

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

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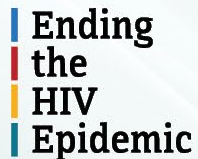
Phoenix, AZ
August 17, 2023

WELCOME

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August 17, 2023

Welcome and Setting
the Stage

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



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.

Fast-Track Cities	Ending the HIV Epidemic
<ul style="list-style-type: none"> • Global initiative, local implementation • Both a technical and political initiative inclusive of engagement from mayor’s office, health department, and community • Targets: <ul style="list-style-type: none"> • 95-95-95 and zero stigma and discrimination by 2025 • Ending the HIV epidemic by 2030 (zero new infections and zero HIV-related deaths) 	<ul style="list-style-type: none"> • Federal initiative, local implementation • HHS inter-agency leadership engaging community and local stakeholders • Targets: <ul style="list-style-type: none"> • Reduce # new HIV infections in the United States by 75% by 2025 • Reduce # new HIV infections in the United States by at least 90% by 2030

Setting the Stage...



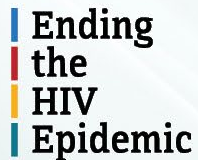
The purpose of this workshop is to:

- Leverage synergistic efforts of EHE and FTC initiatives
- Discuss gaps and opportunities to achieving common goals:
 - prevention and treatment policy implementation
 - community access to HIV services
 - criminalization as a barrier to ending HIV
 - equitable scale up of PrEP
 - implementation of status neutrality
- Define short-/long-term next steps for addressing EHE and FTC gaps

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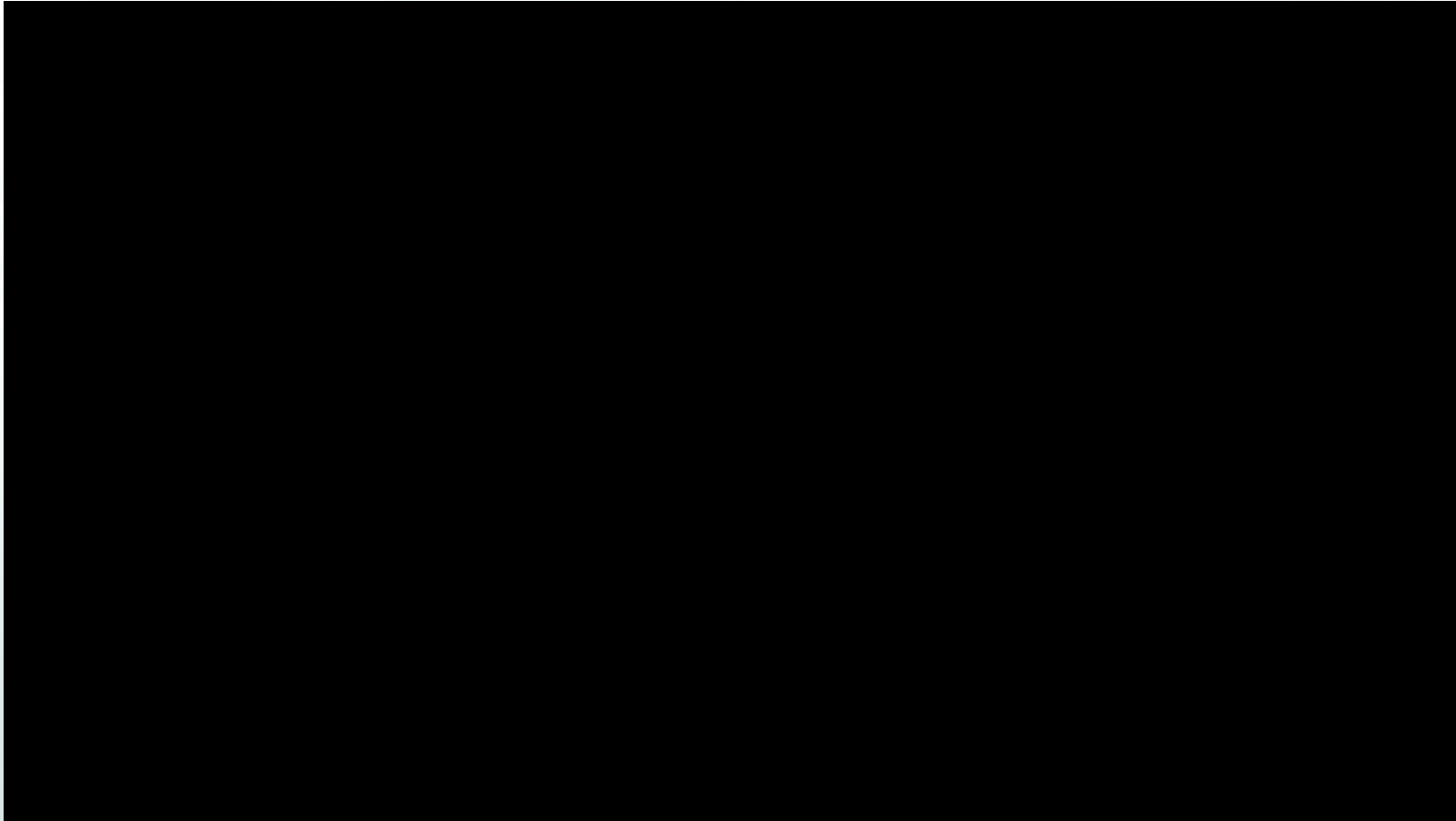


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Welcome Remarks

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

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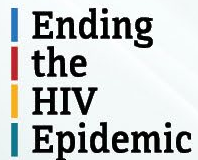
- Significant **PROGRESS HAS BEEN MADE** in Phoenix
- Yet, much work remains to ensure **EQUITABLE ACCESS** to:
 - HIV prevention/treatment, **PERSON-CENTERED CARE**, social support
 - Within context of environment enabled to respect every person's **DIGNITY**
- Multistakeholder **HIV COMMITMENT, LEADERSHIP** is critical
 - 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**
 - 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

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Kate Gallego
Mayor
City of Phoenix

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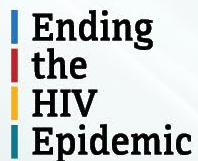
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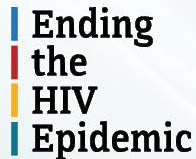
Welcome from HHS
Region 9

CDR Michelle Sandoval-Rosario
PACE Program Director
Office of Infectious Disease and HIV/AIDS Policy
Region 9

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Welcome on Behalf of Maricopa County EHE

Sergio Gomez

Strategic Initiatives Manager
City of Phoenix

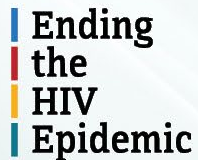
Jeremy Hyvarinen

Ryan White Program Manager
Maricopa County Department of Public Health

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Welcome on Behalf
of Community

Victor Avila
Director of Community Relations
Spectrum Medical

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Welcome on Behalf of
ViiV Healthcare

Kristen Tjaden
Director, Government Relations
ViiV Healthcare US

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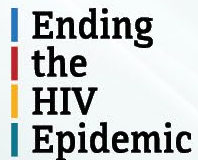
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**Increasing Access to
Treatment and Rapid
START**

Joyce Hines
HIV CDI Supervisor
Maricopa County Department of Public Health

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

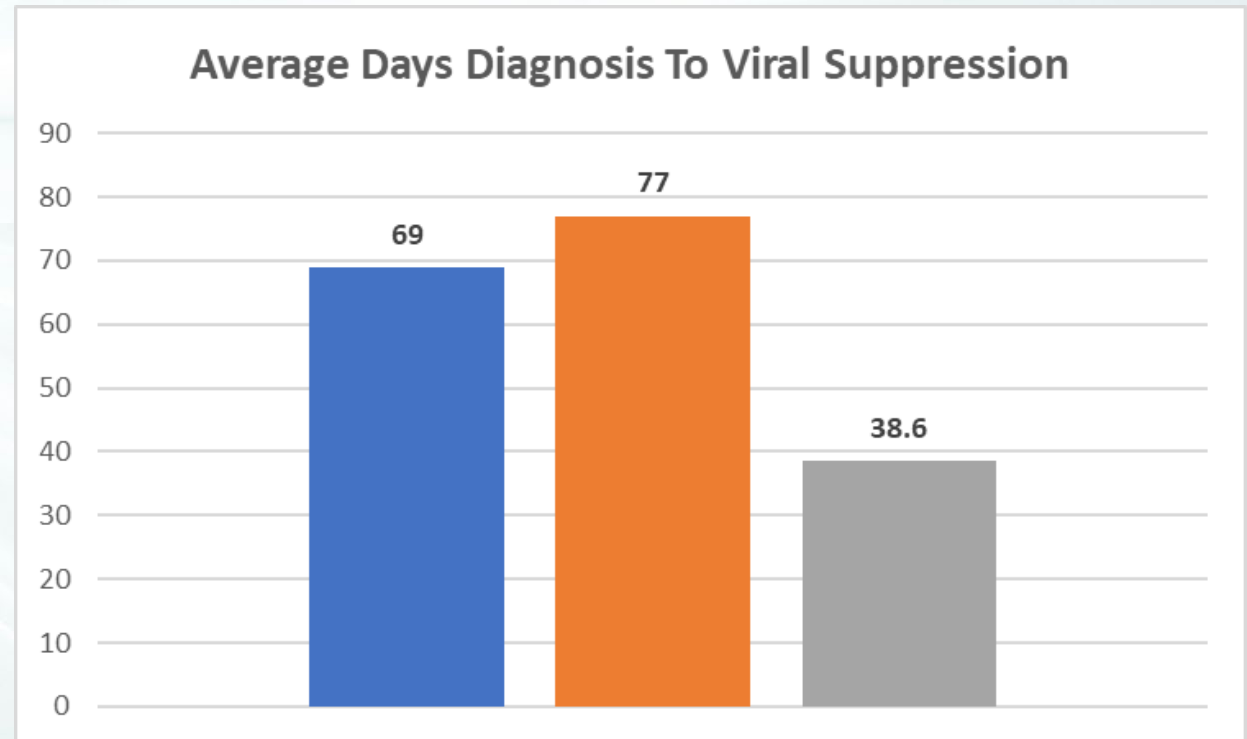


Current Partners

- 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)

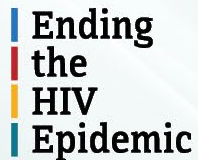
2020 = 262 clients (orange)

2021 = 259 clients (gray)

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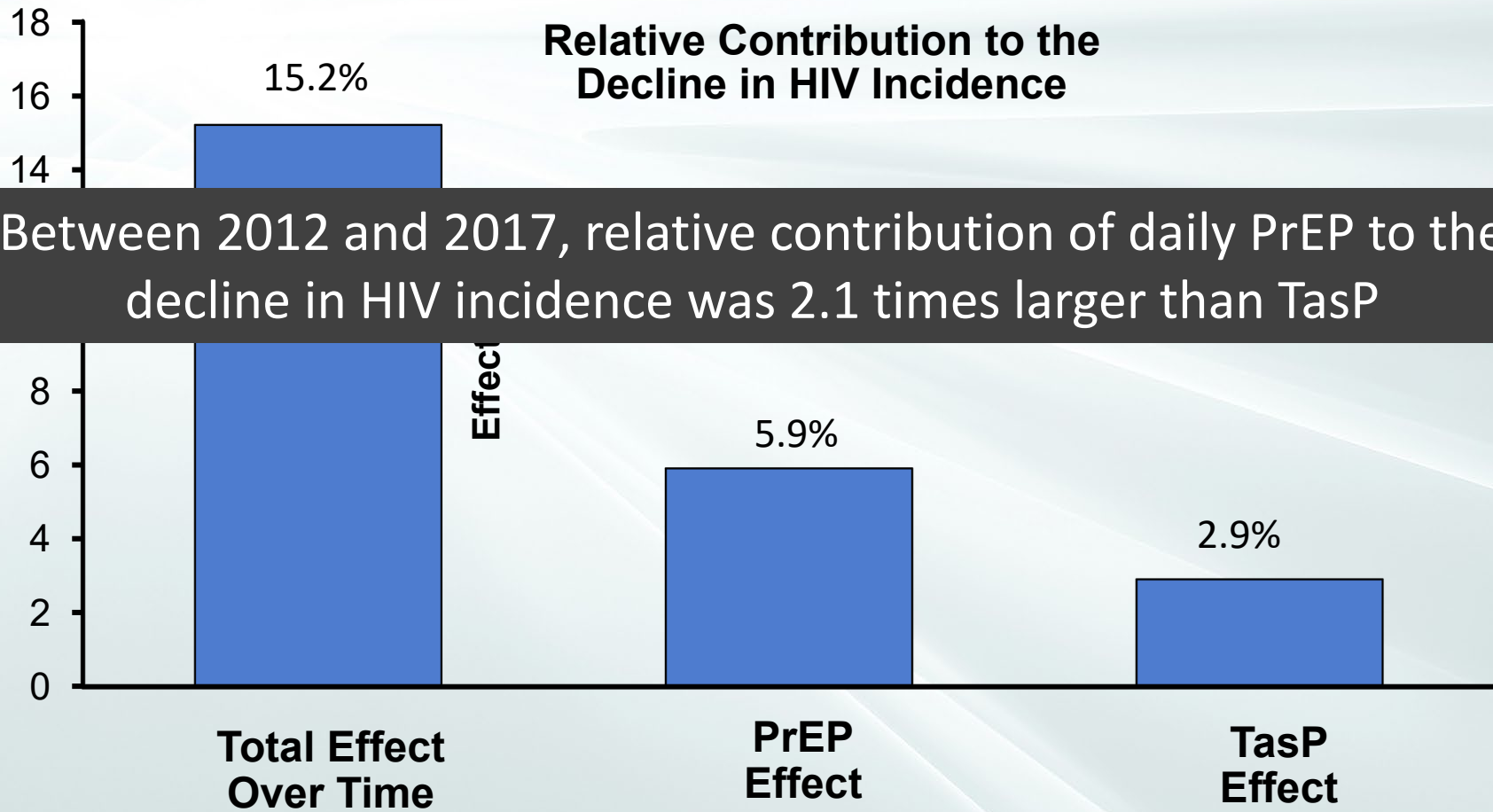


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Increasing Access to
Biomedical Prevention

