

## Section IV: Situational Analysis

<p><b>Section IV: Situational Analysis</b></p> <p><b>Purpose:</b> To provide a snapshot summary that synthesizes information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III that in turn informs the goals and objectives of the Integrated Plan. The situational analysis provides an overview of strengths, challenges, and identified needs across the HIV prevention and care continuum.</p> <p><b>Tips</b></p> <ol style="list-style-type: none"> <li>1. New or existing material may be used; however, if existing material is used, it needs to be updated to reflect the most current information.</li> <li>2. This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN.</li> <li>3. Jurisdictions may submit the Situational Analysis requirement. <i>However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.</i> If using an updated or current version of your EHE plan to fulfill this requirement, be sure to include updates as noted below.</li> </ol>
<p><b>Requirements</b></p>
<p>1. Situational Analysis</p> <p>Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III.</p> <p>Provide a short overview across the HIV prevention and care continuum to include:</p> <ul style="list-style-type: none"> <li>• Strengths</li> <li>• Challenges</li> <li>• Identified needs</li> </ul>
<ul style="list-style-type: none"> <li>• Analysis of structural and systemic issues impacting people and communities disproportionately impacted by HIV. Analysis should include each of the following areas:             <ol style="list-style-type: none"> <li>a. Diagnose all people with HIV as early as possible.</li> <li>b. Treat people with HIV rapidly and effectively to reach sustained viral suppression.</li> <li>c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)</li> <li>d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.</li> </ol> </li> </ul> <p>Note: Jurisdictions may submit other plans to satisfy this requirement, if they are current and applicable to the entire HIV prevention and care service system across the jurisdiction.</p>
<p>a. People and Communities Disproportionately Impacted by HIV</p> <p>Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of people and communities disproportionately impacted by HIV for the jurisdiction.</p>

## IV.a. Situational Analysis

Requirement: Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III.

Provide a short overview across the HIV prevention and care continuum to include:

- Strengths
- Challenges
- Identified needs

*Includes 2022-2026 Plan analysis. Further updates pending.*

### STRENGTHS

- More than 35 years of service delivery experience by service providers funded through the Miami-Dade County Office of Management and Budget Grants Coordination/Ryan White Program – the Ryan White Program Part A/Minority AIDS Initiative Recipient (the Recipient); and the Florida Department of Health in Miami-Dade County – the prevention funding grantee (FDOH-MDC).
- Active involvement and dedication of various stakeholders engaged in needs assessment; client satisfaction surveys; prevention, care, and treatment planning; and priority setting and resource allocation activities.
- Recipients and subrecipients are in ongoing daily communication to help ensure quality services are provided to people with HIV.
- An array of available ART medications - oral medications and a long-acting injectables are available.
- The Recipients, FDOH-MDC, and the Partnership maintain comprehensive websites and/or social media accounts which provide resources for people with HIV, service providers and the general public.

### CHALLENGES

- Pending funding cuts and program changes to ADAP and ACA premium coverage.
- Not enough culturally and linguistically appropriate messaging about PrEP and nPEP.
- Not enough “People First” messaging and service delivery.
- Not enough relevant or engaging prevention, care and treatment messaging that looks like the community that we are trying to serve.
- Inability to adequately measure or address stigma.
- Need to provide more education regarding health insurance, navigating the health care system, mitigating feelings of mistrust with the medical system, and how to effectively use insurance benefits.
- Aging workforce – succession planning must be prioritized.
- Treatment fatigue for clients.
- Service delivery fatigue for service providers, subrecipients, and recipients.
- Maintaining a focus on healthcare in the midst of stigma issues, socio-economic factors, and social determinants of health, especially in special populations.
- Legislation disenfranchising vulnerable populations.

- Legislation and funding not keeping pace with changes in client needs and the changing healthcare landscape.
- Funding cuts to research.
- Major cuts to prevention funding impacting service availability, condom distribution, payments for PrEP, lost testing sites, and lost workforce; relevant to HIV and STD prevention.
- Cuts to Ryan White Program funding based on the new HRSA Formula Award calculation.
- Lack of sex education, lack of ability to provide sexual health materials in schools, and lack of ability for HIV and STI testing in schools.
- Aging workforce and workforce burnout.
- Stigma, isolation, and chronic conditions specific to people aging with HIV.
- Cost of insurance, with or without ADAP premium assistance, and increases in sliding scale payments.

