PHOENIX, AZ
AUGUST 17, 2023

WELCOME
Welcome and Setting the Stage

Dashiell Sears
Regional Director, North America
Fast-Track Cities Institute

Phoenix, AZ
August 17, 2023
Setting the Stage....

- Phoenix signed on as a Fast-Track City on November 29, 2016. Phoenix was also identified as an Ending the HIV Epidemic priority jurisdiction in 2019.

<table>
<thead>
<tr>
<th>Fast-Track Cities</th>
<th>Ending the HIV Epidemic</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Global initiative, local implementation</td>
<td>• Federal initiative, local implementation</td>
</tr>
<tr>
<td>• Both a technical and political initiative inclusive of engagement from mayor’s office, health department, and community</td>
<td>• HHS inter-agency leadership engaging community and local stakeholders</td>
</tr>
<tr>
<td>• Targets:</td>
<td>• Targets:</td>
</tr>
<tr>
<td>• 95-95-95 and zero stigma and discrimination by 2025</td>
<td>• Reduce # new HIV infections in the United States by 75% by 2025</td>
</tr>
<tr>
<td>• Ending the HIV epidemic by 2030 (zero new infections and zero HIV-related deaths)</td>
<td>• Reduce # new HIV infections in the United States by at least 90% by 2030</td>
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</table>
Setting the Stage...

The purpose of this workshop is to:

• Leverage synergistic efforts of EHE and FTC initiatives

• Discuss gaps and opportunities to achieving common goals:
  o prevention and treatment policy implementation
  o community access to HIV services
  o criminalization as a barrier to ending HIV
  o equitable scale up of PrEP
  o implementation of status neutrality

• Define short-/long-term next steps for addressing EHE and FTC gaps
Welcome Remarks

Dr. José M. Zuniga
President/CEO
IAPAC and FTCI

Phoenix, AZ
August 17, 2023
• Significant **PROGRESS HAS BEEN MADE** in Phoenix

• Yet, much work remains to ensure **EQUITABLE ACCESS** to:
  o HIV prevention/treatment, **PERSON-CENTERED CARE**, social support
    ▪ Within context of environment enabled to respect every person’s **DIGNITY**

• Multistakeholder **HIV COMMITMENT, LEADERSHIP** is critical
  o Including in relation to **POLITICAL DETERMINANTS OF HEALTH**
    ▪ But also **COMMUNITY ENGAGEMENT** that places people at center of HIV response

• EHE and FTC are well **ALIGNED AND SYNERGISTIC**
  o Notably as we strive to attain EHE and FTC (and **NHAS**) objectives
    ▪ On trajectory towards **GETTING TO ZERO** new HIV infections, AIDS-related deaths, stigma

• **2 years from deadline of REDUCING NEW HIV INFECTIONS BY 75%**
Mayoral Remarks and Signing of *Paris Declaration 4.0*

Kate Gallego
Mayor
City of Phoenix

Phoenix, AZ
August 17, 2023
Welcome from HHS Region 9

Phoenix, AZ
August 17, 2023

CDR Michelle Sandoval-Rosario
PACE Program Director
Office of Infectious Disease and HIV/AIDS Policy
Region 9
Welcome on Behalf of Maricopa County EHE

Sergio Gomez
Strategic Initiatives Manager
City of Phoenix

Jeremy Hyvarinen
Ryan White Program Manager
Maricopa County Department of Public Health

Phoenix, AZ
August 17, 2023
Welcome on Behalf of Community

Victor Avila
Director of Community Relations
Spectrum Medical

Phoenix, AZ
August 17, 2023
Welcome on Behalf of ViiV Healthcare

Phoenix, AZ
August 17, 2023

Kristen Tjaden
Director, Government Relations
ViiV Healthcare US
Increasing Access to Treatment and Rapid START