Dr. Thanes Vanig
Chief Medical Officer
Spectrum Medical

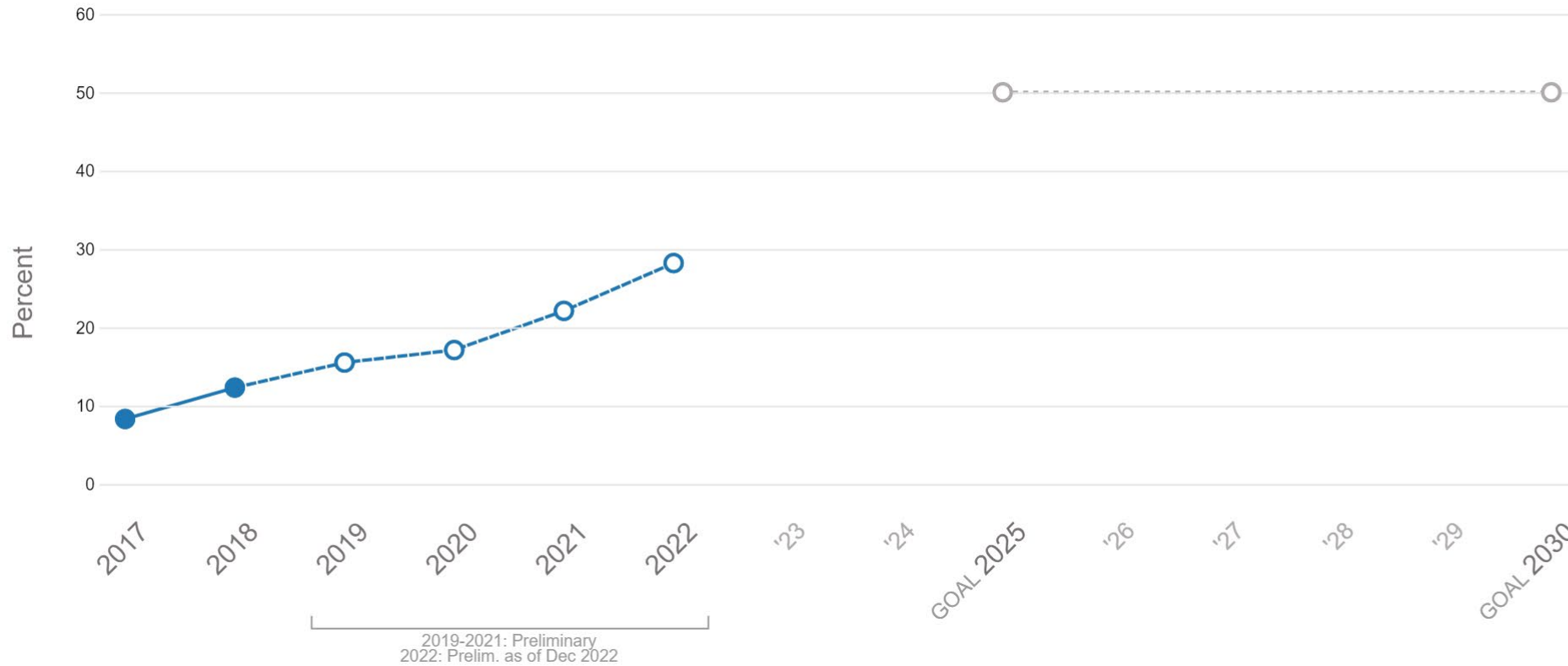
Daily PrEP Significantly Reduced the Rate of New HIV Diagnoses in US Independent of Treatment as Prevention



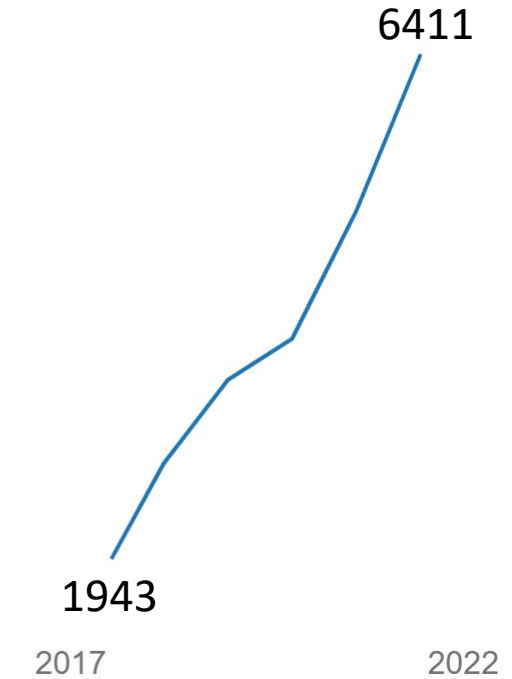
EHE Goal: Increase PrEP coverage to 50% by 2025



PrEP coverage



Number Prescribed



Maricopa County

PrEP-to-Need Ratio (PNR)

Number of PrEP users to number of new HIV diagnosis



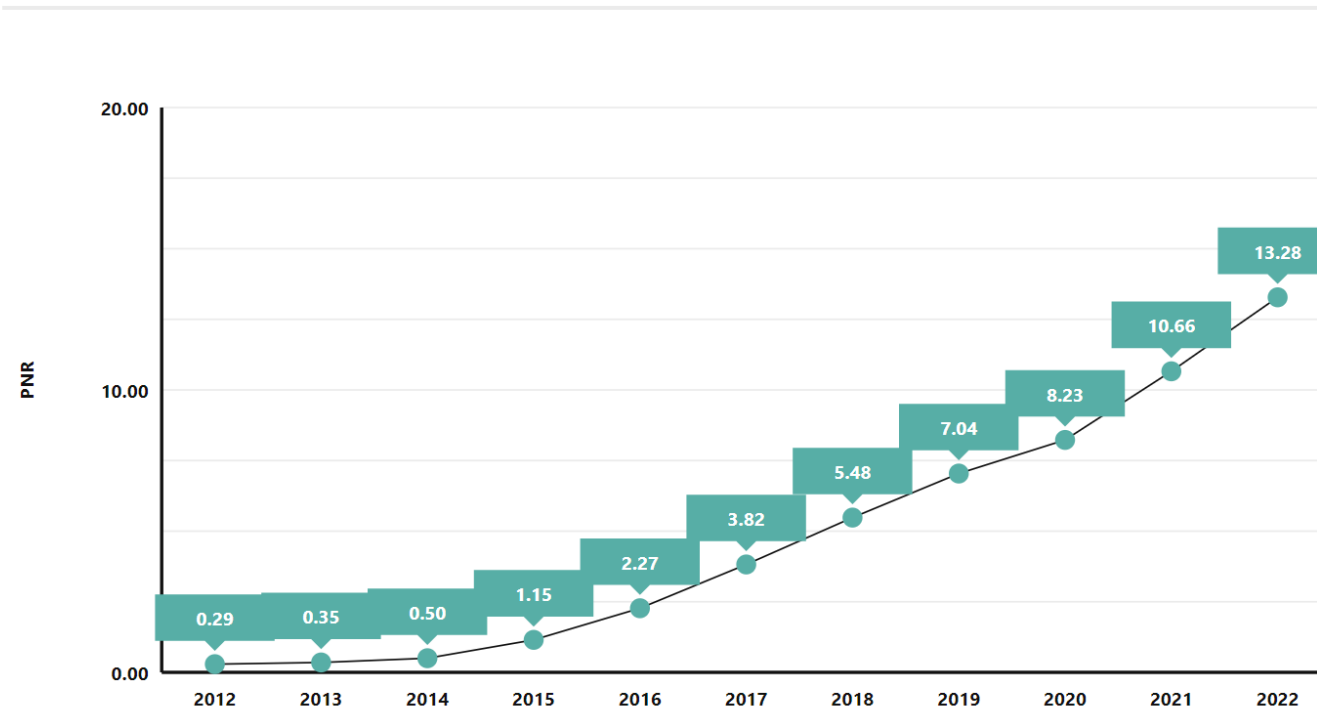
The 2022 PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2020. PNR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.

PNR, 2022
13.28

PNR, by Sex, 2022
Male: 14.58
Female: 5.15

PNR, by Age, 2022
Aged 13-24: 7.95
Aged 25-34: 12.21
Aged 35-44: 22.04
Aged 45-54: 13.39
Aged 55+: 14.51

PNR, 2012-2022



Maricopa County

Arizona PrEP Populations Estimation

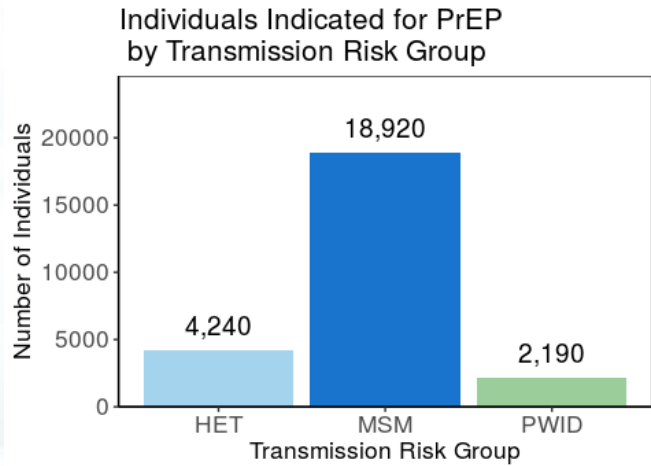


Figure 1: Number Indicated for PrEP by Transmission Risk Group

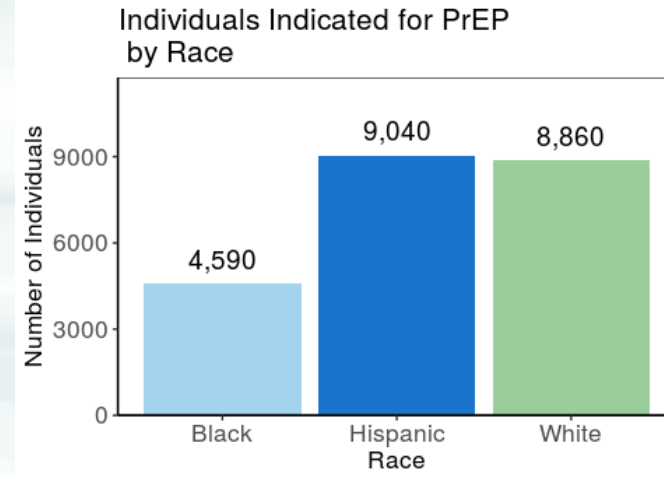


Figure 2: MSM Indicated for PrEP

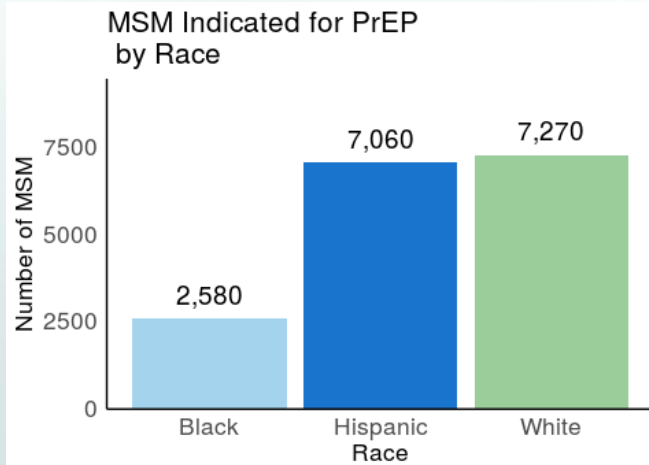


Figure 3: MSM Indicated for PrEP

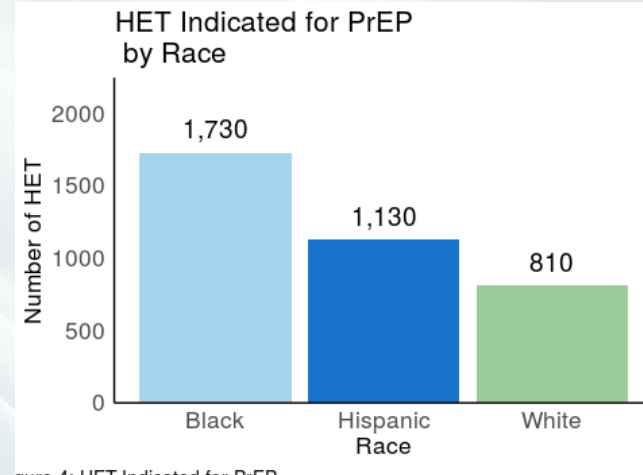


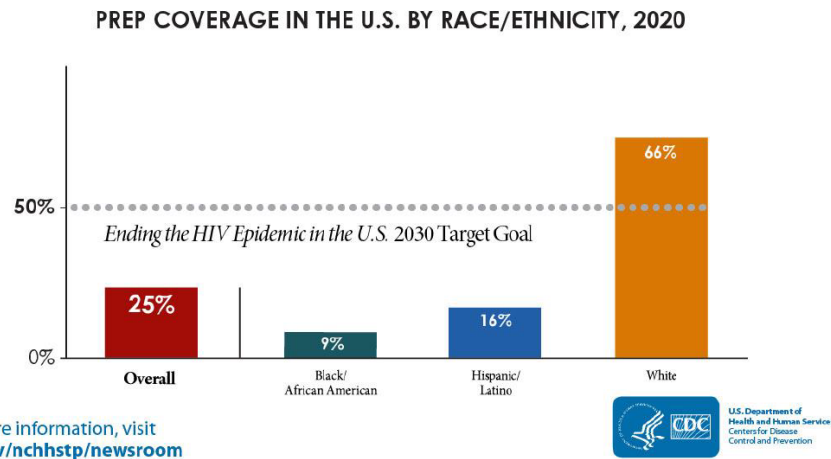
Figure 4: HET Indicated for PrEP

PrEP Disparities



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

WHILE 25% OF PEOPLE ELIGIBLE FOR PREP WERE PRESCRIBED IT IN 2020, COVERAGE IS NOT EQUAL



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

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Eliminating Disparities in HIV Health Outcomes

Dr. Kenja Hassan
Assistant Vice President, Office of
Government and Community Engagement
Arizona State University

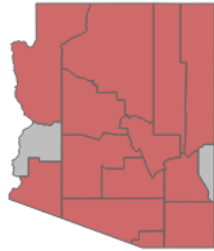
In ARIZONA there were **852** new HIV/AIDS cases in ARIZONA

2021



Select the map below to filter the other data

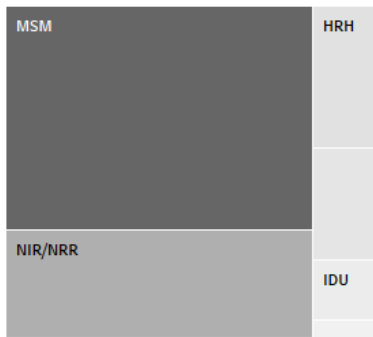
Select a County
 ■ Counties with New Cases in 2021 Shown in Red