### **IDENTIFIED NEEDS**

- Transitional housing, short-term housing, or emergency housing assistance to prevent homelessness.
- Help to pay private insurance costs or copays.
- Oral health (dental care, dentures, oral surgery, etc.)
- Limited, one-time or short-term assistance with any of the following: medications not covered by AIDS Drug Assistance Program (ADAP), utilities, housing, food, or transportation.
- Food bags, grocery certificates, home-delivered meals, or nutritional supplements.
- Access to resources in multiple languages.
- Special needs of vulnerable populations (addressing stigma, access to care, etc.) as advocated for by special interest groups such as for youth and persons aging into Medicare.
- Need to leverage the expertise of subject matter experts across the continuum of care.
- In home care such as labs and medication delivery, particularly for the aging population and those with limited mobility.
- Funding may not be sufficient to address all the needs identified in this Plan.

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- **Requirement: Analysis of structural and systemic issues impacting people and communities disproportionately impacted by HIV.**

Each of the four Ending the HIV Epidemic (EHE) pillars are addressed below, including a brief analysis, further outlined throughout this Plan, and related strategies which are detailed in Section V: 2027-2031 Goals and Objectives.

Regarding structural and systemic issues impacting populations disproportionately impacted by the HIV epidemic in the EMA, see Section III: Contributing Data Sets and Assessments, which details racial and ethnic disparities, high rates of poverty, the difficulties for people experiencing homelessness or who are unstably housed, challenges of navigating a complex service system as a non-native speaker of English, stigma and fear of disclosure of HIV status, and dealing with biases around sexual-identification.

Because development of this Plan was an integrated process, key partners are consistent and redundant across all pillars, including:

- Partnership members, specifically members of the Prevention Committee and Strategic Planning Committee;
- FDOH-MDC and partners;
- RWHP Recipients, subrecipients, front line service providers, and other partners;
- Clinical Quality Management (CQM) providers;
- Partnership and CQM staff; and
- Other community stakeholders.

The Partnership’s Prevention Committee is guided by the activities of the FDOH-MDC; and the Strategic Planning Committee is guided by responsibilities for Part A Planning Councils in coordination with the Recipient. It is the intention of the two committees – working together as the Joint Integrated Plan Review Team (JIPRT) – to expand community stakeholders and continue to engage the broadest scope of partners throughout the implementation of this Plan. At the same time, this Plan is intended to integrate efforts without unnecessary duplication of effort.

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**DIAGNOSE: Diagnose all people with HIV as early as possible.**

Testing is the key to making people aware of their HIV status. The goal of HIV counseling and testing is to assist individuals in assessing their vulnerabilities, getting tested, and understanding their test results. For people with negative results, the goal is to develop a personalized prevention plan; and for people with a positive test result, the goal is to link them to care. According to Florida CHARTS, MDC ranked as the Florida county with the most HIV diagnoses for each of the five years from 2020 to 2024. As noted in Section III: Contributing Data Sets and Assessments, the EMA has the highest concentration of people with HIV in the state of Florida, and high rates of new HIV diagnoses.

From 2020 through 2024, the Eligible Metropolitan Area (EMA) of Miami-Dade County reported a total of 4,669 new HIV cases. This indicates an almost 19% decrease from the previous reporting period of 2017-2021, (though 2021 data sets were not complete at the time of that writing).

The EMA historically had a robust and widely promoted HIV testing program which included on-site rapid testing, after-hours rapid testing, mobile rapid testing, opt-out testing in emergency rooms and clinics, and at-home testing. Marketing of testing availability was developed in English, Spanish, and Haitian Creole. Prevention and care funding cuts are expected to negatively impact the availability and success of previous programs, services, and marketing strategies. This Plan’s Prevention strategies related to diagnosing more people who do not know their status will further positive health outcomes, particularly among special populations.

Note: FDOH-MDC continues to monitor and challenge the data regarding “newly diagnosed” since persons have been identified as being “newly diagnosed” who are virally suppressed or

who know their status. People who received their first United States diagnosis in the EMA should not be counted toward the EMA's newly diagnosed. Record review and tracking through other systems should be implemented to find the actual date and location of diagnosis, since assigning the diagnosis to the EMA artificially inflates the numbers of new diagnosis and makes it difficult to show progress in prevention efforts.

*Diagnose-related strategies are under development.*

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**TREAT: Treat people with HIV rapidly and effectively to reach sustained viral suppression.**

The EMA's Test and Treat/Rapid Access (TTRA) protocol is the basis for rapid linkage to care. The protocol has a demonstrated success in linking newly diagnosed persons to care, with a linkage rate of 83% in 2024. Persons who enter the Ryan White HIV/AIDS Program (RWHAP) service system through TTRA and those who are enrolled in RWHAP and the AIDS Drug Assistance Program (ADAP) care can be monitored to ensure they are connected to and accessing available needed services.