Phoenix, AZ
August 17, 2023
Rapid Start in Phoenix

**GOAL:** link newly diagnosed persons with HIV to HIV treatment within five calendar days of their HIV diagnosis

- Coordinated network of medical clinics, HIV service providers, eligibility offices, and Maricopa Dept of Public Health since 2019
- Based around a system of “rapid phones” at each partner agency
- 2022 enhancements:
  - Expanded protocol to include out-of-care scenarios
  - Added a Community Linkage Line for non-partners
Current Partners

• Valleywise/McDowell Clinic
• Spectrum Medical
• Pueblo Family Physicians
• PCH
• Be Well
• TL Family Nurse Practice
• Your Health
• Southwest Center

• CAN Community Health
• FIT Clinic
• Care Directions
• Ramsell
• MCDPH STD Clinic
• Dignity Health (testing site)
• RipplePHX (testing site)
How are we doing?

• At last data analysis, we are at 6 days on average to link persons to HIV medical care & initiate ARV
  • Want to reach 5 days in 2023!

• Continuing to add new sites!

• Some issues with data reporting

• Beginning to incorporate status neutral approaches to PrEP linkage & hep C treatment

Total number served:
2019 = 319 clients (blue)
2020 = 262 clients (orange)
2021 = 259 clients (gray)
Increasing Access to Biomedical Prevention

Dr. Thanes Vanig
Chief Medical Officer
Spectrum Medical

Phoenix, AZ
August 17, 2023
Daily PrEP Significantly Reduced the Rate of New HIV Diagnoses in US Independent of Treatment as Prevention

Between 2012 and 2017, relative contribution of daily PrEP to the decline in HIV incidence was 2.1 times larger than TasP
EHE Goal: Increase PrEP coverage to 50% by 2025

Maricopa County
PrEP-to-Need Ratio (PNR)
Number of PrEP users to number of new HIV diagnosis

The 2022 PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2020. PNR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.

<table>
<thead>
<tr>
<th>PNR, 2022</th>
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</thead>
<tbody>
<tr>
<td>PNR, by Sex, 2022</td>
<td></td>
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<tr>
<td>Male</td>
<td>14.58</td>
</tr>
<tr>
<td>Female</td>
<td>5.15</td>
</tr>
<tr>
<td>PNR, by Age, 2022</td>
<td></td>
</tr>
<tr>
<td>Aged 13-24</td>
<td>7.95</td>
</tr>
<tr>
<td>Aged 25-34</td>
<td>12.21</td>
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<tr>
<td>Aged 35-44</td>
<td>22.04</td>
</tr>
<tr>
<td>Aged 45-54</td>
<td>13.39</td>
</tr>
<tr>
<td>Aged 55+</td>
<td>14.51</td>
</tr>
</tbody>
</table>

Maricopa County
Arizona PrEP Populations Estimation

Figure 1: Number Indicated for PrEP by Transmission Risk Group

- HET: 4,240
- MSM: 18,920
- PWID: 2,190

Figure 2: MSM Indicated for PrEP by Race

- Black: 4,590
- Hispanic: 9,040
- White: 8,860

Figure 3: MSM Indicated for PrEP by Race

- Black: 2,580
- Hispanic: 7,060
- White: 7,270

Figure 4: HET Indicated for PrEP by Race

- Black: 1,730
- Hispanic: 1,130
- White: 810
PrEP Disparities

PrEP coverage is unequally distributed by gender, age and race/ethnicity

In 2020, of persons who could benefit from PrEP,

/ 9% (42,372) of nearly 469,000 Black PWBP were prescribed
/ 16% (48,838) of the nearly 313,000 Hispanic/Latino PWBP were prescribed

In 2020, PrEP access disparities occurred across age groups as well

/ Only 16% of PWBP aged 16-24 were prescribed PrEP
/ In comparison, 27% of PWBP aged 25-34 and 30% of PWBP aged 35-44 received a prescription

...and gender

/ 10% of cisgender women who may benefit from PrEP were prescribed PrEP
Novel Platforms for PrEP Delivery