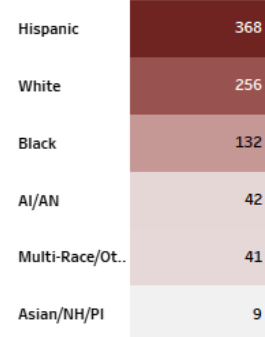
Incidence Rate in ARIZONA in 2021

Incident Cases: 852
 Population: 7,421,401
 Rate per 100k: **11.5**

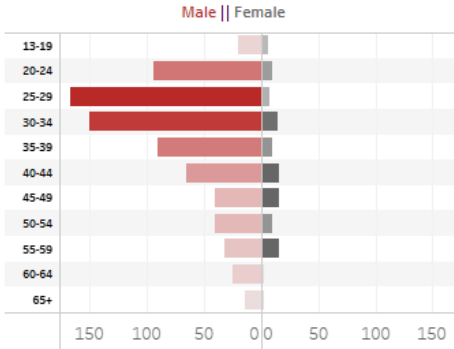
Transmission Category



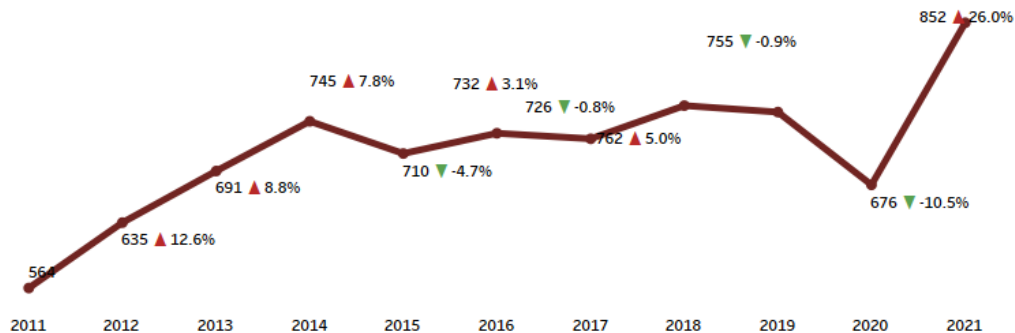
Race/Ethnicity



Age Groups and Sex at Birth



Incidence Trend Over Time in ARIZONA



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

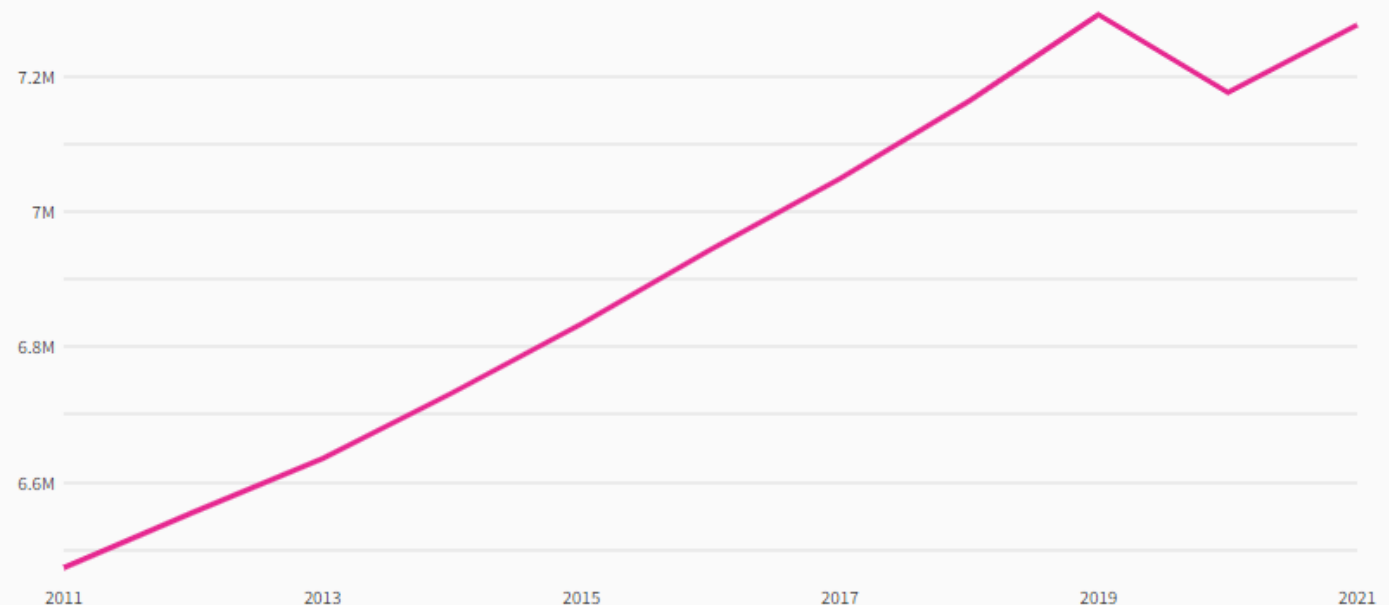
Arizona population growth 2011 - 2021

From 6,473,416 to 7,276,316; an increase of 12.4%

How many people live in Arizona?

Arizona's population **grew 12.4%** from the **6.5 million** people who lived there in **2011**. For comparison, the population in the US **grew 6.5%** during that period.

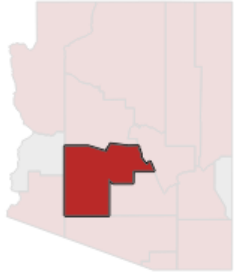
Population in Arizona



Select the map below to filter the other data

Select a County

■ Counties with New Cases in 2021 Shown in Red



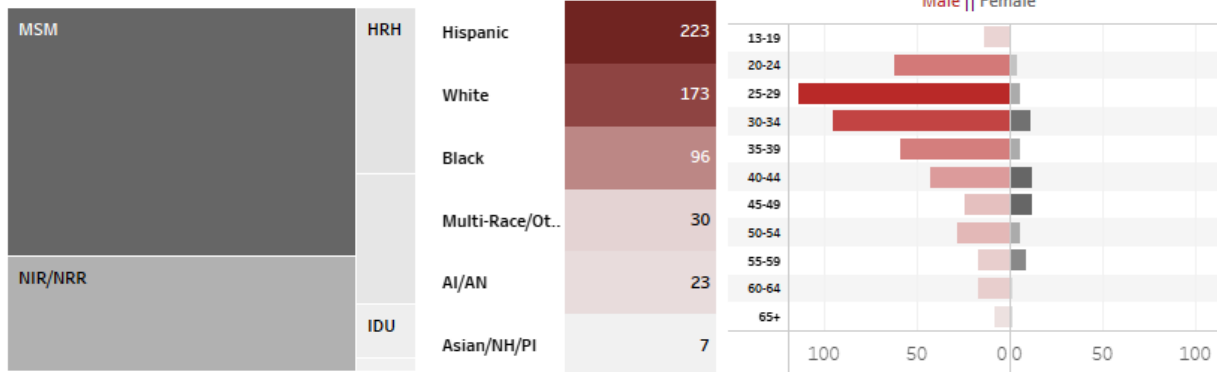
Incidence Rate in MARICOPA CO. in 2021

Incident Cases: 552
Population: 4,579,081
Rate per 100k: 12.1

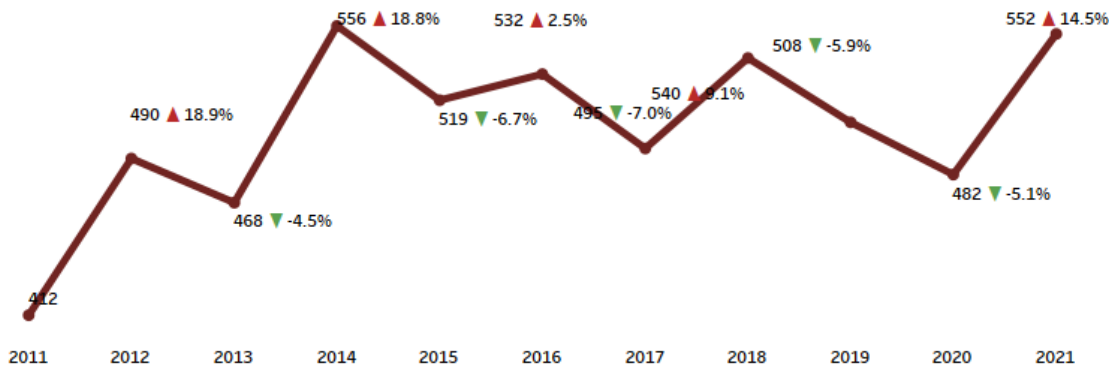
Transmission Category

Race/Ethnicity

Age Groups and Sex at Birth



Incidence Trend Over Time in MARICOPA CO.



Incidence in Maricopa County

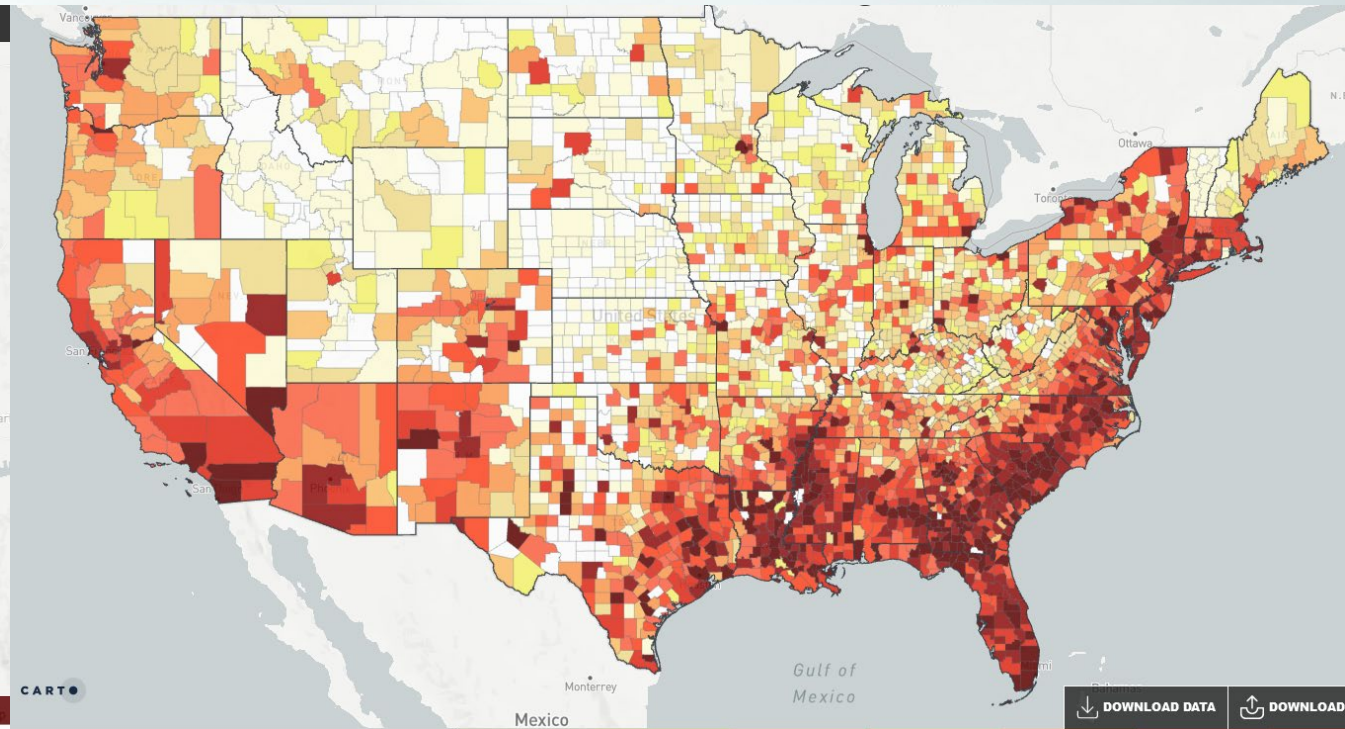
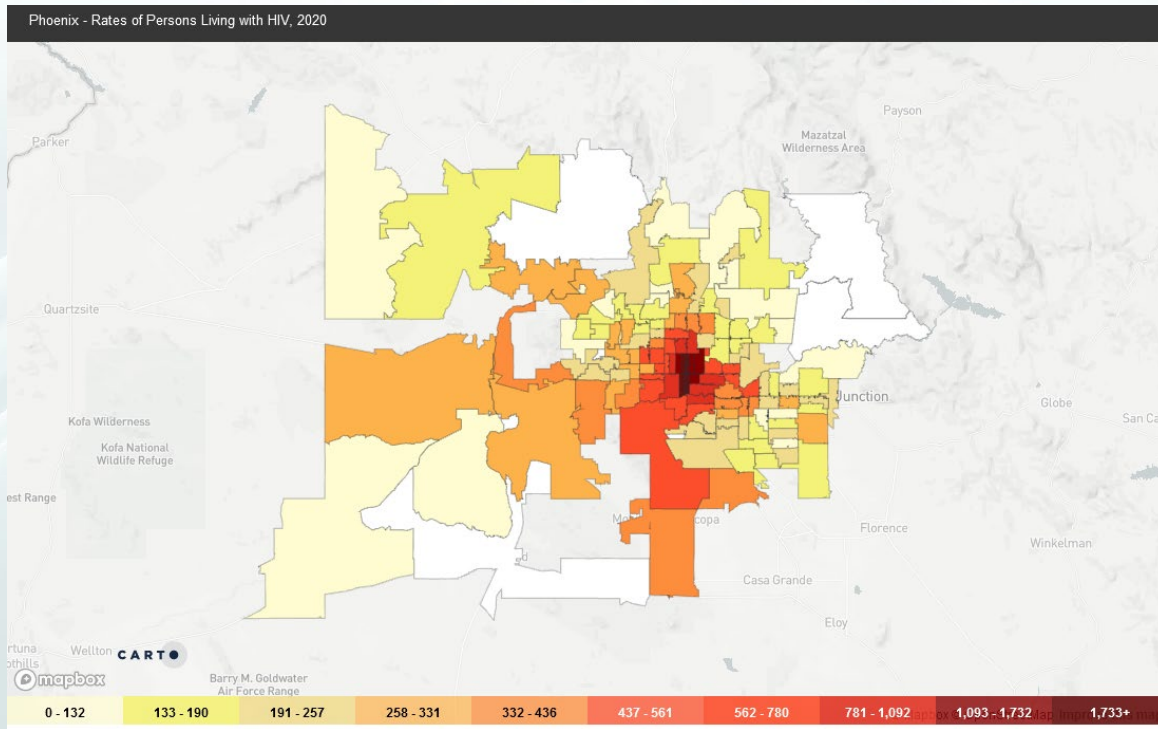
Maricopa County saw the majority of new cases
552 or 64%

