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**El Portal HIV/AIDS Clinic**

Miami is currently battling an epidemic of HIV/AIDS cases. As of 2016, Miami had the highest new infection rate per capita of any US city at 54 people per 100,000.2 This is four times the national average of 15 per 100,000 people diagnosed with HIV.8 Miami has, on average, over twice the amount of cases compared to other major US cities, such as San Francisco, New York City, and Los Angeles.2 There are currently approximately 26,110 people living with HIV in Miami.9 This HIV/AIDS epidemic is not limited to just Miami, other cities in Florida also made the top 10 US cities with HIV list including Fort Lauderdale, Orlando, and Jacksonville. Compared to other states, Florida is ranked number one for the highest number of HIV diagnoses in 2017.4

There are several possible reasons for the higher prevalence of HIV/AIDS in Miami. First, Florida is in the deep south, which houses nearly half of the estimated 1.1 million people living with HIV in the country.2 This fact is largely due to a stigma that has come about over HIV/AIDS. This stigma is the strongest in the “Bible Belt” region of the United States, which Florida also falls in. The Center for Disease Control and Prevention (CDC) notes that it “suffers from homophobia and transphobia, racism, and in general discomfort with public discussion of sexuality.”2 This type of culture prevents people from seeking out both testing and treatment for HIV/AIDS because of fear of being ostracized for positive results.

When individuals fail to get proper care for HIV, they harm both themselves and their community. In Florida, only about half of HIV positive individuals fully suppress the virus with antiretroviral therapy or ART, compared to over 75% in New York City.2 ART is the use of HIV medicines to treat the HIV infection.5 ART cannot cure HIV, but it can allow individuals with HIV to live healthy, almost unaffected lives.5 A successful administration of ART reduces the viral load of HIV to an undetectable level and makes the risk of HIV transmission to another person very low. When an HIV infected individual fails to properly care for their infection with ART, they put themselves at risk for coming down with Acquired Immune Deficiency Syndrome (AIDS), the final stage of HIV. That individual is also significantly more likely to spread the virus to another person.6

Another reason Miami has such a high prevalence of HIV is because Florida was slow to promote pre-exposure prophylaxis or PrEP.2 PrEP is a pill taken daily by high-risk individuals that, if taken correctly and consistently, reduces the risk of getting HIV from sex by more than 90%.5 In 2017, the Florida Surgeon General mandated that all 67 health departments offer PrEP at no cost by the end of 2018.2 Since people are not seeking treatment, the PrEP initiative is not working as well as it should.

Making matters worse, Miami has a very large number of Latinos and immigrants from South American countries and the Caribbean Islands. Language and cultural barriers are contributing to mass numbers of people not talking about sex or its consequences, namely HIV. These immigrants are lacking information on the subject. When immigrants migrate to Miami, they are unaware that they need to change their behavior towards sex, i.e., wearing condoms or taking PrEP. Of the people newly diagnosed with HIV in 2016, 56% were Hispanic/Latinx and of the total amount living with HIV in 2016, 45.2% were Hispanic/Latinx.9

Miami has also seen a recent increase in crystal methamphetamine and opioid use which contributes to HIV infection rates. These drugs require injection through a needle, which is sometimes shared between more than one person. If people are unaware that others or themselves have HIV, or that sharing needles can transmit HIV, then they can easily come in contact with the virus without knowing it.7

Public schools in Florida and Miami are also being blamed. The schools are teaching a strict abstinence only curriculum which teaches that the way to avoid coming down with HIV or another STI is to avoid sex altogether.7 This does not happen. Instead, younger people are having sex without the knowledge of how to practice safely. The schools need to shift their focus to include how to practice safe sex.

**Target Population**

The headquarters of this program will be in the El Portal neighborhood located in zone IV of the zoning map made by the Florida Health Department for the Miami-Dade County.10 This zone includes the neighborhoods: Liberty City, Miami Shores, and El Portal. Zone IV has the highest number of people living with HIV/AIDS in the entire Miami-Dade County. In 2016, there were 5,110 people living with HIV/AIDS. Of those, 19.9% were Hispanic, 26.5% were Haitian, 45.5% were African American and 7.6% were white.10

The target population of this program will be directed mostly at the zone IV (Liberty City, Miami Shores, and El Portal neighborhoods) region, but not limited to just this zone. This program will be open to servicing anyone who needs care or attention for HIV/AIDS related services. The program seeks to service around 30-40 people daily.

The target demographics for this program are meant to be lower income people or uninsured/underinsured individuals. The program will also direct its resources towards minority communities, such as the Latinx community, the Haitian community, and the African American community. The program will not discriminate based on gender, sexual orientation, or sexual preference. Due to the stigma around HIV/AIDS, confidentiality is of utmost importance.