- Same day PrEP
- Mobile clinics
- Peer supported PrEP delivery
- Pharmacy-led PrEP delivery
- Mobile apps
- Tele-PrEP and home-based HIV prevention
- Long-acting PrEP
- Co-located medical care
Incidence in Arizona, 2021

- Incidence rate in 2021: 11.5
- Number of new cases: 852
- 2020-2021 saw the largest percent increase in the decade.
- The percent increase in incident cases is 51%
  - 564 cases in 2011 to 852 cases in 2021
- Majority were Hispanic men at 368 new cases
- Largest age groups: 25 – 29 and 30 - 34

Source: ADHS Dashboard
Arizona population growth 2011 - 2021
From 6,473,416 to 7,276,316; an increase of 12.4%

Source: USAfacts.org, drawn from US Census data
Incidence in Maricopa County

Maricopa County saw the majority of new cases 552 or 64%

Over 10 years, incident cases rose from 412 to 552, an increase 33.98%

Maricopa County population growth over same period was 16%, from 3,875,371 to 4,496,588
The view from AIDSvu.org

Prevalence rates by zip code and county
HIV Incidence by race/ethnicity compared to state demographics

Sources: USAFacts.org and ADHS

Arizona Population by race/ethnicity

- Hispanic: 32.30%
- White: 53.20%
- Black: 2.20%
- AI/AN: 3.70%
- Multi/Race/Other: 4.70%
- Asian/NH/PI: 4.80%

HIV Incidence by Race/Ethnicity 2021

- Hispanic: 43.20%
- White: 30.04%
- Black: 15.50%
- AI/AN: 4.90%
- Multi/Race/Other: 4.80%
- Asian/NH/PI: 1.05%
Incidence by race/ethnicity cases and rates
Prevalence by race/ethnicity cases and rates
Prevalence for Blacks and Hispanics as compared to Whites 2016-2022
Prevalence for Blacks and Hispanics as compared to Whites (MSM only) 2016-2022
Mortality for Blacks and Hispanics as compared to whites, 2012-2022
Greater Disparities among incarcerated Hispanic men

Source: ADHS 2021 HIV surveillance report
Arizona Care Continuum, 2021

This dashboard uses Arizona surveillance data for current residents to describe the number and percentage of people living with diagnosed HIV (PLWH) who belong to select stages of the HIV care continuum.

Select to filter the dashboard 
(For all charts below) 
Region (All) 
Retained in care? (All)

<table>
<thead>
<tr>
<th>Stages of the Arizona Care Continuum</th>
<th>PLWH</th>
<th>Receipt of Care</th>
<th>Retained in Care</th>
<th>Virally Suppressed</th>
<th>Linked to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17,058</td>
<td>75.9%</td>
<td>54.3%</td>
<td>65.1%</td>
<td>80.7%</td>
</tr>
</tbody>
</table>

What demographic factors are associated with higher rates of viral suppression?

Select first demographic (for the pie chart below)
Select second demographic (for the bar chart below)

Does receiving care lead to better rates of viral suppression?

Sort by? (for the bar chart below)

Viral suppression By County:
Santa Cruz County has highest at 79.0%
Pinal County Lowest at 39.2%
Maricopa county at 64.9
Viral suppression by sex at birth & race/ethnicity

Highest: white men at 72%
Lowest: Black men at 55%
Viral suppression by race/ethnicity and sex at birth

(Same information but in a different format)
Viral Suppression by Age

Seniors or doing great!
Viral Suppression by age and race/ethnicity

Among Hispanics, the largest incidence group, the youngest and the oldest age groups are doing best at 66%
Viral suppression by exposure category

Intravenous Drug Use is lowest
Viral suppression by exposure risk category and race/ethnicity

Hispanic IDU is least suppressed, white MSM, most suppressed
PrEP Use by race/ethnicity