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

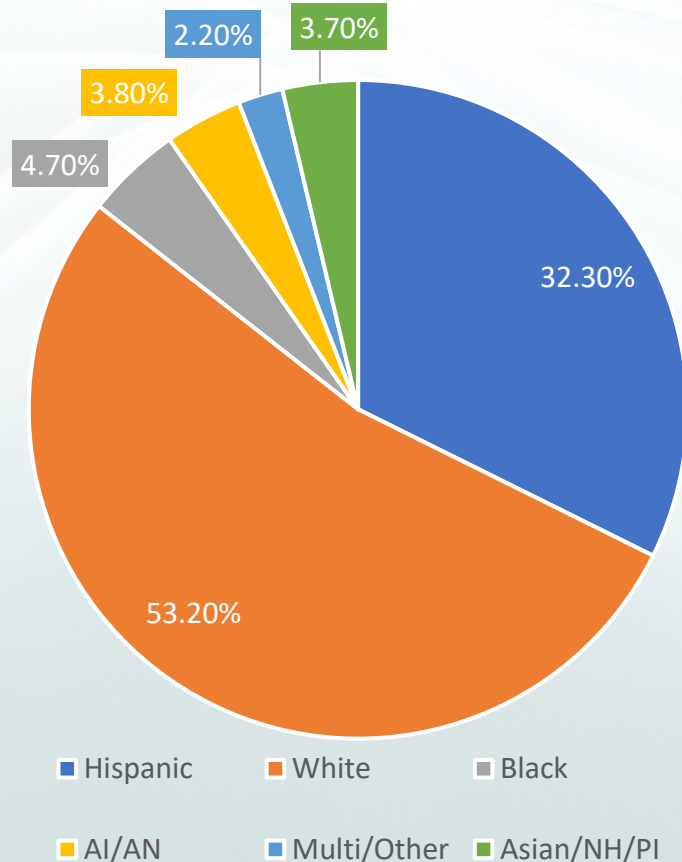
Prevalence rates by zip code and county



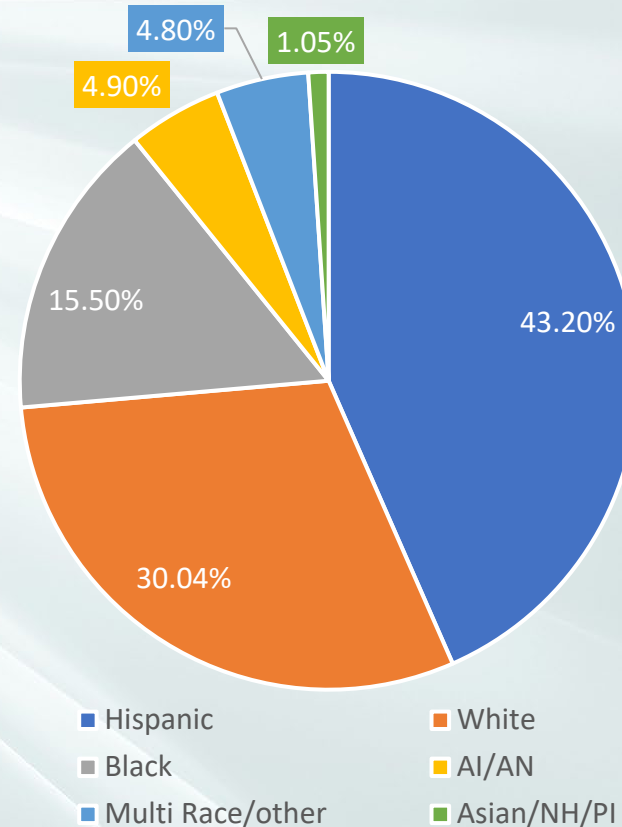
HIV Incidence by race/ethnicity compared to state demographics

