6-month certification" |

8

MOU24

# Focus Group - People with Lived Experience

Opportunities for Improvement

| Outreach, Education and Testing | Agency/ System | People | Processes | Populations/ Topics for further investigation |
|---|---|---|---|---|
| • "Educate youth and young adults, older adults"<br>• "Public campaigns ( anti-stigma, safer sex, HIV testing, celebrity ambassador)" | • "Part A/ADAP certification co-currently, annually"<br>• "Increase collaboration with providers"<br>• "Telehealth" | • "Provider training (bedside manner)" | • "Education about nutrition"<br>• "Educate clients to be advocates"<br>• "Engage families"<br>• "Resource guide about Ryan White services and a list of specialists"<br>• "Information about ADAP medication coverage" | • "Youth and Young Adults" |

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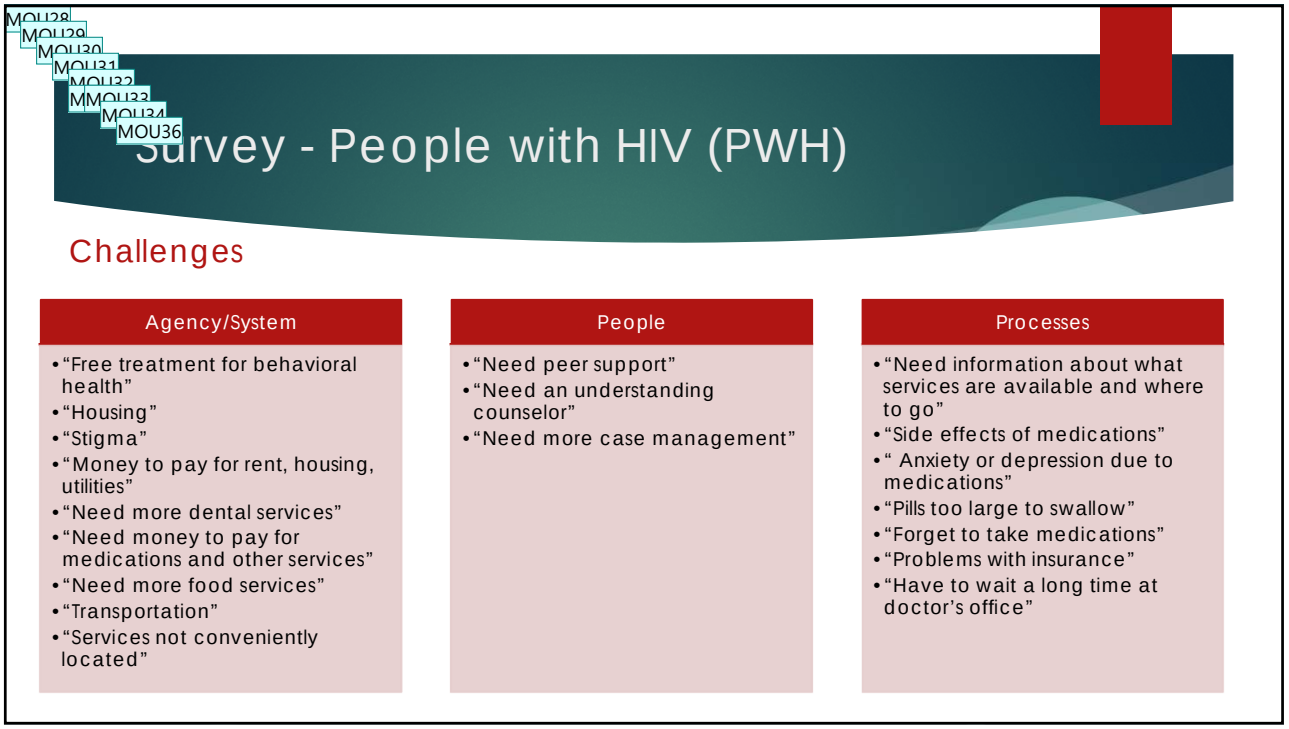
MOU25
MOU26
MOU27

# Survey - People with HIV (PWH)

- Survey Respondents (n =195)
  - Male (78%)
  - Aged 55-64 years (41%)
  - Homosexual sexual orientation (63%)
  - White, non-Hispanic (38%)
  - 97% received HIV treatment in past year
  - 66% struggling with mental health and substance use issues
- 1/3 of respondents indicated they had been out of care for over six months during the past 5 years

*"Sometimes is hard to get medication especially transportation" PWH Survey Participant*

10


MOU28
MOU29
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MOU31
MOU32
MOU33
MOU34
MOU36
Survey - People with HIV (PWH)
Challenges
Agency/System
•"Free treatment for behavioral health"
•"Housing"
•"Stigma"
•"Money to pay for rent, housing, utilities"
•"Need more dental services"
•"Need money to pay for medications and other services"
•"Need more food services"
•"Transportation"
•"Services not conveniently located"
People
•"Need peer support"
•"Need an understanding counselor"
•"Need more case management"
Processes
•"Need information about what services are available and where to go"
•"Side effects of medications"
•" Anxiety or depression due to medications"
•"Pills too large to swallow"
•"Forget to take medications"
•"Problems with insurance"
•"Have to wait a long time at doctor's office"