PrEP (Pre-Exposure Prophylaxis)

Number of PrEP users, 2022
8,177

Rate of PrEP users per 100,000 population, 2022
133

Percent of PrEP users, by Sex, 2022

- Male: 94.5%
- Female: 5.5%

Percent of PrEP users, by Race/Ethnicity, 2022

- Black: 3.7%
- Hispanic/Latinx: 26.7%
- White: 66.1%

Percent of people living with HIV, by Race/Ethnicity, 2020

- Black: 13.7%
- Hispanic/Latinx: 32.1%
- White: 45.1%
Thank you for the work you do!
Reducing Stigma in Clinical Settings: What Works in Phoenix

Wendy Wolfersteig, PhD
Director, Southwest Interdisciplinary Research Center (SIRC) Office of Evaluation, ASU
Research Associate Professor, School of Social Work, ASU

Becky Lutz
Patient Care Coordinator
Community Care Advocate
CoChair FTC subcommittee

Phoenix, AZ
August 17, 2023
Stigma Findings in Phoenix

**Needs Assessment Survey** under the Fast Track Zero Stigma Subcommittee

- conducted early 2019, **296** total respondents
- issues relating to HIV Stigma for study participants who reside in Phoenix/Maricopa County

- **Everyday Stigma and Discrimination Scale:** 60 to 70% encountered negative situations that were common life occurrences; e.g., poor service, called names/harassed
- **Social Isolation** and its role in relationships a concern: **54.0%** stopped socializing with people
- **Disclosure** of status intentional to the person and situation: **83.5%** careful who they told
- **Discrimination** was perceived by and a worry of **69.9%** of respondents
- **U=U** is a message still unknown to almost **30%** of PLWH
- **Identity** is associated to individuality and behavior relating to cultural, ethnic and social groups

**Strategies, policies, and educational information are needed...**

- to address aspects of HIV stigma
- to be tailored to cultural, social and ethnic sensitivities
ADHS-ASU SIRC Academic Detailing

6) Clinic registration/intake form has a question for client's legal name, preferred name and pronoun with staff training that includes record keeping and billing using the client's preferred name.

7) Display materials for community-based affiliations with sexual/gender/racial/ethnic minority supportive organizations* including support groups for people living with HIV.

8) Community advisory board that includes sexual, racial/ethnic diverse, and gender minority members and people living with HIV.

9) All staff training on gender identity diversity and sexual orientation, status-neutral messaging including front desk, security, volunteers etc.*

10) Pronoun buttons/stickers worn by staff and available for patients to wear


12) Emphasize diversity when hiring staff and recruiting members for your board of directors.
Phoenix Clinical Settings

- FTC has worked hard in the community to partner with Emergency Rooms and other clinical settings for OPT Out Testing.

- Dignity Health and Valleywise Health now test everyone in the ED/FQHC Clinics as part of their visit.

- This doesn’t just change the stigma of being tested but adds a safe clinical setting for those being tested and normalizes testing as part of your whole health.

- This will also include connection to care for individuals testing HIV +
Prevention Policy and Implementation

Eduardo Moreira – Orantes
HIV Prevention Initiatives Manager
Office of HIV and Hepatitis C Services
Arizona Department of Health

Phoenix, AZ
August 17, 2023
Background Information

Currently work with two HIV Prevention Grants

**PS18-1802- Integrated Surveillance Prevention**
- Pre-Exposure Prophylaxis/non-occupational Post-Exposure Prophylaxis (PrEP/nPEP) Navigation Services
- Testing including (Testing in non-clinical settings; bulk distribution, emergency room opt-out, ambulatory clinic)
- Behavioral Interventions
- Local Health Jurisdictions (LHJ- County Health Departments)
- Data to care Activities
- Condom Distribution (individual and bulk)

**PS20-2010- Ending the HIV Epidemic (Maricopa County)**
- Component C- PrEP/ PEP Navigation at Maricopa County Dept. of Public Health
- Home Test Kit distribution
- PrEP/PEP Navigation (includes PrEP Lab Support)
Challenges