Sources: USAFacts.org and ADHS

Arizona Population by race/ethnicity

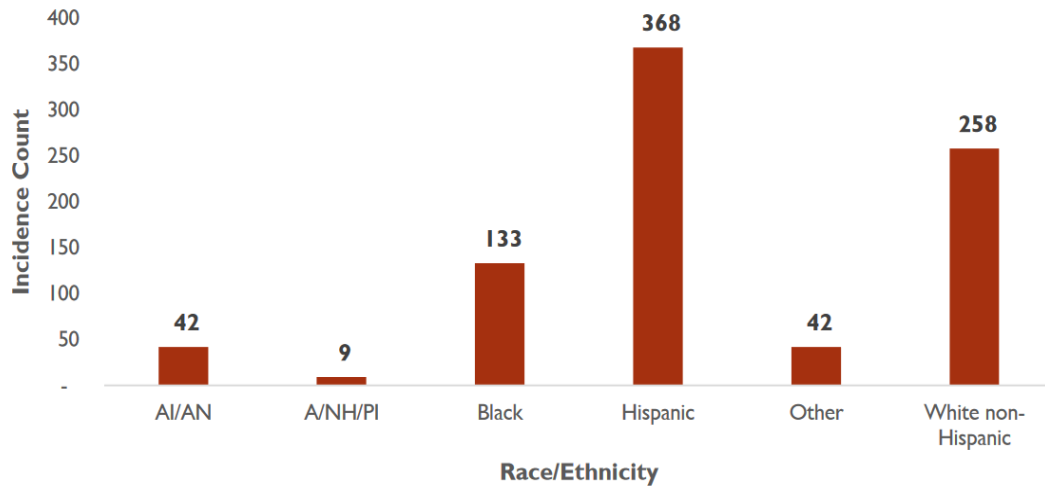


HIV Incidence by Race/Ethnicity 2021

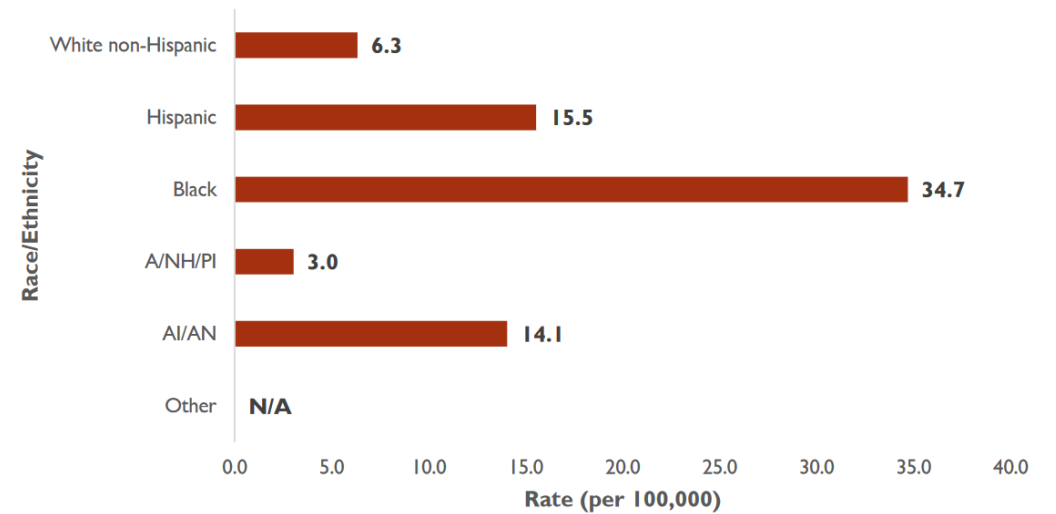


Incidence by race/ethnicity cases and rates

Arizona HIV/AIDS Incident Cases by Race/Ethnicity, 2021

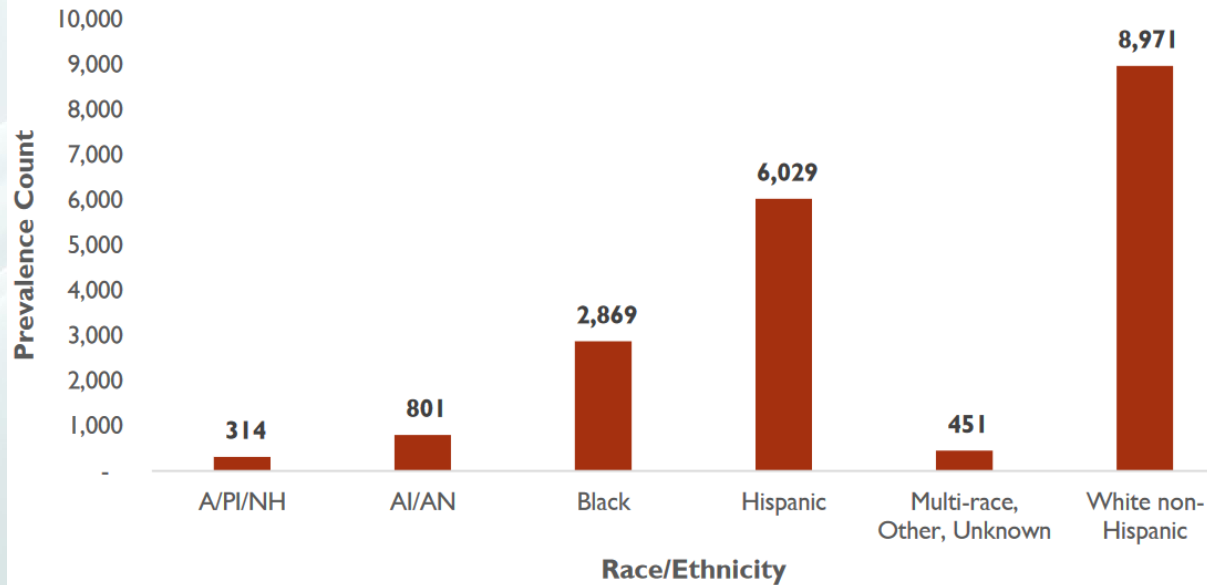


Arizona Incidence Rate Per 100,000 by Race/Ethnicity, 2021

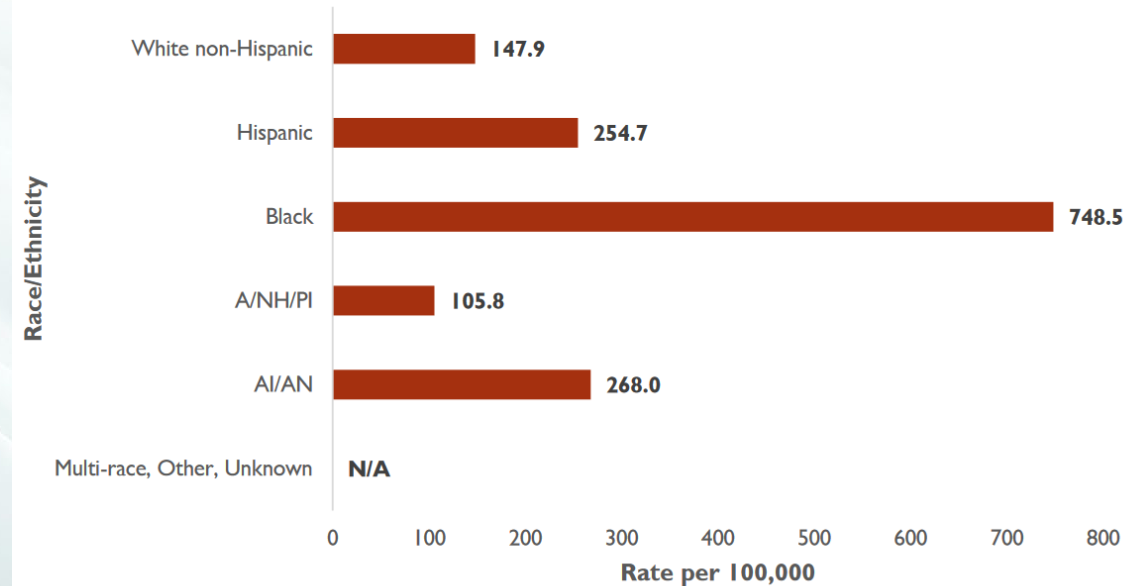


Prevalence by race/ethnicity cases and rates

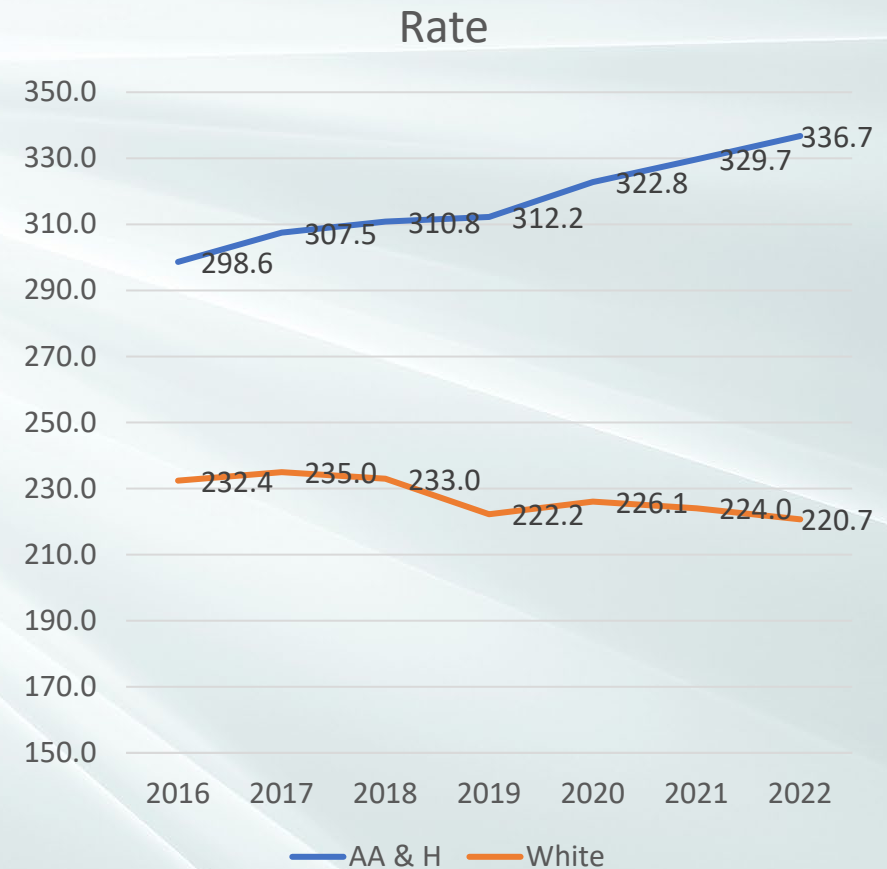
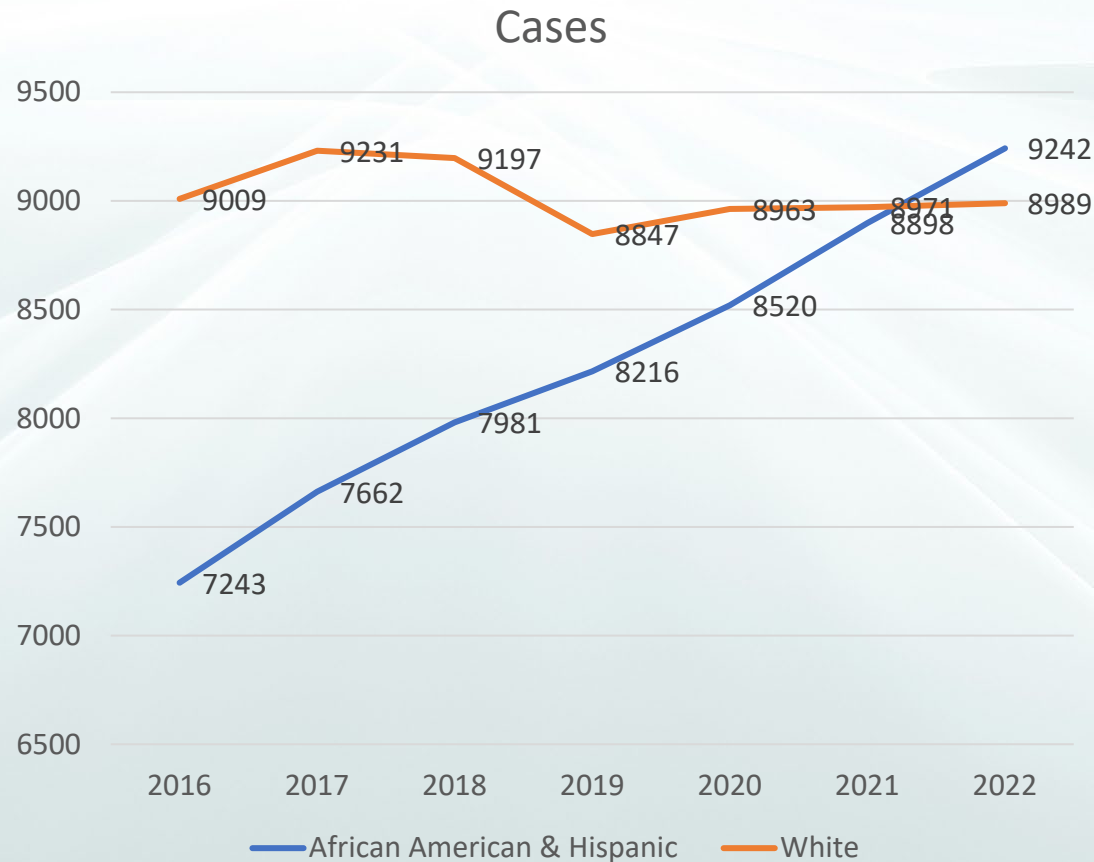
Arizona HIV/AIDS Prevalence Cases by Race/Ethnicity, 2021



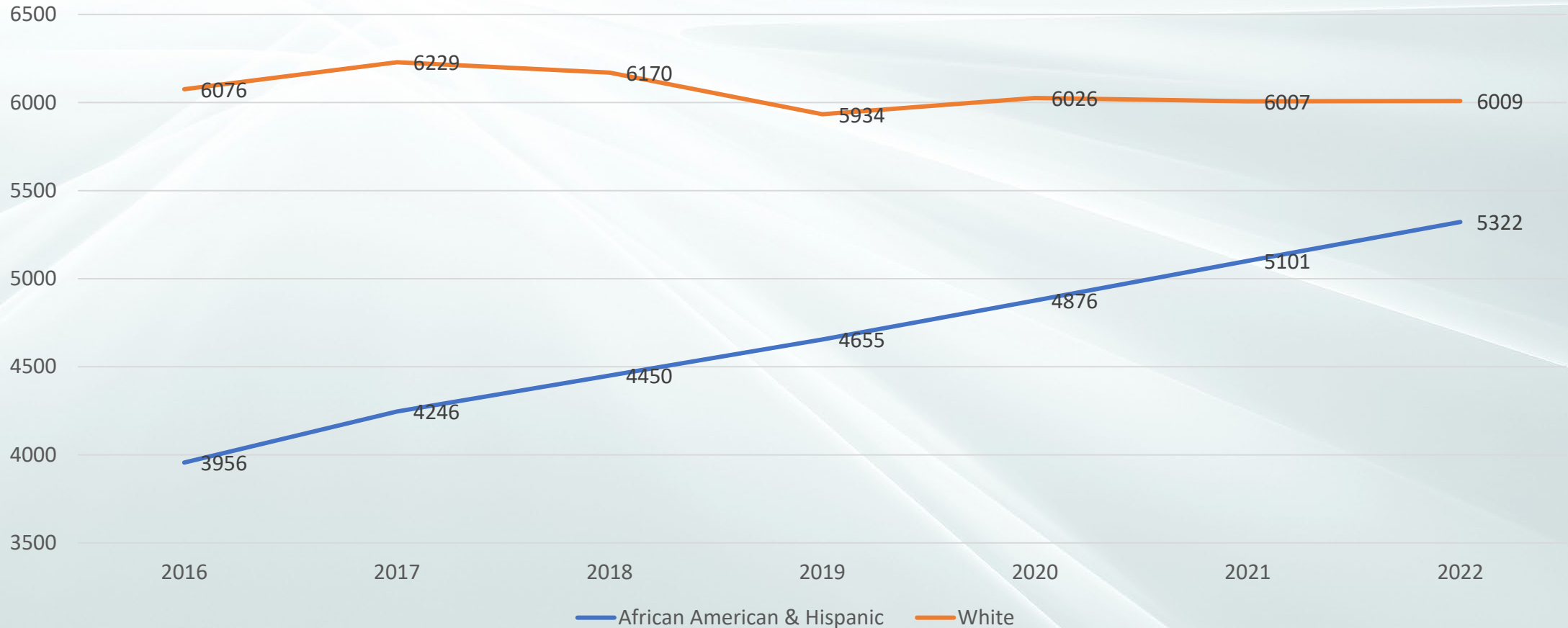
Arizona Prevalence Rate per 100,000 by Race/Ethnicity, 2021



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

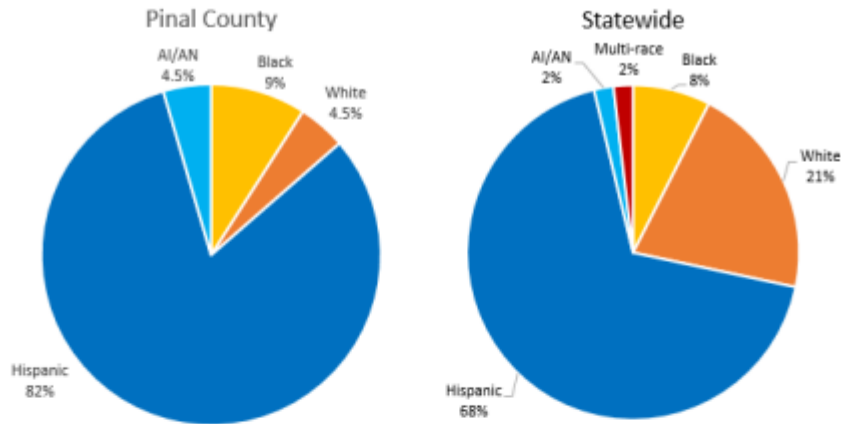
Cases



Rate

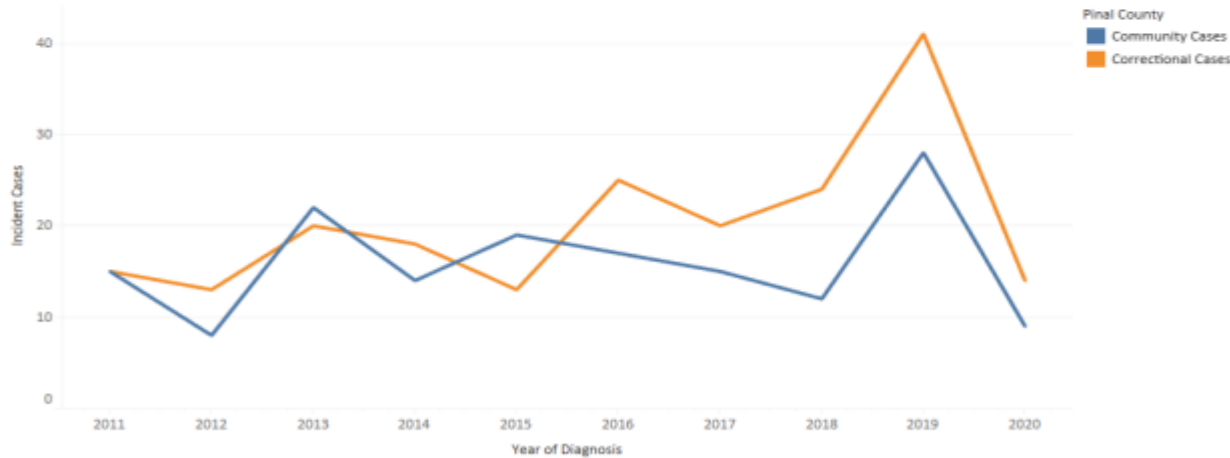


Figure 10: Percent of HIV incident cases among incarcerated persons ≥13 years by race, Pinal County and Arizona 2020.



Greater Disparities among incarcerated Hispanic men

Figure 11: Number of HIV incident cases among incarcerated persons, Pinal County 2011 to 2020.



Source: ADHS 2021 HIV surveillance report

Of the 37 cases diagnosed in Pinal County in 2020, approximately 59% were housed in a correctional facility at the time of diagnosis.



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)

Select a county to filter

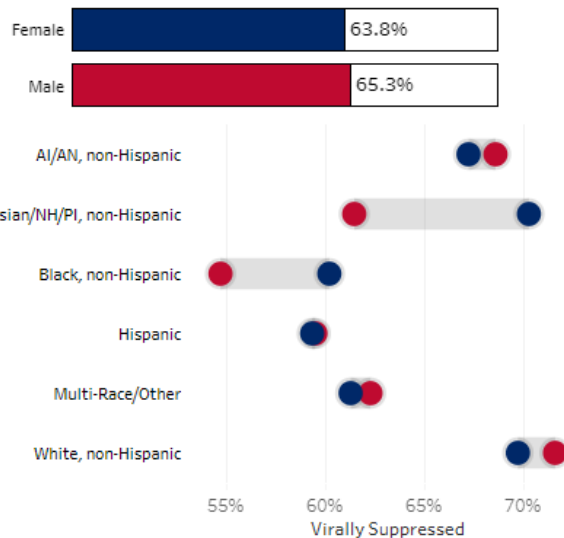
Filtered on: Region: All, County: All, Retained?: All

Stages of the Arizona Care Continuum	17,058 PLWH	75.9% Receipt of Care	54.3% Retained in Care	65.1% Virally Suppressed	80.7% Linked to Ca
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What demographic factors are associated with higher rates of viral suppression?

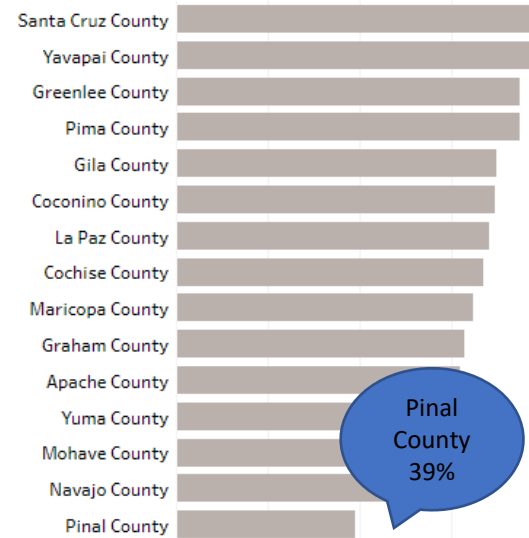
Select first demographic
(for the bar chart below) Sex at Birth

Select second demographic
(for the dumbbell chart below) Race/Ethnicity



Does receiving care lead to better rates of viral suppression?

