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Sarasota, Florida

July 2014  
*Updated July 2015*
Introduction

As of 2012 data, the state of Florida had 98,530 persons living with Human Immunodeficiency Virus (HIV), with 5,388 newly reported HIV infections that year. Florida ranked third in the nation in the number of persons living with HIV, and second in the nation for newly reported HIV infections.

One in every 165 adult Floridians (age13+) are known to be currently living with HIV. The numbers lean heavily towards minorities:

1 in 49 African American (non-Hispanic) adults in Florida are currently living with HIV
1 in 180 Hispanic adults in Florida are currently living with HIV
1 in 333 white (non-Hispanic) adults in Florida are currently living with HIV

Partnership 8, sometimes referred to as Southwest Florida, includes seven counties: Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota. This region has a population near 1,600,000; 8.4% of the state of Florida’s total population. According to the Florida Department of Health HIV/AIDS and Hepatitis Section, the prevalence of adults living with HIV in Partnership 8 was 3,855 in 2012, 3.9% of the state of Florida’s total. This is a 5.7% increase from the previous year.

The greatest proportion of newly diagnosed HIV cases in Partnership 8 in 2013 was among persons 40-49 years old (29%). The 50+ age group followed a close second with 28% and the 30-39 age group was third with 22%.

Men who have sex with men (MSM) represent the majority of the newly diagnosed HIV and AIDS cases among adult men in Partnership 8, followed by heterosexuals and injection drug users (IDU). Among the male Acquired Immunodeficiency Syndrome (AIDS) and HIV cases reported in 2013, MSM was the most common risk factor (65% and 69%, respectively) followed by cases with a heterosexual risk (25% for AIDS and 22% for HIV). Among the female AIDS and HIV cases in Partnership 8 in 2013, heterosexual contact was the highest risk (84% and 86%, respectively).

With HIV-related deaths near 1,000 Floridians each year, this battle is far from won. Even one newly reported HIV infection in Florida is too many. HIV prevention efforts throughout Florida aim to wipe out this deadly, albeit manageable, disease once and for all. HIV prevention uses education, counseling and testing combined with targeted efforts to stop the growth in the number of HIV infections.

Southwest Florida is very diverse; there are sections that are urban, suburban and very rural. The demographics of the residents also vary throughout the Area. Across the area there is a large senior citizen population, there is also a large Hispanic population made up of people from many different backgrounds. Throughout the area there are pockets with large Haitian populations and pockets with large migrant worker populations. There are sections that are largely white and sections that are largely black. There is also a mix of very high and very low income areas. The areas of demographic similarity and differences are not contained by county lines. It is often beneficial to consider the area as a whole or to consider discrete sections that are within one county or cut across as many as three counties when planning for prevention services.
Introduction

The State funding for HIV prevention efforts in Partnership 8 has decreased tremendously in recent years, as more and more of the funding has been allocated to the larger cities in Florida. Since Partnership 8 lacks a large urban area, the funding is not as available as it is in large metropolitan areas and has been decreasing for the past several years for the whole area. This decrease in prevention funding has led to a decrease in the interventions available in Southwest Florida. With the knowledge that funding cuts were likely to continue, the community-based organizations and local county health departments in Partnership 8 that participate in HIV prevention came together in 2010 to begin to plan collaboratively to help overcome the financial barriers and ensure that effective prevention efforts would be able to occur through Partnership 8.

An area-wide Prevention Plan was created by the Health Planning Council and the Prevention Committee of the Regional HIV/AIDS Consortium (RHAC) of Southwest Florida with assistance from the Florida Department of Health in Sarasota County Surveillance Team. This plan put in place collaboration across county lines that helped to make various prevention efforts more cost-effective than they would otherwise have been when done independently within each county. It was designed to bring resources into rural counties where there were none as well as to streamline efforts by eliminated duplication and increasing cooperation. The results of these efforts began to be implemented in 2013. With the launch of the HIP Prevention Project, programs were launched that combined elements funded by the State of Florida, the County Health Departments and the four Ryan White Part C programs in Area 8.
HIV prevention efforts are nothing new, however strategies for HIV prevention have evolved over time. The 2010 National HIV/AIDS Strategy (NHAS) brought about new goals and priorities for HIV prevention. Goals included:

- Lowering the annual number of new infections by 25%
- Increasing the percentage of people living with HIV who know of their infection from 79 to 90%
- Reducing the HIV transmission rate by 30%
- Increasing the percentage of newly diagnosed people linked to care within three months from 65 to 85%
- Increasing the proportion of HIV-diagnosed gay and bisexual men, African Americans, and Latinos with undetectable viral load by 20%

Priorities laid out by the NHAS are to focus on education of all Americans about how HIV is spread and how to prevent its spread, combining proven prevention efforts, and intensifying prevention in areas and with populations where HIV infection is most prevalent.

Stemming from these goals and priorities, the Centers for Disease Control and Prevention (CDC) began focusing on a High-Impact Prevention (HIP) approach. Simply stated, High-Impact Prevention uses proven, cost-effective HIV prevention programs that are targeted to those populations who are at the highest risk for HIV infection. These populations include gay and bisexual men of all races and ethnicities, African Americans, Hispanics and Latinos, and injection drug users.

The HIP categories that Community AIDS Network received funding for include the following required core components (required for all funded grantees):

- HIV testing
- Comprehensive Prevention with Positives
- Condom Distribution
- Outreach

Community AIDS Network also received funding for the following recommended program components:

- Business Responds to AIDS (BRTA)
- Faith Responds to AIDS (FRTA)

In addition to the High-Impact Prevention funding, Partnership 8 has worked collaboratively to incorporate the efforts of the Ryan White Part C funded agencies (Part Cs) and the local county health departments. Below is a listing of the agencies involved in HIV prevention efforts through the HIP project.

**Community AIDS Network**
Florida Department of Health in Charlotte County
Florida Department of Health in Collier County
Florida Department of Health in DeSoto County
Florida Department of Health in Glades County
Florida Department of Health in Hendry County
Florida Department of Health in Lee County
Florida Department of Health in Sarasota County
Healthcare Network of Southwest Florida
The McGregor Clinic
Source of Light and Hope
**HIV Prevention Throughout Area 8**

In addition to the agencies that are currently participating in the High-Impact Prevention program, there are other agencies and community partners working on HIV prevention throughout Area 8. Their efforts and the related impact on the community are substantial. Prevention is not the responsibility of any one agency alone; it works best when the community comes together in collaborative ways.

It is very difficult to separate out the impact of all of the efforts and messages from the assorted agencies (as well as State and National prevention campaigns) as they often overlap and reinforce each other. Therefore these endeavors are reflected in much of the narrative and commentary. However, unless specifically stated, their work is not included in any of the data in this evaluation. The community benefits greatly from these efforts as well, and the RHAC Prevention Committee is working to better incorporate them into the Area 8 planning process over time.

These agencies include, but are not limited to:

**HIV-specific agencies**

- CARES Outreach Services (Sarasota County)
- Genesis Health Services (Sarasota County)
- AIDS Healthcare Foundation / Island Coast AIDS Network (AHF/ICAN) (Lee County)

**non-HIV-specific agencies**

- schools
- universities
- Planned Parenthood
- Salvation Army
- Federally Qualified Health Centers (FQHCs)
- behavioral health and substance abuse treatment centers
- homeless shelters
- hospitals
- community centers
- social service agencies
- American Red Cross
- jails
- food banks

*The listed agencies participate in the prevention of HIV at varying levels.*
Methodology

The Health Planning Council of Southwest Florida (HPC) received feedback from the Prevention Committee of the Regional HIV/AIDS Consortium of Southwest Florida as well as from staff members of the community-based organizations and local county health departments that are involved in HIV prevention efforts in Southwest Florida through one-on-one interviews. Activities data from the High-Impact Prevention program contract deliverables reports was also used in this evaluation.