- **PrEP/nPEP Navigation**
  - Data is limited to funded organizations
  - Not reliable and variable; misinterpretation in definitions and how they are reported
  - Linkage and prescription for PrEP
  - Retention for PrEP

- **Home Test Kits**
  - Data is limited for post testing outcomes
  - Lose visibility on potential links

- **New workforce or agency turn over**

- **Standards of Service Delivery**
Solutions

• **PrEP/nPEP Navigation**
  • Provide clear definitions on the phases or components of PrEP/PEP Navigation
  • Evaluate how programs are currently performing
  • Recommend programs evaluate their internal process
  • Emphasis on status neutral and make the connection between testing and PrEP referrals

• **Home Test Kits**
  • Redesign how these programs work
  • Dedicated and deliberate follow up

• **Turnover and Standards of Service Delivery**
  • Currently ADHS is developing standards of care for prevention efforts
  • HIV Prevention Specialist Training
Thank You!

Eduardo E. Moreira, MHA
HIV Prevention Program Manager
Arizona Department of Health Services

eduardo.moreira-orantes@azdhs.gov
480.698.5233
Isabel Evans
Ending the Epidemics Program Manager
Arizona Department of Health
Phoenix, AZ
August 17, 2023
State Layout for HIV services

HIV Prevention:
• Statewide CDC-funded prevention at ADHS
  • Provides funding to county HDs and CBOs to implement HIV prevention & partner services
• Services available in Phoenix at MCDPH STD Clinic & CBOs

HIV Care:
• Statewide AIDS Drug Assistance Program (ADAP) administered at ADHS
• Ryan White Part A (RWPA) at MCDPH to provide services to PWH in Maricopa & Pinal counties
• Ryan White Part B (RWPB) at ADHS to provide services to the balance of state
  • Collaborates with RWPA to dually fund agencies in Phoenix
AZ 2022-2026 HIV/STI/Hep C Integrated Plan

• Written in collaboration with city, county, and state

• Developed as a SYNDEMIC plan with HIV, STI, and hepatitis C partners & planning bodies

• Includes goals and objectives from the previous 2020 EHE plan for Maricopa County

• Sets 4 overarching goals, each with 6 objectives
  • Diagnose, Prevent, Treat, Respond

Available on the Integrated Plan page on HIVAZ.org
<table>
<thead>
<tr>
<th>Diagnose</th>
<th>Prevent</th>
<th>Treat</th>
<th>Respond</th>
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<tbody>
<tr>
<td>• Improve and expand testing for HIV, STIs, and hep C</td>
<td>• Reduce new transmissions of HIV, STIs, and hep C</td>
<td>• Rapidly and effectively link all persons with HIV, STIs, or hep C to care/cure</td>
<td>• Build capacity for CDR and surveillance</td>
</tr>
<tr>
<td>• Decrease stigma for people living with or experiencing risk for HIV, STIs, and hep C</td>
<td>• Improve prevention efforts among priority populations</td>
<td>• Keep all people with HIV in care, and cure all people diagnosed with STIs and hep C</td>
<td>• Strengthen statewide HIV, STI, and hep C prevention and care systems</td>
</tr>
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</table>
Examples of Alignment

**HIV Prevention**
- Disease Investigation Services (DIS) collaboration
- Condom distribution & free condom supply
- PrEP lab support
- HIV Prevention Specialist training

**HIV Care**
- Joint eligibility/renewals for Ryan White Part A, Ryan White Part B, and ADAP
  - RW/ADAP Online Application Portal launched June 2023!
- Dually-funded agencies & collaboration on funding streams, such as dental & housing
- Bimonthly meetings between Part A (MCDPH) and ADHS
- Adoption of 5-day linkage goal for new HIV diagnoses
Community Access to HIV Services