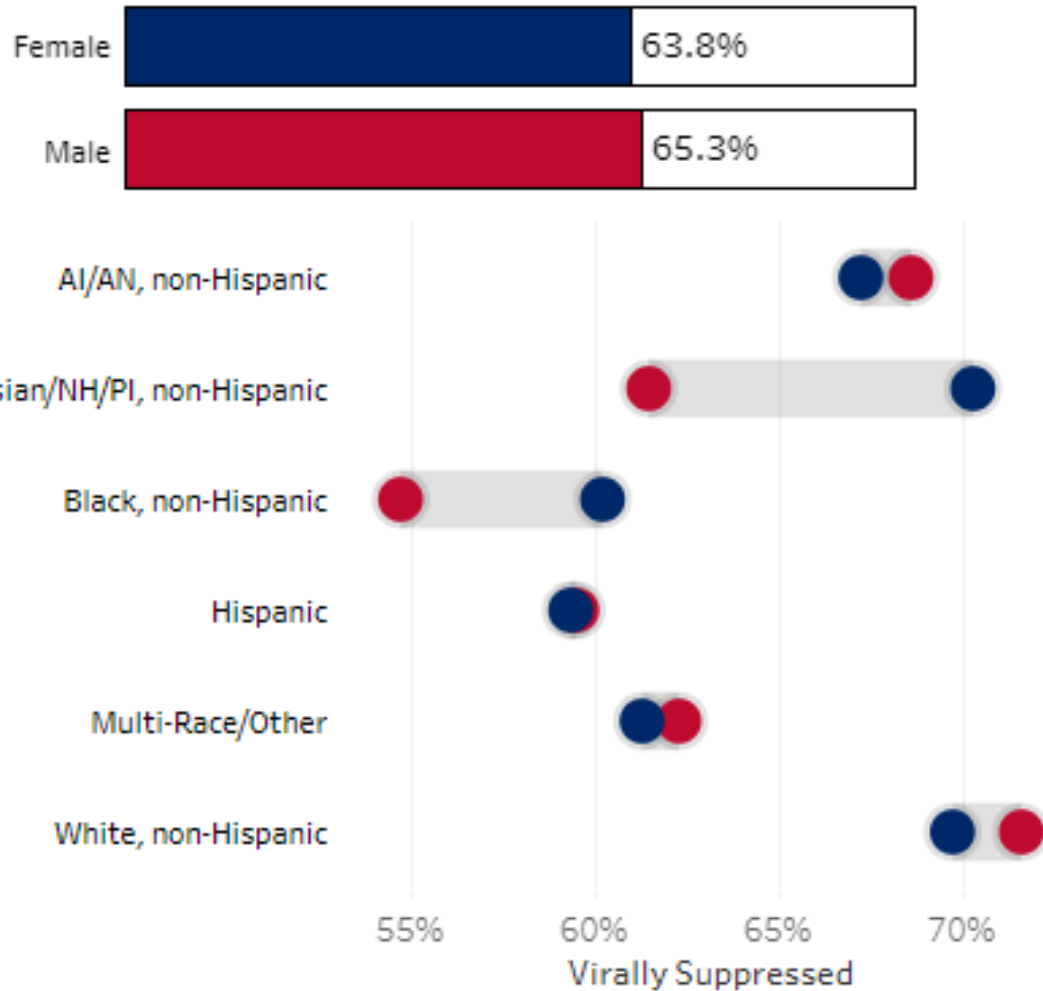
Sort by?
(for the bar chart below) Virally Suppressed



ADHS Disease & Integration Services Dashboard

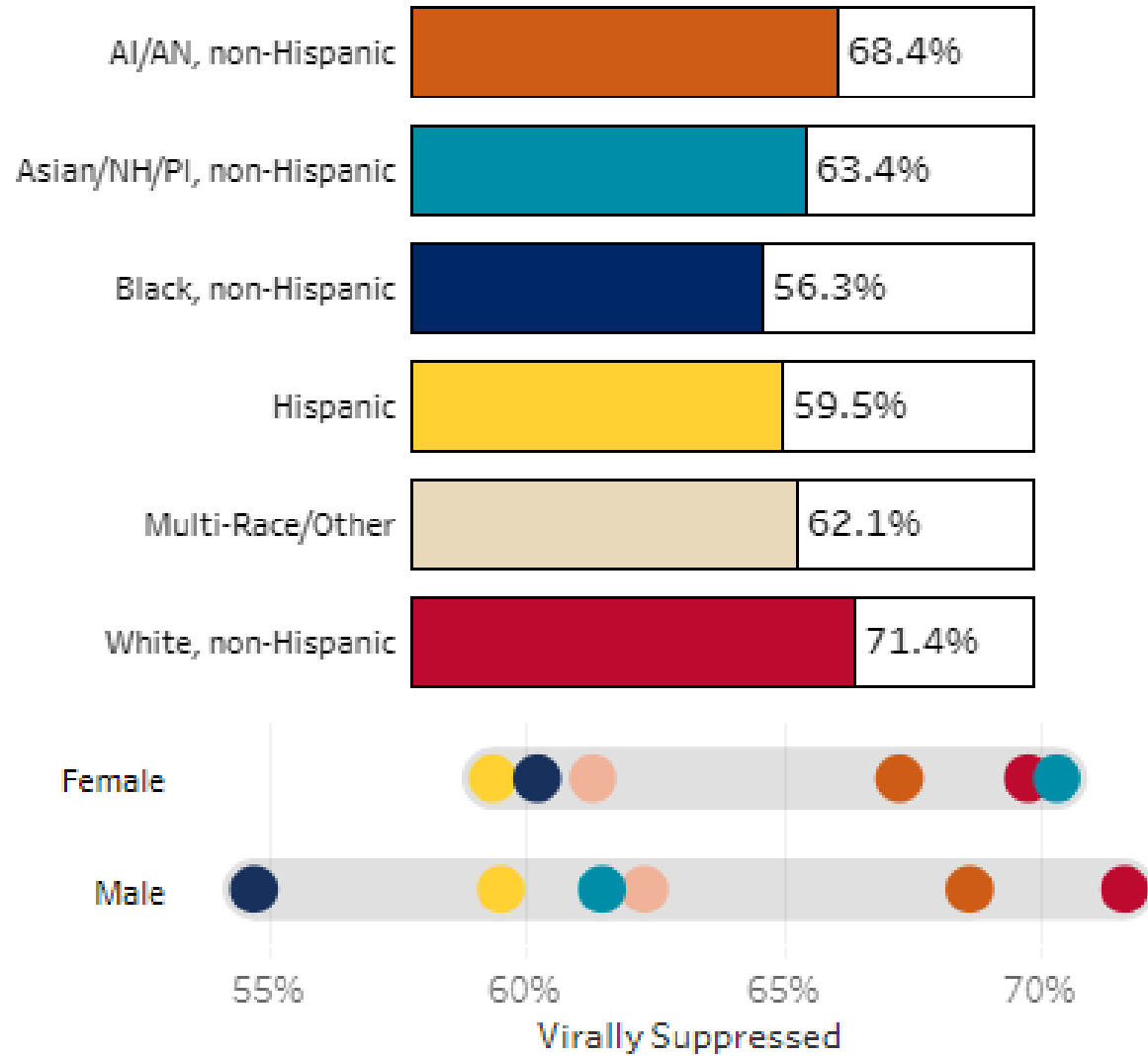
Arizona Care Continuum, 2021

Viral suppression By County:
 Santa Cruz County has highest at 79.0%
 Pinal County Lowest at 39.2%
 Maricopa county at 64.9



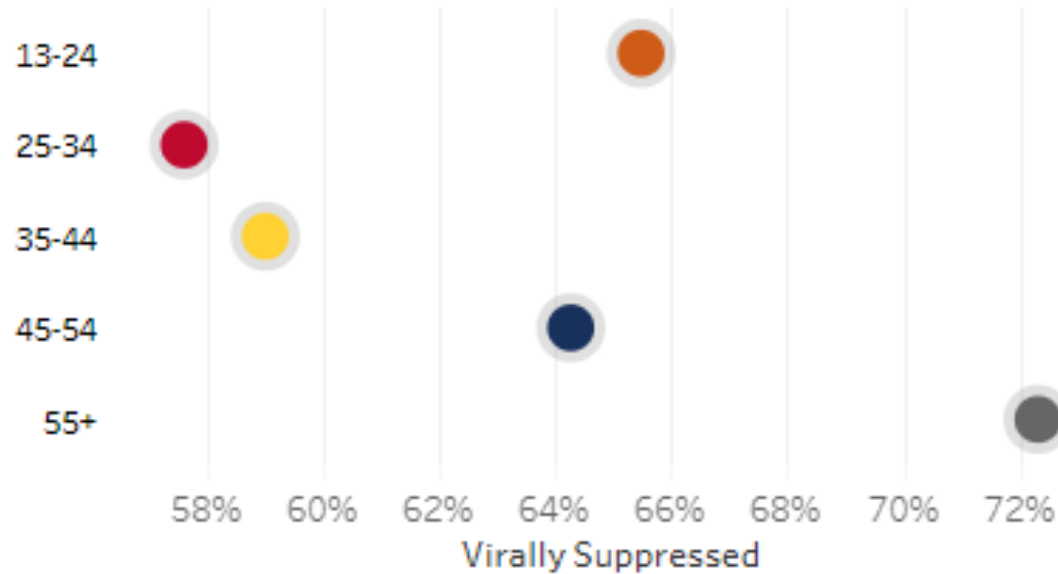
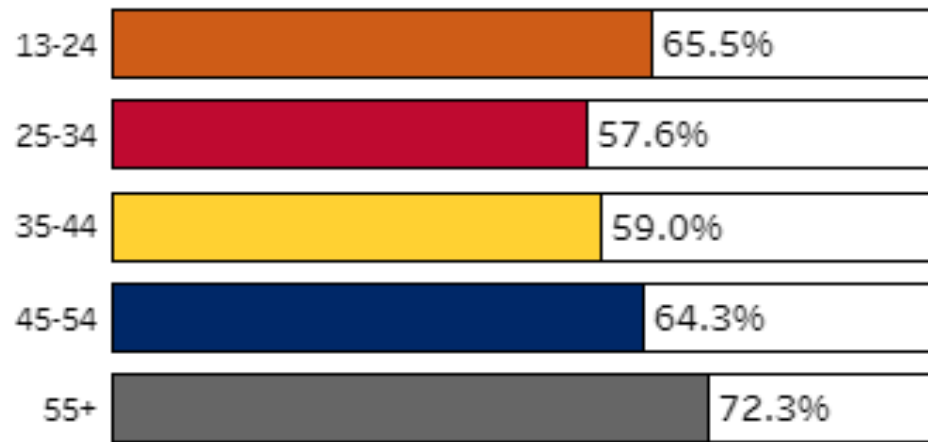
Viral suppression
by sex at birth &
race/ethnicity

Highest: white
men at 72%
Lowest: Black
men at 55%



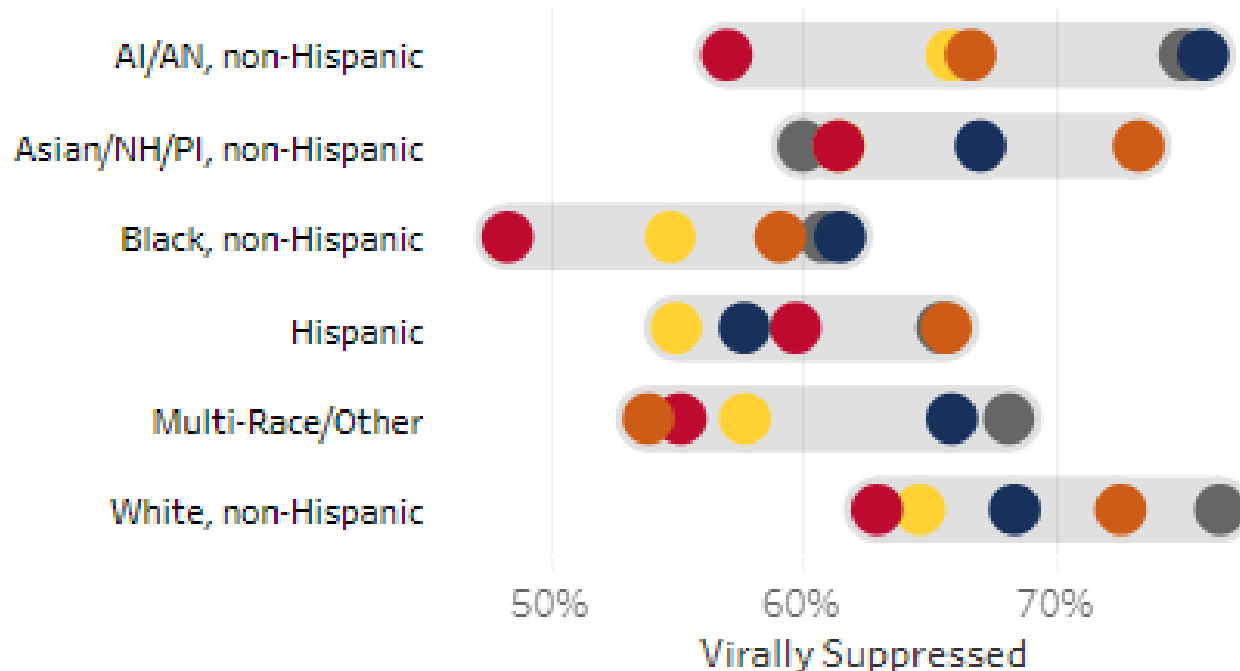
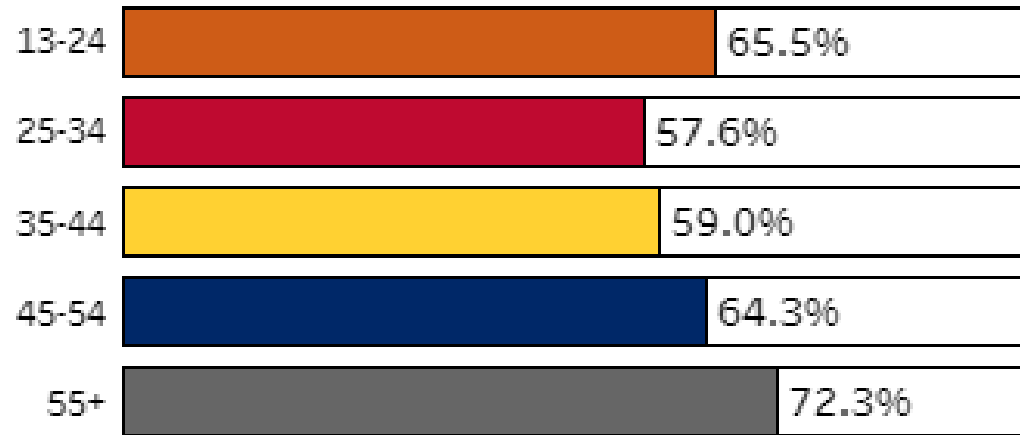
Viral suppression by race/ethnicity and sex at birth

(Same information but in a
different format)