This evaluation covers HIV prevention efforts both with a focus on the High-Impact Prevention program as well as standard HIV prevention efforts. There is overlap and collaboration between these efforts that cannot be entirely separated. Unless stated specifically, the data in this evaluation only includes efforts by partners in the HIP program.

The following program components were evaluated:

- HIV Testing
  - HIV Testing Program
  - Social Network Strategies (SNS)
- Comprehensive Prevention with Positives
  - Linkage-to-care
  - Peer Navigation
- Condom Distribution
  - Condom Distribution
- Outreach
  - Outreach and Events
  - HIV Education
- Mobilization
  - Business Responds to AIDS (BRTA)
  - Faith Responds to AIDS (FRTA)

2014 Update

The Health Planning Council of Southwest Florida (HPC) created an evaluation survey and utilized it to gather feedback from these same individuals on their work and observations of HIV prevention efforts throughout calendar year 2014. Feedback was sought across all of Southwest Florida’s HIV prevention providers. Twenty-four individuals responded to the survey, providing a wide range of input across all seven counties included in Area 8.

This updated information was added throughout this document to expand upon the 2013 evaluation.
Overall Impressions of the SNS Program:

Overall thoughts were that the SNS Program is an effective, proven strategy. Some felt that there was room for improvement and that it is not appropriate for all agencies. One survey responded stated, “It is a fantastic testing model.” Another felt there are limitations to its effectiveness, stating that at times it is, “difficult to get HIV positive or high risk negatives to share their contacts for follow up and testing.”

Goals of the SNS Program:

Survey respondents were asked to rate from 1-5 (5 being Met and Exceeded) how well the goals of this program were met in 2014. 28.57% of those who responded to this survey question felt that the goals were not met, but most respondents felt that the goals were at least somewhat met in 2014.

The average rating was 3.0 - Somewhat Met.

How well do you feel that the goals of the SNS Program are being met?

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<thead>
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<th></th>
<th>Not Met</th>
<th>Somewhat Met</th>
<th>Met</th>
<th>Met and Exceeded</th>
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<tbody>
<tr>
<td>Percentage</td>
<td>28.57%</td>
<td>28.57%</td>
<td>28.57%</td>
<td>14.29%</td>
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</table>


Successes in 2014:

Survey respondents felt that the SNS program has increased awareness of HIV in targeted communities, and has led to an increased positivity rate in some areas.

Challenges in 2014:

Some respondents feel as if certain communities are being overtested due to SNS. Others feel as if awareness and education of negative participants is still lacking through the program.

Recommendations from the field:

Suggestions for improving the SNS Program included additional staff training at each participating location, and reaching out to STD programs to use STD positive individuals as additional recruiters.
Overall Impressions of the HIV Testing Program:

Perceptions of the HIV Testing Program ranged from “okay” to “excellent,” with most respondents leaning toward “good” and “great”. It was felt that there are a large number of tests being conducted, however some respondents felt that certain areas have been over-tested. One survey responded stated, “We could be doing better on the positivity rate.”

Goals of the HIV Testing Program:

Survey respondents were asked to rate from 1-5 (5 being Met and Exceeded) how well the goals of this program were met in 2014. 26.67% of those who responded to this survey question felt that the goals were somewhat met, but most respondents felt that the goals were met in 2014.

The average rating was 3.87 - Somewhat Met/Met.

How well do you feel that the goals of the HIV Testing Program are being met?

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<thead>
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<tr>
<td>Slightly Met</td>
<td>5.00%</td>
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<td>Somewhat Met</td>
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<tr>
<td>Met</td>
<td>60.00%</td>
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<tr>
<td>Met and Exceeded</td>
<td>13.30%</td>
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Successes in 2014:

Survey respondents felt that the HIV Testing Program has covered more ground and reach new communities in the past twelve months. One respondent stated, “more high risk people are being tested,” and another added that they are, “still finding HIV positives in area 8.”