**Goals**

The clinic has many goals for the proper delivery of care including, but not limited to:

1. Performing HIV/AIDS testing for the community at large with no discrimination.
2. Administering both PrEP and PEP treatments appropriately and regularly.
3. Administering ART treatment to HIV positive individuals.
4. Reaching all communities, including minorities, to function as an all-inclusive clinic.
5. Seeing patients at least once every six months to ensure the continuation of care.
6. Providing care with respect while practicing 100% confidentiality for the patient.
7. Educating the community about preventative measures including, but not limited to:
   1. How HIV is spread
   2. How to practice safe sex
   3. The fact that high-risk populations should be taking PrEP, and
   4. What to do if you think you have come in contact with HIV.
8. Providing clean needles and sanitary needle disposal for those who need it.

**Operations**

The El Portal HIV Clinic will be established in the El Portal neighborhood of Miami to address HIV/AIDS in the community. The clinic will offer testing, treatment and education free of charge to the community. The El Portal Clinic will be operating with full staff Monday to Friday 9 AM – 5 PM and on Saturday with a limited staff from 9 AM – 2 PM. There are three main branches of the clinic, the financial branch, the health branch, and the operations branch, which are all overseen by a board of trustees.

The Board will consist of 9 board members, a chairman, and a vice chairman. This board, consisting of 13 members in total, will include qualified members from the community. It should comprise of practicing health officials, leaders of local faith organizations, and regular people who are community leaders with a passion for HIV/AIDS issues. The Board will also include internal members of the organization including the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, and Chief Health Officer. This Board of Trustees will be responsible for the governance of the organization. It is important to have a balance of people both inside and outside the organization to ensure that the decisions being made are as objective as possible for the interest of the organization.

The financial branch of the clinic is responsible for financing the operation. It is headed by the Chief Financial Officer, who has a Treasurer and a Director of Fundraising under him. This team will handle grant research and applications, all fundraising operations, all accounting tasks, and payroll.

The medical team is a lead by a head nurse who both interacts with patients and acts as a liaison between the four nurses administering care and the Chief Health Officer. The medical team oversees testing patients for HIV through Nucleic Acid Tests (NAT), antigen/antibody tests, and antibody tests. When testing for HIV, tests for other STIs will also be administered by the nurses. Nurses will expect to see anywhere from five to eight patients a day. The nurses are also responsible for the clean needle program. This program will ensure that community members and patients have access to clean needles and access to a hygienic used-needle disposal facility.

The last branch of the clinic is the operations branch lead by the Chief Operating Officer. They will be responsible for the daily operations of the clinic, such as scheduling, making sure resources are fully stocked, and ensuring patients are seen on a six months basis. The operations branch also oversees the education program and the community outreach program. The Director of Education, Director of Outreach, and the secretary will work under the COO. The secretary will be in charge of scheduling patient appointments, acting as a liaison between patients and medical workers, and regularly reaching out to current patients to ensure they are seen at least once every six months.

A major component of the El Portal Clinic will be mobile care. The Director of Outreach will organize a mobile care unit one Saturday per month with two of the nurses. This team will go to different locations around the city each month to set up a small, mobile testing facility. The facility will be a small, enclosed pavilion with equipment needed to administer HIV tests. Through this initiative, the clinic will see people who would otherwise not seek out care.

The Director of Education will be in charge of the education program of the clinic. They will regularly create accessible pamphlets about HIV/AIDS, maintain a strong social media presence, and interact with patients informing them about the basics of HIV/AIDS. This is an extremely important initiative in the clinic. With proper knowledge and education, individuals can dramatically decrease their risk of getting infected with HIV. The Director of Education will be directly involved in making sure that the community knows enough information about HIV/AIDS so that they will be able to make wise decisions in their day-to-day lives.

All staff of the clinic who interact with patients should be bilingual with English and Spanish. This ensures that there will be no barriers between the staff and the community they serve. One of the major demographics that El Portal Clinic seeks to serve is the Latinx community. The most effective way to successfully serve this community is effective communication. In Miami, there is also a large community of Haitians. To serve this community as well, the clinic will hire a translator for Creole and French to English translation. Depending on the need for the translator, they will either work on site or remotely.

**Resources**

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| **Operational Expenses** |  |
| Infrastructure & equipment | $405,000 |
| Medical Equipment | $325,000 |
| Mobile equipment | $4,000 |
| Education materials | $3,500 |
| HIV/STI testing equipment | $80,000 |
| Fundraising Efforts | $85,000 |
| Legal expenses | $3,000 |
| **Total** | **$1,025,500** |
| **Total Expenses** | **$1,805,500** |

Because the services from this clinic will be free of charge, there will need to be other revenue streams to fund the operation. These will mainly come in the forms of contracts and grants. Some grants that the Chief Financial Officer will research and apply to are: the Kent Richard Hofmann Foundation Grants, the Elizabeth Taylor AIDS Foundation Grant, the New Venture Fund Grant, and the Federal Ryan White HIV/AIDS Grant. Another main source of revenue will be contributions from foundations and institutes. A further breakdown of revenue and expenses is shown below.