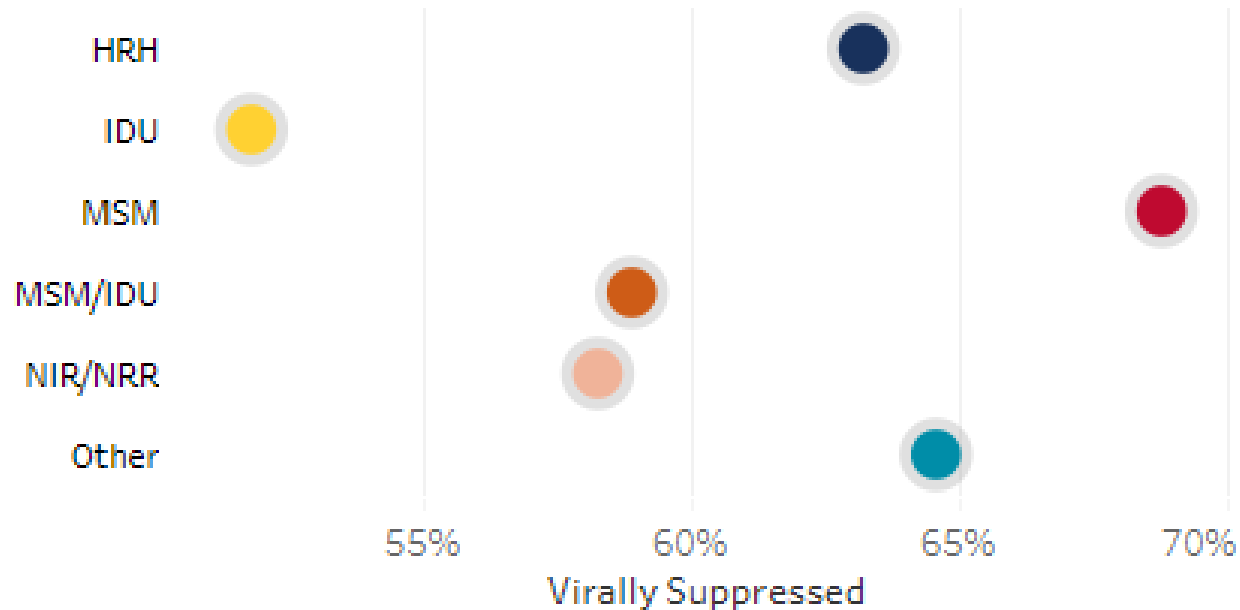
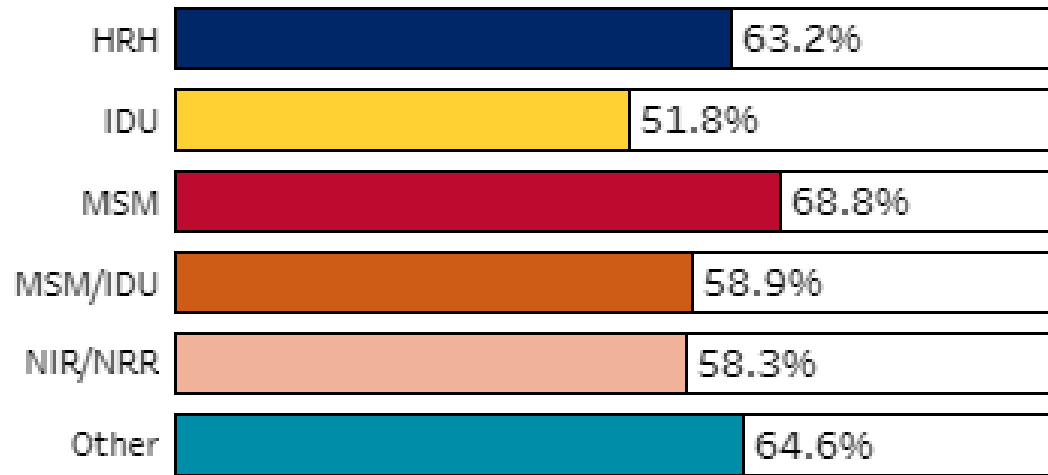
Viral Suppression by Age

Seniors or doing great!



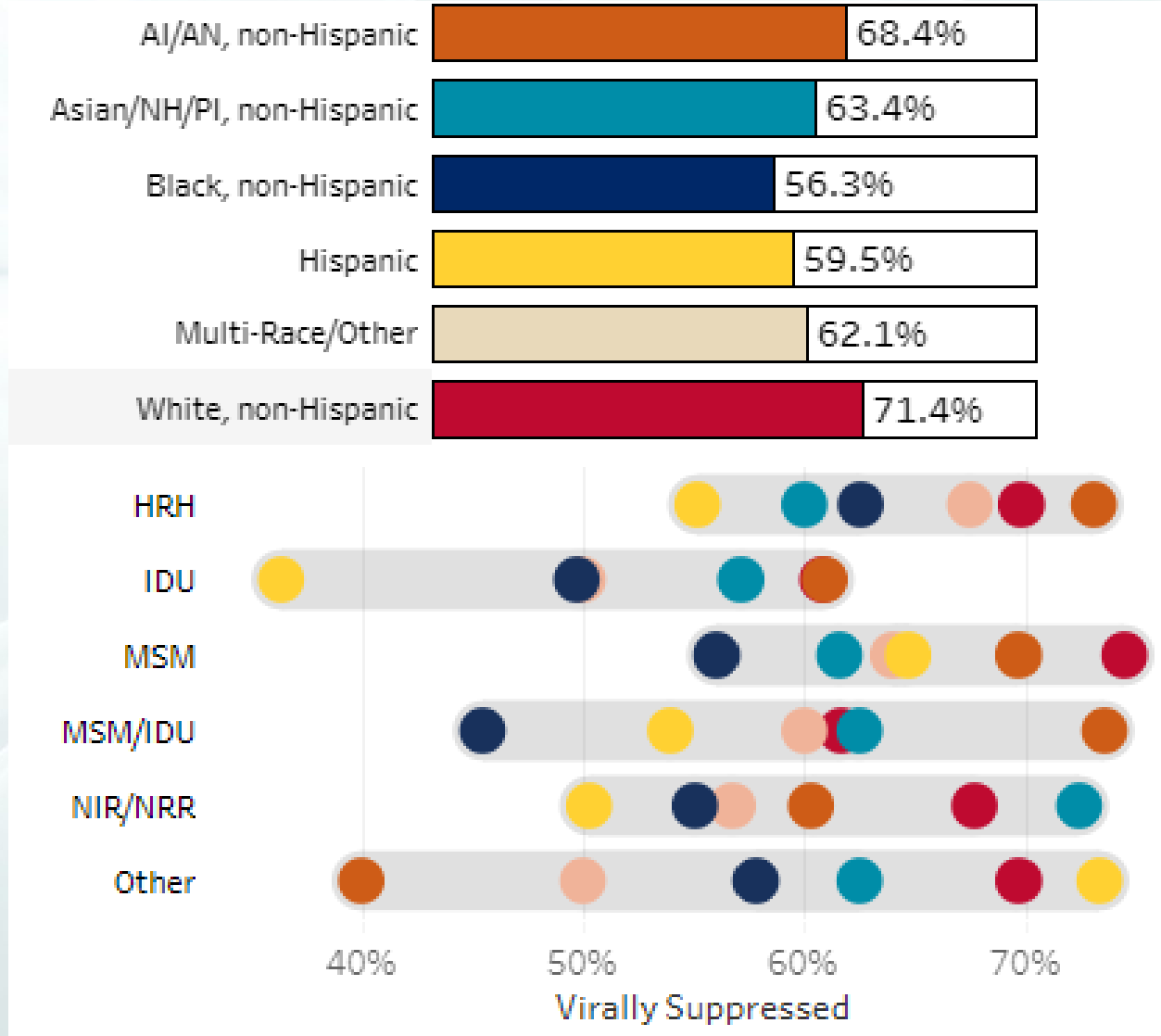
Viral Suppression by age and race/ethnicity

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)

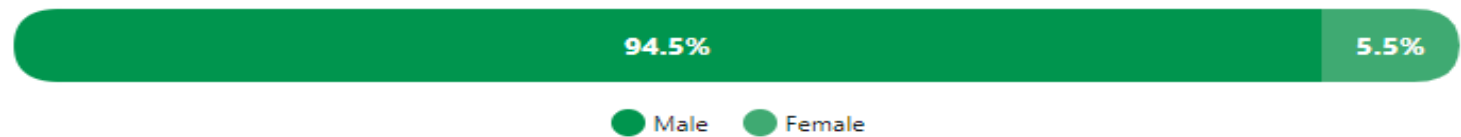
Number of PrEP users, 2022

8,177

Rate of PrEP users per 100,000 population, 2022

133

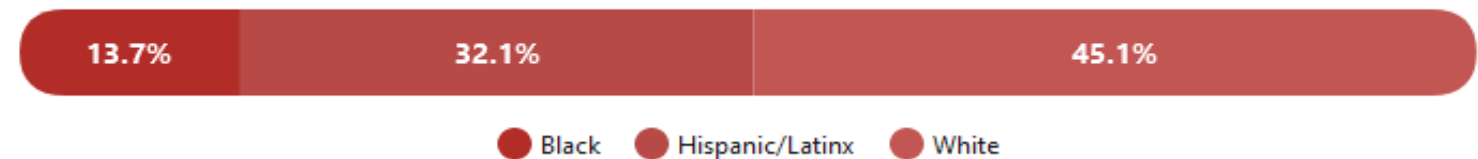
Percent of PrEP users, by Sex, 2022



Percent of PrEP users, by Race/Ethnicity, 2022



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



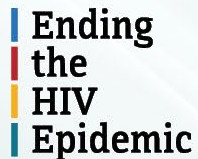


Thank you for the work you do!

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2023 WORKSHOPS



Phoenix, AZ
August 17, 2023

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

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

SideDISH: 12 Welcome Space Indicators

1) Gender-neutral bathroom(s) clearly labeled* If not available, be prepared to humbly explain and make accommodations as best as possible.



2) Visible status-neutral, gender and sexual minority inclusiveness in waiting room areas including Spanish* (magazines, posters, flyers in both Eng/Esp)

Free magazines: POZ Magazine, HIV Plus Magazine, local gay magazine, magazines that feature the population you want to reach

Free posters:

U=U https://preventionaccess.org/resources/?keywords=poster&start_date=&end_date=

PrEP/PEP <https://www.cdc.gov/hiv/clinicians/materials/prevention.html>

In AZ: <https://positivelyyouaz.com/spread-the-word/> (printables)

Flags options: Pride, Transgender, Progress, Inclusive, Intersex Inclusive, Bisexual, Leather, Bear flag or symbol in waiting room*

Stickers, window clings, flags, etc are visible in the waiting room and/or reception area



3) Status-neutral, gender and sexual minority inclusive educational materials in both Eng/Esp* (HIV prevention/treatment, gender diverse persons, racial/ethnic diverse persons, same-gender couples)

Free posters: <https://www.cdc.gov/stophivtogether/library/topics/testing/posters/cdc-hiv-lsht-testing-poster-shakvara.pdf>

4) A gender identity, gender expression, and sexual orientation nondiscrimination policy clearly displayed in both Eng/Esp* (in bathrooms?)

5) History taking that includes current gender identity and sex-at- birth inclusive of non-binary identities, sex-positive, non-judgmental, kink-friendly questions, forms that ask sexual history, questions regarding gender of sex partners.

6) Clinic registration/intake form has a question for client 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



included in staff training

11) Acknowledgement of HIV and LGBTQ awareness and recognition days/events* (e.g. Transgender Day of Remembrance, Pride, Black HIV/AIDS Awareness Day, National Indigenous Persons HIV/AIDS Awareness Day, World AIDS Day, National HIV Testing Day etc)

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 +

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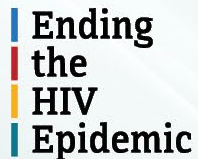
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Phoenix, AZ
August 17, 2023

Prevention Policy and Implementation

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

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 linkages
- **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

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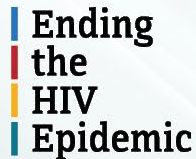
Treatment Policy and Implementation

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

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Phoenix, AZ
August 17, 2023

Federal, State and County Policy Alignment

Isabel Evans
Ending the Epidemics Program Manager
Arizona Department of Health

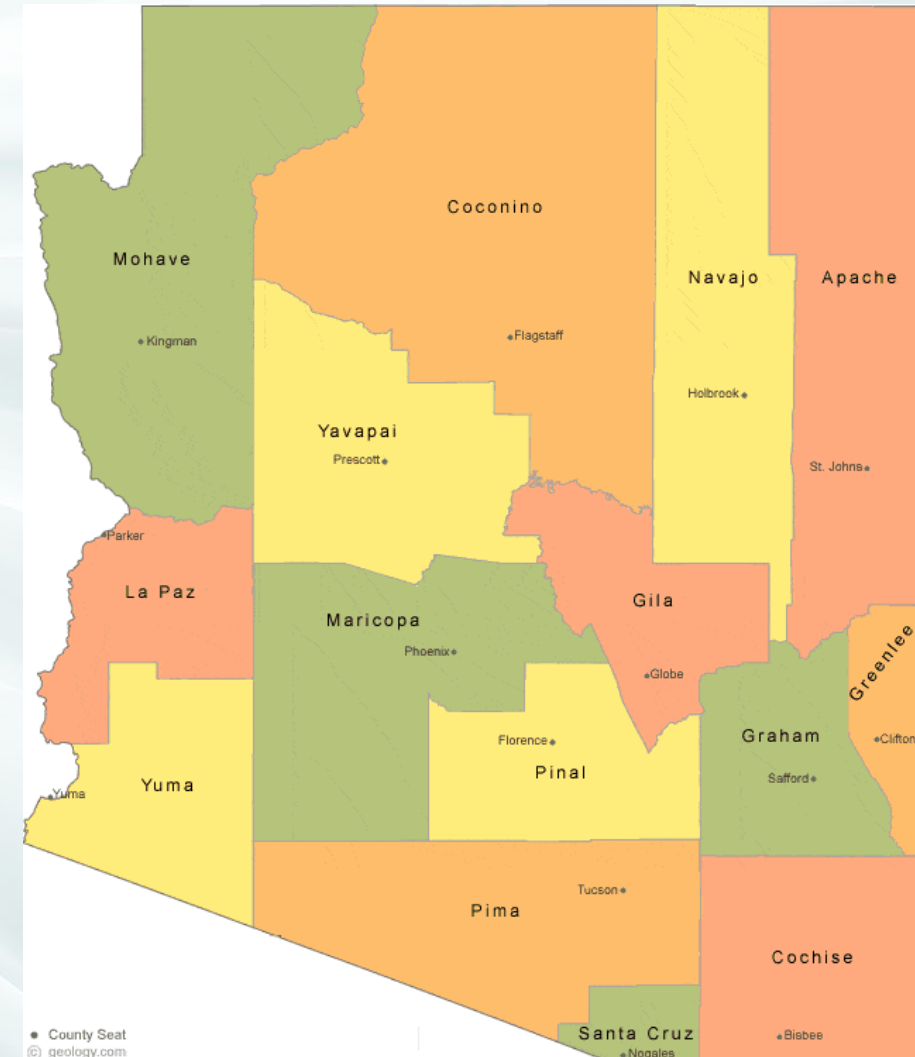
State Layout for HIV services

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



PLAN AT-A-GLANCE

DIAGNOSE
GOAL #1: Improve and expand testing for HIV, STIs, and hep C
GOAL #2: Decrease stigma for people living with or experiencing risk for HIV, STIs, and hep C

PREVENT
GOAL #1: Reduce new transmissions of HIV, STIs, and hep C
GOAL #2: Improve prevention efforts among priority populations

TREAT
GOAL #1: Rapidly and effectively link all persons diagnosed with HIV, STIs, or hep C to care/cure
GOAL #2: Keep all people with HIV in care, and cure all people diagnosed with STIs and hep C