Challenges in 2014:

Challenges listed by survey respondents included a lack of support and funding for testing outside of regular business hours, limitations of the HIP project to high risk zip codes, not being able to adequately reach into the education system, and the feeling by some that they would rather not know their status.
HIV Testing Program

2014 Update

Recommendations from the field:

Suggestions for improving the HIV Testing Program included finding ways to measure success beyond just positivity rates, continue collaboration amongst agencies including reaching out to private providers to encourage routine HIV testing of their clients, and to search for new testing areas based on high morbidity reports.

Targeting High Risk Populations:

Survey respondents were asked to rate from 1-5 (5 being High risk populations are being targeted very well) how well the high risk populations were targeted through HIV testing in 2014. 25.00% of those who responded to this survey question felt that the high risk populations were somewhat being targeted, but most respondents felt that they were being adequately targeted (31.25%) or targeted very well (25.00%) in 2014.

The average rating was 3.63 - Somewhat/Adequately Targeted.

How well do you feel that HIV Testing Program is targeting high risk populations?


HIV Tests from SNS Program

A total of 708 HIV tests were conducted through the SNS Program in 2013. In 2014 the total was 993 HIV tests.
Linkage-to-care

2014 Update

Overall Impressions of the Linkage-to-Care Program:

Some survey respondents had favorable things to say about Linkage-to-Care in Area 8. Others felt that it is, “not well defined,” and “has some kinks to be worked out.”

Goals of the Linkage-to-Care Program:

Survey respondents were asked to rate from 1-5 (5 being Met and Exceeded) how well the goals of this program were met in 2014. 33.33% of those who responded to this survey question felt that the goals were somewhat met, but most respondents felt that the goals were met in 2014.

The average rating was 3.67 - Somewhat Met/Met.

How well do you feel that the goals of the Linkage-to-Care Program are being met?


Successes in 2014:

Survey respondents felt that the rates have improved for linking new positives to care in 90 days. Collaboration amongst agencies was seen as a success as well.

Challenges in 2014:

One survey respondent felt that lack of communication between agencies is still a challenge at times when linking new clients to care. Another stated that linkage-to-care, “is not properly documented in PRISM with CHD sites.”

Recommendations from the field:

Training was suggested as a way to improve the way linkage-to-care is currently working, as well as creating and implementing an updated process for how new positives are linked to care. One survey respondent suggested that it would be helpful to, “Allow the STD DIS to do more like they used to. Many of the Linkage to Care staff in Area 8 do not have time to make field visits.”
Overall Impressions of the Peer Navigation Program:

There were mostly favorable impressions of the Peer Navigation Program. Comments included, “The Peer Program is a great tool for building relationships with clients as well as staff,” and, “It is an excellent program that directly impacts the lives of PLWHA.” Some survey respondents felt that the reach of the Peer Program was limited, and possibly could only be effective in certain parts of Area 8, such as Sarasota and Fort Myers.

Goals of the Peer Program:

Survey respondents were asked to rate from 1-5 (5 being Met and Exceeded) how well the goals of this program were met in 2014. 38.46% of those who responded to this survey question felt that the goals were only somewhat met, but most respondents felt that the goals were met or met and exceeded in 2014.

The average rating was 3.69 - Somewhat Met/Met.

Successes in 2014:

Survey respondents felt that the well-being of clients and their retention in care and medication compliance have improved through the peer program. One survey respondent stated, “I have witnessed the quality of medical visits become more meaningful.”

Challenges in 2014:

Challenges to the Peer Program included getting staff to understand and appreciate the program. Another challenge noted was that not all agencies had a Peer Program, putting their clients at a disadvantage. Finding willing peers can also be a challenge as noted by one survey respondent who stated the challenge of, “stigma preventing qualified peers to participate.”
Peer Navigation

2014 Update

Recommendations from the field:

Training and recruitment of more peers was suggested to improve the Peer Program. Another suggestion was to have a trained peer available via telephone for clients who receive a positive rapid test result. One survey respondent felt that, “culturally sensitive peers are needed.”