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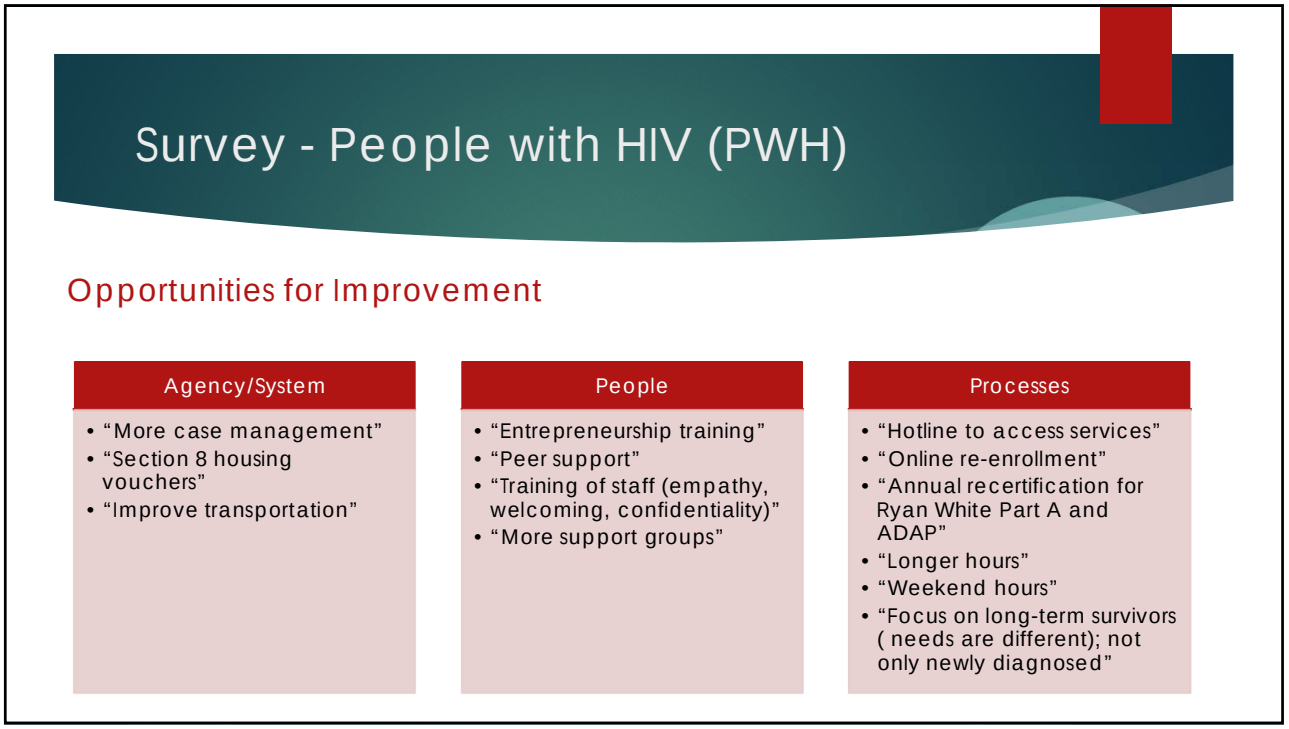
Survey - People with HIV (PWH)
Opportunities for Improvement
Agency/System
• "More case management"
• "Section 8 housing vouchers"
• "Improve transportation"
People
• "Entrepreneurship training"
• "Peer support"
• "Training of staff (empathy, welcoming, confidentiality)"
• "More support groups"
Processes
• "Hotline to access services"
• "Online re-enrollment"
• "Annual recertification for Ryan White Part A and ADAP"
• "Longer hours"
• "Weekend hours"
• "Focus on long-term survivors ( needs are different); not only newly diagnosed"

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MOU44
MOU45

# Summary of Challenges and Opportunities for Improvement

| Challenge | Respondents Group | Opportunities for Improvement |
|---|---|---|
| Knowledge of Resources | • Key Informant Interview (Provider)<br>• Focus Group (Provider)<br>• Survey(PLWH, Provider) | Resource Guide, Hotline |
| Systemic issues that could lead to lack of continuous engagement of care | • Key Informant Interview (Provider)<br>• Focus Group (PLWH) | Destigmatizing the standard of care, using telehealth, and creating one-stop-shops for services to make engaging in care an easier and less stigmatizing experience |
| Social Determinants of health and risky health behaviors | • Key Informant Interview (Provider)<br>• Focus Group (Provider<br>• Survey(PLWH, Provider) | Providing support groups, education, and utilizing peers to address factors associated with negative health outcomes |

MOU42

13

MOU47
MOU48

# Common Themes


MOU46

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# Needs Assessment Strengths and Limitations

## Strengths

- Diverse participants ( people with and without HIV)

## Limitations

- Lack of clarity pertaining to responses
- Small sampling size
- Unclear what questions were asked of each group and context

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MOU49

Full Needs Assessment Report Can Be Accessed at https://brhpc.org/needs-assessment-2019/

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Thank You!

*The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.*

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