Jason Vail Cruz
Senior Practice Manager
Vallewise Health

Phoenix, AZ
August 17, 2023
Ending the HIV Epidemic Through Caring for Those in Need: A Clinic’s Look at Access & Challenges

Jason Vail Cruz (he/they)
Sr. Practice Manager
Valleywise Health
Community Health Center-McDowell

Phoenix, AZ
August 17, 2023
The People We Serve
Sexual Orientation

- Straight: 29.92%
- Something Else: 3.14%
- Lesbian or Gay: 5.57%
- Lesbian: 0.23%
- Gay: 34.11%
- Don't Know: 2%
- Choose not to Disclose: 17.57%
- Bisexual: 6.70%
- Unspecified: 0.76%
# Language

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<td>Amharic</td>
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<td>Arabic</td>
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<tr>
<td>Burmese</td>
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<td>Chin</td>
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<td>Chinese (Mandarin)</td>
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<td>Tigrinya</td>
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<td>Unknown</td>
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<tr>
<td>Vietnamese</td>
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The Needs of Our Patients

- Affordable Housing
- Behavioral health treatment—including substance use treatment
- Transportation
- Expanded eligibility for Case management (medical & non-medical)
- Transportation assistance
- Easy entry into RW when needed (understanding of how to do it as well) (onsite enrollment)
- Visit hours beyond 7-5
Barriers to care

• Poverty
• Inconsistent insurance access (on and off Ryan White, often due to challenges with other insurance or employment)
• Lack of providers initiating PrEP or sexual health screenings for all but especially folks that may have risk
• Health education, especially around STI’s
Foundational Challenges
Breaking Barriers to Health & Wellness
Questions
Thank you!

Jason Vail Cruz

Jason.VailCruz@ValleywiseHealth.org
Addressing Criminalization as a Barrier to Ending HIV

Panelists

- Maxwell Short – HIV Surveillance Epidemiologist – Arizona Department of Health
- Abner Linares – Epidemiologist – Arizona Department of Health
- Christopher Thomas – Senior Trainer – Sonoran Prevention Works

Moderator:

Alena Pittman
Senior Epidemiologist
Arizona Department of Health
Scaling Up PrEP Access and Utilization

Panelists

- Dr. Thanes Vanig – Chief Medical Officer – Spectrum Medical
- Rocko Cook – Public Health/Academic Detailing Manager – Arizona State University
- Cynthia Estrada – PrEP Navigator – Chicano Por La Causa

Moderator:

Erica TeKampe
Program Director, HIV Care Directions
Area Agency on Aging, Inc.
2023 INTRA-JURISDICTIONAL EHE → FTC ALIGNMENT WORKSHOPS
Optimizing Social Determinants to Achieve U=U

Moderator:
David Martinez, III
Director, Community Engagement
Vitalyst Health

Panelists

• Eric Eason – Greater Phoenix Ryan White HIV Services Planning Council

• Dr. Ann Khalsa – Clinical Medical Director – Valleywise Health

• Lani Rickles – Program Manager, Transitional Housing and Empowering Employment Services – Southwest Behavioral and Health Services
Implementing HIV Status Neutrality in Practice

Panelists:

• Micaela Simon – Family Nurse Practitioner – Be Well Family Care

• Isabel Evans – Ending the Epidemics Program Manager – Arizona Department of Health

Moderator:
Joanna Mendez
Integrated Plan Liaison
Arizona Department of Health
Identified Challenges and Opportunities to EHE in Phoenix

Scott Lyles
EHE and FTC Alignment Consultant
Fast-Track Cities Institute
HIV Care Continuum Optimization for EHE and FTC Goals