There were a total of 1,876 contacts with HIV infected individuals through the Peer Program in 2014. In 2013 there were 1,171 contacts.
Outreach and Events

2014 Update

Overall Impressions of the Outreach and Events Program:

Some survey respondents had favorable things to say about Outreach in Area 8, but many felt that more outreach and events are still needed. Some felt that high-risk populations are not being reached so much as the “worried well” or repeat testers. One survey respondent commented that current outreach efforts are, “Positive when combined with other health services.”

Goals of the Outreach and Events Program:

Survey respondents were asked to rate from 1-5 (5 being Met and Exceeded) how well the goals of this program were met in 2014. The majority of those who responded to this survey question felt that the goals were met (53.33%) or were met and exceeded (26.67%).

The average rating was 4.00 - Met.

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**How well do you feel that the goals of the Outreach Program are being met?**

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<td>53.33%</td>
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<td>Met and Exceeded</td>
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Successes in 2014:

Successes noted all revolved around increased collaboration in Area 8. Comments included: “Lots of collaboration between agencies to provide outreach in diverse communities,” “The program has become increasingly successful via collaborations within the area,” and “The HIP management and group have done a great job in putting together events targeting all populations throughout this year.”

Challenges in 2014:

Challenges noted for outreach were, “lack of identity,” and the need for additional staff.

Recommendations from the field:

One survey respondent felt that advertising events more would be beneficial to the program. Another respondent suggested that, “more events should be planned in Collier County.”
Outreach and Events

2014 Update

Targeting High Risk Populations:

Survey respondents were asked to rate from 1-5 (5 being High risk populations are being targeted very well) how well the high risk populations were targeted through Outreach and Events in 2014. 36.36% of those who responded to this survey question felt that the high risk populations were somewhat being targeted. 27.27% felt that high risk populations were targeted adequately, and another 27.27% felt that high risk populations were targeted very well in 2014.

The average rating was 3.73 - Somewhat/Adequately Targeted.

How well do you feel that Outreach Program is targeting high risk populations?

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<td>Being adequately targeted</td>
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<tr>
<td>Being targeted very well</td>
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Face-to-Face Contacts

There were a total of 55,584 face-to-face contacts through Outreach and Events in 2014. This was a significant increase from 2013, which had a total of 32,805. The total number of BRTA and FRTA events, noted below, increased as well.

Facilitate one event per quarter with business partners to coincide with national HIV/AIDS observance days.

Facilitate one event per quarter with faith-based partners to coincide with national HIV/AIDS observance days.

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<td>with national HIV/AIDS observance days.</td>
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Overall Impressions of the BRTA Program:

Survey respondents were mixed on their overall impressions of the Business Responds to AIDS program. One commented that the program is, “excessive,” and another felt that the program has lost its momentum. Others felt that the program is beneficial and a great strategy for developing partnerships with area businesses.

Goals of the BRTA Program:

Survey respondents were asked to rate from 1-5 (5 being Met and Exceeded) how well the goals of this program were met in 2014. 66.67% of those who responded to this survey question felt that the goals were met in 2014.

The average rating was 3.56 - Somewhat Met/Met.

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How well do you feel that the goals of the BRTA Program are being met?

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<tr>
<td>Met</td>
<td>66.67%</td>
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Successes in 2014:

Survey respondents expressed an increase in partnership and collaboration through the BRTA Program in the past twelve months. One survey respondent put it this way, “Many new businesses are coming on board and joining in the fight.”

Challenges in 2014:

Obtaining buy-in from new business contacts can be challenging, especially in parts of Area 8 where BRTA is less visible.
Recommendations from the field:

One suggestion was to integrate BRTA into other activities and subsequently removing it as a separate program. Conversely, it was suggested to have one person in Area 8 dedicated to marketing and implementing the BRTA program. One survey respondent suggested utilizing the RHAC Prevention Committee to set goals for the BRTA program. Additionally, it was suggested that a billboard thanking BRTA partners would be beneficial.