*Treat-related strategies are under development.*

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**PREVENT: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).**

The EMA's offers prevention services, including HIV/STD testing and referrals, partner prevention services, condom distribution, prevention for negatives, needle exchange, individual- and group-level educational sessions, and PrEP and nPEP screening, referral, and linkage across a broad service providers network. Prevention initiatives are conducted throughout the EMA via face-to-face and virtual interventions, mobile testing units, social media platforms, and print, radio and television advertising. FDOH-MDC had a dedicated website for HIV testing, [www.testmiami.org](http://www.testmiami.org), which promoted PrEP, condom distribution, and testing sites, with links to locate services throughout the EMA. [The site and access to those resources is currently under revision.](#)

The IDEA Exchange Syringe Services Program at the University of Miami Miller School of Medicine is the innovative SSP which started in December 2016 in Miami-Dade County and has become a statewide SSP model in mitigating HIV transmission via injection drug use.

Even with prevention initiatives targeted special populations and a broad general availability of prevention messaging and resources, the latest UPDATE based on 2024 CHARTS: **CDC Estimated HIV Incidence and Prevalence in the United States, 2018–2022, indicates there were more than 2,400 individuals in the EMA in 2022 {2024 update pending}** who have HIV and are not aware of their status. That figure underscores the considerable strategies and activities in this Plan to identify those individuals.

*Prevent-related strategies are under development.*

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**RESPOND: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.**

These are the operational definitions of “Respond” terms:

- **Outbreak:** Rapid transmission of HIV in a well-defined geographic area. (Note: The EMA has no identified or reported outbreaks.)
- **Transmission Network:** Formerly Cluster Detection and Response. Groups of molecularly linked PLWH at the <0.5% viral variance level. Rapidly growing is when there are five (5) or more such people diagnosed within a rolling 12-month time frame.

The EMA has had to mobilize a response to outbreaks of Mpox, Meningococcal Disease, Hepatitis A, and COVID-19. Materials alerting the community about outbreaks are produced in English, Spanish, and Haitian-Creole, and are widely distributed throughout the EMA, through printed flyers, social media campaigns, and on various websites. HIV prevention and care resources are widely available throughout the EMA, and many of those partners were instrumental in disseminating information about other disease outbreaks. Nonetheless, developing more community partnerships to leverage available services and funding will enhance our ability to respond quickly to HIV outbreaks.

Stakeholders who are targeted for future engagement include police departments/first responders, celebrity/social media personalities, domestic violence prevention organizations, and Business Responds to AIDS (BRTA). Coordination across funding streams is also important to avoid delays in reacting to outbreaks.

The EHE Mobile GO Teams initiative uses mobile clinics to support Miami-Dade County’s ability to rapidly respond to HIV transmission clusters using the local Test and Treat/Rapid Access model.

As it relates to rapid response to HIV transmission networks, we recognize that identifying outbreaks is not always obvious since outbreaks need to be determined by genetic testing to verify if a transmission network is all the same strain of the virus.

*Respond-related strategies are under development.*

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- **Requirement: People and Communities Disproportionately Impacted by HIV**

**Special Populations: People and Communities Disproportionately Impacted by HIV**

The designated special populations for retention in medical care (RiMC) and viral load suppression (VL) represent the largest subpopulations with the lowest RWHAP treatment outcomes in the EMA. Plan activities will focus on tracking and reporting RWHAP client RiMC and VL suppression rates for Black/African American males, Black/African American

females, and Haitian male and females. Additional data tracking is available and is reported directly to subrecipients. Quality Improvement projects at the RWHAP subrecipient level may be designed to address shortfalls. This Plan acknowledges limitations in tracking RiMC and VL suppression data outside the RWHAP.

Health-related outcomes for special populations will include people living with HIV age 50 and older; and women with HIV. This Plan acknowledges difficulty in measuring activities to bring awareness to stigmatizing behavior throughout the service system. While reducing stigma remains an overarching philosophy in the EMA, activities specific to this goal are not tracked in the database. This Plan also acknowledges limitations in tracking health outcomes for populations outside the RWHAP.

Additionally, the Plan addresses overall health outcomes based on other determinants of health, specifically housing instability, food insecurity, and the impacts from a rapidly changing legislative and funding environment.

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