• Routine testing needs to be implemented in all clinical settings
• Too system centered, needs to be patient-centered care model - Meet people where they are at the times that work for them
• Eligibility system is broken – too burdensome on patients for documentation
• Care centers should be proactive on awareness of clients’ eligibility timeframes and time for renewal
• Bringing more mobile and wider telehealth services to the community, need to go digital
• Continuous education and feedback to providers – re-educate on Rapid ART and PrEP
• Challenges with linkage to care with opt out testing at ED - sensitization on personal circumstances of people getting tested informing linkage
• Empower patients to maintain quality of healthcare, observe why people fall out of care
• Transparency between organizations and care systems
Improving Engagement

Widen the circle

• Youth
  • Find spaces outside the school to engage them

• Parents
  • Educate parents to better support their youth

• Transgender populations

• Faith-based leaders

• Black heterosexual identifying men
  • Address the stigma that is keeping them from the table – invitation not accusation
Centrality of Community

- Community needs to be at the table when developing new programs and policies – there are processes and procedures that don’t fit within the existing programs.
- Community organizations need to be prioritized for funding.
  - Funding is based on volume, smaller organizations may not have numbers but they have reach.
  - Question the existing funding systems and how to make it more relevant to community.
- How to build capacity of small community organizations to manage larger budgets?
- Engage community on HOW to spend existing funds.
Policy Landscape

- Intersection of racism and HIV criminalization
- Engage other organizations that engage communities that are disproportionately hurt by HIV criminalization
  - NAACP
  - Faith community
- Assumed guilt just for living with HIV – increases stigma
- Careful with how U=U is used in criminalization so we don’t separate “good people living with HIV” and “bad people living with HIV”
- How do we mobilize to change these laws?
  - Need to educate legislators on HIV transmission – data alone is not enough
  - Community needs to be in the room in educating legislators on the impact of laws
  - Connect with Prince George’s County and Montgomery County EHE partners on addressing their local legislators
- Reframe the discussion on criminality tied to these laws
  - Legislators are not ‘soft on crime’ they can be ‘smart on science’
  - Legislators don’t own these laws, these were voted into existence 30-40 years ago, those laws can be retired as they no longer serve the intended purpose
- Once laws are changed
  - Educate law enforcement officers
  - Educate community that this is not something you can be criminalized by
  - Remove people from sex offender list
  - Prepare a body of lawyers that are equipped with the knowledge to stand by the community
Scaling up PrEP Access and Utilization

• Stigma associated with HIV makes people hesitant to hear about PrEP
• Stigma associated with PrEP makes people hesitant to consider PrEP
• Normalize PrEP as part of wholistic care
• Representation matters! – inclusion of black and Latinx women on advertisements for PrEP
• Access – need to make the processes for accessing PrEP easier
  • Need to keep up momentum so people link to PrEP
  • Same day PrEP
  • Bring PrEP directly to community events
• Engage more college/university groups on PrEP education (and advocacy) activities
  • Frats
  • Sororities
  • The Devine Nine
• De-stigmatize PrEP usage – must be seen as a tool and a big reason for advancing HIV goals
Stigma

• Stigma in healthcare settings – training as a continuous process
• Need to normalize U=U and PrEP – kitchen table conversations
• De-stigmatize black men’s assumed role in transmission
• Religion and stigma- Capacity building for faith-based leaders to support their communities.
• Language matters!
  • De-stigmatize language on sex and sexuality
Social Determinants of Health

• Federal funding cuts for affordable housing; unsustainable cost for building more affordable housing (lasagna of money)— creatively “braiding” funding
  • HOPWA dollars, EHE dollars, other funding/medical dollars
  • Unique partnerships to ensure affordable housing – Gulf Coast Housing Perspective working with health insurance providers and FQHCs

• Resources that can be mobilized at local level
  • DHHS resources
  • Office of community development
  • Available lots
  • Making the budget stretch - townhomes, duplexes

• Intersecting vulnerabilities of those who are unhoused – beyond HIV. How can these intersecting vulnerabilities be addressed?