There were a total of 35 new BRTA partnerships established in 2014. There were a total of 30 in 2013.
Faith Responds to AIDS (FRTA)

2014 Update

Overall Impressions of the FRTA Program:

Some survey respondents had favorable things to say about the FRTA Program, while others felt it was “excessive” and not being implemented with the momentum it had in the beginning.

Goals of the FRTA Program:

Survey respondents were asked to rate from 1-5 (5 being Met and Exceeded) how well the goals of this program were met in 2014. 40.00% of those who responded to this question felt that the goals were only slightly met, and another 50.00% of respondents felt that the goals were met or met and exceeded in 2014.

The average rating was 3.20 - Somewhat Met/Met.

Successes in 2014:

Survey respondents felt that the most obvious success has been the increase in partnerships with local faith-based organizations. One survey respondent stated that, “many new churches have come on board and joined the fight.” Another respondent noted that these partnerships help to erode stigma.

Challenges in 2014:

Gaining access to new faith-based organization was stated as the main challenge. Survey respondents noted, “some faith based organizations are still hesitant to have sexual health conversations with us,” and “Collier Haitian communities are very closed and very difficult to get into.”
Recommendations from the field:

Similar to BRTA, the FRTA Program had mixed suggestions. One suggestion was to integrate FRTA into other activities and remove it as a separate program. Another suggestion was to utilize the RHAC Prevention Committee to set goals for both the FRTA program. Another respondent wanted more input from the Minority AIDS Coordinator. It was also suggested that a media release thanking FRTA partners would be beneficial.

There were a total of 18 new FRTA partnerships established in 2014. There were a total of 16 in 2013.
Overall Impressions of the HIP Program:

Overall feedback on the HIP Program as a whole was mostly positive. One survey respondent commented that the HIP Program is, “very comprehensive and a great integration of services among providers throughout the area.” Another respondent stated that it has had a, “very positive impact within Area 8 for all counties to have partnerships and collaborations with CHD and CBOs.” Some felt that the program needs to be more fully implemented across all of Area 8, and not focused on select agencies or counties to be more fair and balanced.

Goals of the HIP Program:

Survey respondents were asked to rate from 1-5 (5 being Met and Exceeded) how well the goals of this program were met in 2014. Ratings ranged from 5.88% of those who responded to this survey question feeling that the goals were not met at all to 29.41% feeling as if the goals were met and exceeded in 2014.

The average rating was 3.53 - Somewhat Met/Met.

Successes in 2014:

Survey respondents stated many success for the HIP Program over the past twelve months, including increased collaboration, more targeted use of limited resources, and more visibility in Area 8.

Challenges in 2014:

While collaboration was noted as a success by many survey respondents, some still see collaboration as a challenge as well. The size of the area was also listed as a challenge that can be difficult to overcome, as well as the inability to sub-contract, leaving the lead agency with the heaviest burden in fulfilling the deliverables. Stigma was also listed as a challenge in the HIP Program.
HIP Program

2014 Update

Recommendations from the field:

Increased collaboration and increased focus on the target populations were the most frequent recommendations for improving the HIP Program. It was also suggested to expand outreach to all parts of Area 8, including during times outside of normal business hours. One survey respondent suggested focusing more on peer navigation, outreach, and HIV testing/SNS and spending less time and energy on BRTA and FRTA. Another survey respondent suggested having administration and evaluation of the project from a neutral, outside party. To better understand the needs and gaps for Area 8, it was recommended that the RHAC Prevention Committee hold HIP-specific meetings to discuss best practices and barriers. The Prevention Committee was also suggested as a group to tackle more collaborative projects related to High-Impact Prevention.

Targeting High Risk Populations:

Survey respondents were asked to rate from 1-5 (5 being High risk populations are being targeted very well) how well the high risk populations were targeted through the HIP Program in 2014. 5.88% of those who responded to this survey question felt that the high risk populations were not being targeted. However, the majority of respondents felt that the high risk populations were adequately targeted (23.53%) or targeted very well (29.41%) in 2014.

The average rating was 3.53 - Somewhat/Adequately Targeted.

How well do you feel that the HIP Program is targeting high risk populations?

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