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| --- | --- |
| **Employees** | **Compensation** |
| CEO & President | $105,000 |
| Chief Financial Officer | $80,000 |
| Chief Health Officer | $80,000 |
| Chief Operating Officer | $80,000 |
| Treasurer | $55,000 |
| Director of Fundraising | $45,000 |
| Head Nurse | $70,000 |
| Director of Education | $45,000 |
| Director of Outreach | $45,000 |
| Nurse | $60,000 |
| Nurse | $60,000 |
| Nurse | $60,000 |
| Nurse | $60,000 |
| Secretary | $25,000 |
| Translator | $40,000 |
| President of the Board | $0 |
| Members of the Board | $0 |
| **Total** | **$910,000** |

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| --- | --- |
| **Revenues** |  |
| Contracts & Grants | $875,000 |
| Contributions & Program Donations from Foundations and Institutions | $650,000 |
| Contributions from Individuals | $15,000 |
| Fundraising Events |  |
| Dinner | $65,000 |
| Auction | $80,000 |
| 5-k race | $55,000 |
| Other events | $75,000 |
| Fundraisers total | $275,000 |
| **Total** | **$1,815,000** |

**Staff**

The clinic will have 16 employees to start. If more are needed, there is room for expansion to hire additional staff. During the week, there will be three of the four nurses on the clock, with one taking a day off. On the weekend, there will be two nurses working. The staff breakdown and roles are as follows:

* Chief Executive Officer – oversees all employees and the big picture of the organization. The CEO is responsible for leading the organization.
* Chief Financial Officer – The CFO is responsible for both financing and accounting for the funds of the operation. The CFO works directly above the Treasurer and the Director of Fundraising. The Treasurer is responsible for the accounting (internal audit, filing taxes) operations and for helping to research and apply to grants. The responsibility of the Director of Fundraising is to organize all fundraising events throughout the year.
* Chief Health Officer – The CHO is in charge of the logistics for the delivery of health services. The CHO works with the team of health professionals, which includes a head nurse and four nurses who work under the head nurse, to ensure that the delivery of care goes out smoothly.
* Chief Operating Officer – The COO is in charge of overseeing the daily operations of the clinic. They oversee the education program, the outreach program, and the secretary.

The following flowchart depicts the multitiered structure of the staffing in the program:

Board of Trustees

Translator

Secretary

Nurse

Nurse

Nurse

Nurse

Director of Outreach

Director of Education

Head Nurse

Director of Fundraising

Treasurer

Chief Operating Officer

Chief Financial Officer

Chief Health Officer

CEO

**Evaluation**

The evaluation of the El Portal Clinic program is taken very seriously. El Portal will evaluate itself based on the previous stated goals once at the end of every year. The first step to an accurate evaluation is keeping strict records of what happened throughout the year. The most important data and records will be coming out of the medical department. The nurses of El Portal Clinic will be required to meticulously input their day-to-day operations into a computer data recording system. When evaluations begin at the end of the year, this data will be accessed for the most accurate results.

The first goal of the El Portal Clinic evaluated is to ensure that every patient who tests positive for HIV is connected with proper care and treatment. El Portal aims to get 100% of its newly HIV-positive patients to the correct treatment. Anything lower than 100% in the evaluation will be treated as a failure, and improvements will be researched to attain that goal for the next year.

The second goal of the El Portal Clinic evaluated is to ensure that patients who are HIV positive are getting continuous care to successfully suppress the virus. El Portal aims to successfully suppress the virus in at least 85% of its patients. A success means that when a patient is tested there should be no traces of the HIV virus in their system.

The third goal of the El Portal Clinic evaluated is to ensure that each patient is being seen at least once every six months. A success in this field would mean that at least 90% of patients have been seen once every six months.

The fourth goal of the el Portal Clinic evaluated is to look over results from patient surveys. These surveys will include questions on the satisfaction level of the overall experience and discrimination and respectful behavior on behalf of the staff. The survey will also ask patients if they would recommend the clinic to another person. From the results from these surveys, the clinic can evaluate itself based on the patients’ experiences.

The final evaluation will involve the clinic’s social media presence. With each year, social media presence and following should grow by at least 5%. If these numbers are not reached, social media efforts will be improved to increase the awareness of the clinic in Miami and the surrounding area.

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