• Need to think about other social determinants of health
  • Transportation
  • Social injustices
  • Socio-economic status
HIV Status Neutral Services

• Funding – how to get funding for wrap around services to implement status neutrality
• Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus
• Capacity building for providers on linkage to care for ALL
Actionable EHE and FTC Implementation Steps in Phoenix

Dashiell Sears
Regional Director – North America
Fast-Track Cities Institute

Phoenix, AZ
August 17, 2023
FTC – EHE Joint Focus

• FTC-EHE Synergies are significant
• Areas of joint focus in 2022-2025, including:
  • Technical guidance: Inter-/Intra-jurisdictional planning
  • Health inequity: Social Transformation Agenda
  • Capacity-building: LAI tx/PrEP implementation, person-centered care, cultural responsiveness
  • Best-practice sharing: Best Practice Repository
  • Assessment tools: QoC, QoL surveys
  • Public policy interventions: Housing, criminalization
  • Health workforce: Stress, burnout, well-being survey
  • Stigma elimination: #ZeroHIVStigmaDay
Leveraging FTC for EHE

EHE Goals

• Expanding Engagement Points for EHE Advocacy – Widening the Circle
• Integrating treatment and prevention strategies together to achieve status neutrality
• Local stakeholder buy-in and education [health networks/districts, clinicians, educators]
• Strengthening Health System Resilience
• Upscaling integrated care models addressing intersectional infections and conditions (MPX, hepatitis, syphilis, gonorrhea, chlamydia, under- or non-insured, unhoused, mental health, addiction
• Measuring and assessing Quality of Care and Quality of Life Metrics

FTC Advantage

• Social Transformation Agenda
  • Leveraging FTC core groups to enhance engagement with community-based stakeholders towards comprehensive planning that supports EHE and equity-based goals for social determinants
• Inter-jurisdictional holistic HIV planning,
• Best Practice documentation/validation/sharing,
• Implementation Science funded studies
• Research and guidance for universal stigma, QoC, QoL metrics
Leveraging FTC for EHE, Cont.

EHE Goals
• Policy advocacy for holistic HIV health systems
• Increase HIV awareness in non-traditional medical fields and general community
• Eliminating disparities in HIV health outcomes, rates of new infections, and PrEP uptake
• Optimizing the urban and rural HIV care continuum
• Enhancing accessibility for HIV service and clinical interfacing for key populations

FTC Advantage
• Model Policies, HIV Care Optimization Guidance, Status Neutral implementation
• Normative Implementation guidance for DoxyPep and DoxyPrEP
• Normative guidance on strengthening STI capacities for clinics and health departments
• Data and Research for policy impact
• Social Transformation Agenda, Inter-Jurisdictional Planning, QoL/QoC Assessments
• Global reach for leading edge partnership exploration
Closing Remarks

Dr. José M. Zuniga
President/CEO
IAPAC and FTCI

Phoenix, AZ
August 17, 2023
• **TOGETHER**, we can achieve a future in which:
  o New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
  o People living with and affected by HIV are **VALUED** and not subjected to inequality

• Lags in our global, national, municipal HIV responses reflect underlying **SOCIAL INEQUALITIES**:
  o **GAY MEN, OTHER MSM** who are forced to live on societal margins
  o **TRANSGENDER INDIVIDUALS** whose identities are violently suppressed
  o **RACIAL, ETHNIC MINORITIES** who lack socioeconomic opportunity and confront racism
  o **WOMEN, GIRLS** who often lack a voice about their own bodies and healthcare decisions

• Ending the HIV epidemic does not just mean suppressing or even curing the virus, but rather **ADDRESSING MYRIAD INJUSTICES** that have been both causes and effects

• HIV is as much about **HUMAN RIGHTS AND SOCIAL JUSTICE** as it is about public health or science

• EHE and FTC are well **ALIGNED AND SYNERGISTIC** to advance a **HOLISTIC** HIV response
Closing Remarks

Landen Smith
Director of Development
Phoenix Pride

Phoenix, AZ
August 17, 2023