RESPOND
GOAL #1: Build capacity for CDR (cluster detection and response) and surveillance
GOAL #2: Strengthen statewide HIV, STI, and hep C prevention and care systems

3 ARIZONA 2022-2026 HIV/STI/HEP C INTEGRATED PLAN

Diagnose

- Improve and expand testing for HIV, STIs, and hep C
- Decrease stigma for people living with or experiencing risk for HIV, STIs, and hep C

Prevent

- Reduce new transmissions of HIV, STIs, and hep C
- Improve prevention efforts among priority populations

Treat

- Rapidly and effectively link all persons with HIV, STIs, or hep C to care/cure
- Keep all people with HIV in care, and cure all people diagnosed with STIs and hep C

Respond

- Build capacity for CDR and surveillance
- Strengthen statewide HIV, STI, and hep C prevention and care systems

Examples of Alignment



HIV Prevention

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

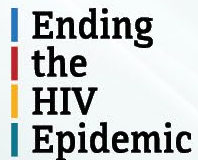
HIV Care

- 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

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August 17, 2023

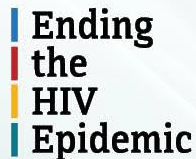
Community Access to HIV Services

Jason Vail Cruz
Senior Practice Manager
Valleywise Health

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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

The People We Serve



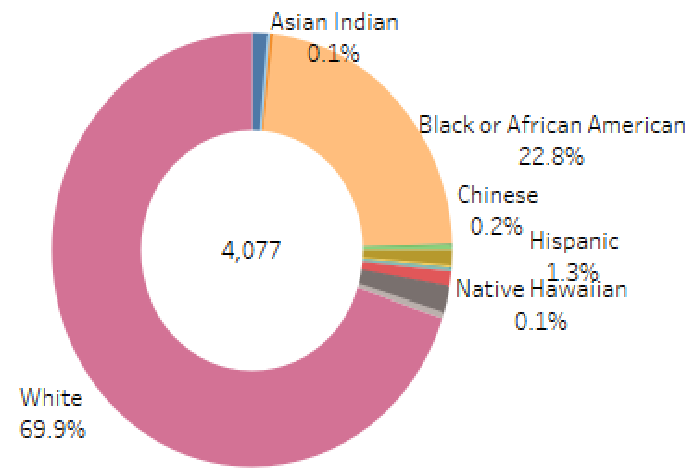
HIV Care Continuum Demographics

Review Period: August 01, 2022 - July 31, 2023

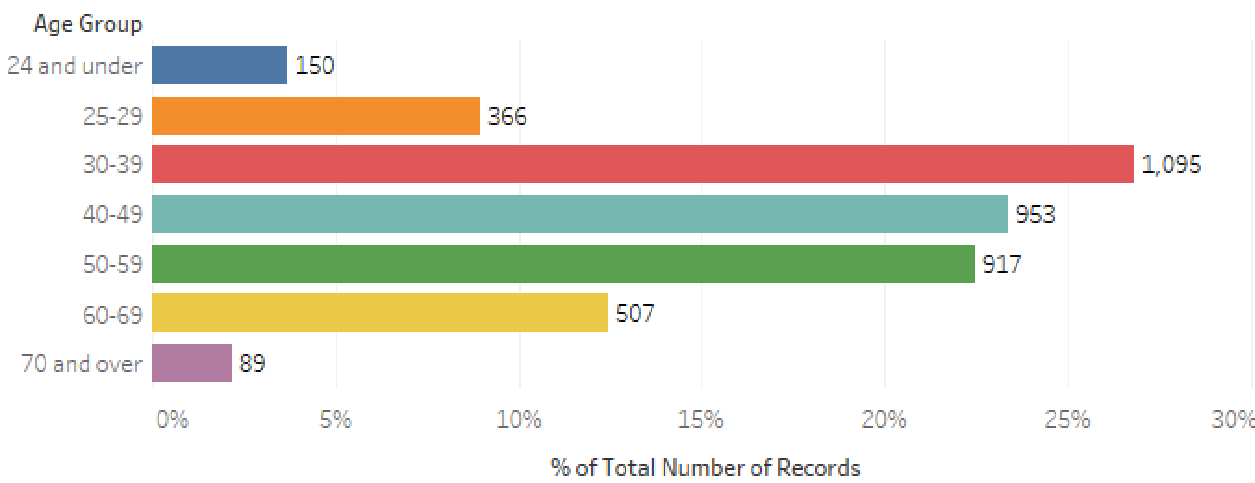
Part D Eligible? (All) |
 Insurance (All) |
 Age Group (All) |
 Race/Ethnicity (All) |
 Gender (All)

Race

- Race/Ethnicity**
- American Indi..
 - Asian Indian
 - Asian/PI
 - Black or Afric..
 - Chinese
 - Filipino
 - Hispanic
 - Japanese
 - Korean
 - Native Hawai..
 - Other Asian
 - Samoan
 - Unknown
 - Vietnamese
 - White

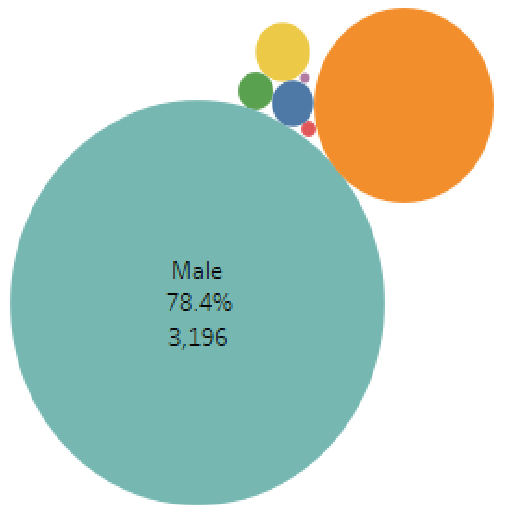


Age

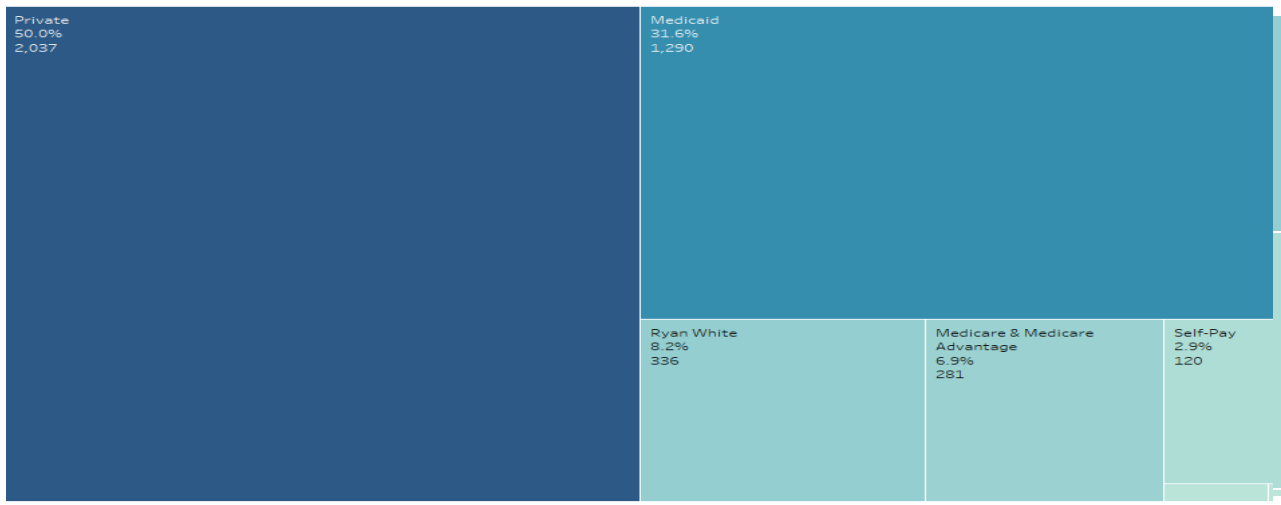


Gender

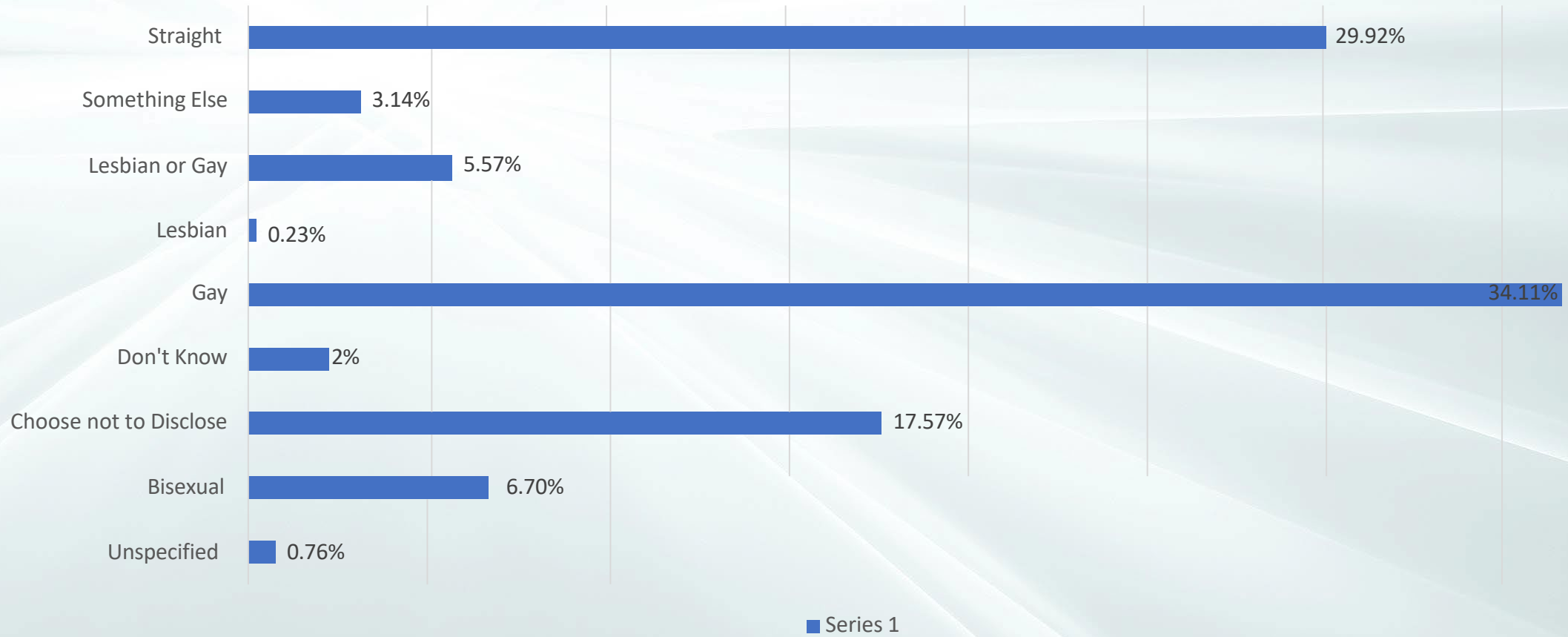
- Gender**
- Choose not to..
 - Female
 - Genderqueer,...
 - Male
 - Other
 - Transgender ..
 - Transgender ..



Payor



Sexual Orientation



Language

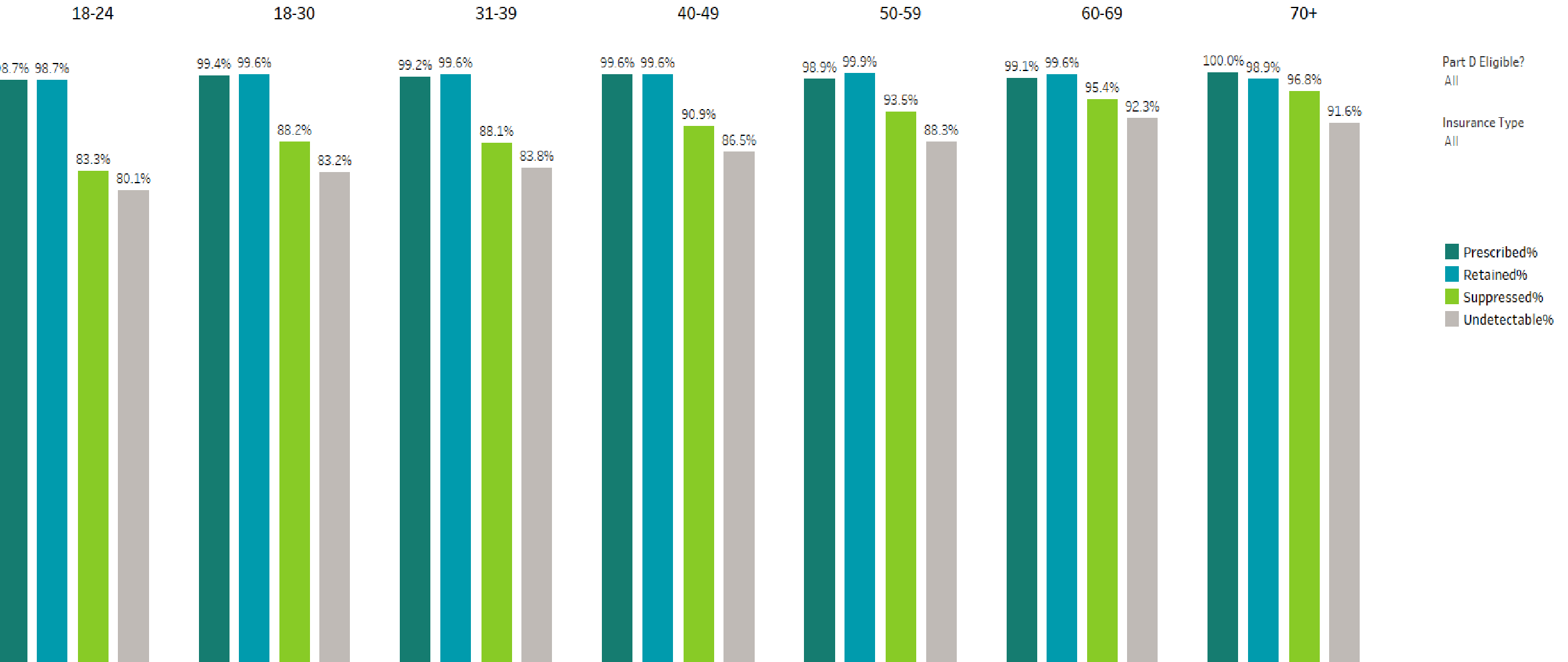


Language	Number of Patients
Amharic	3
Arabic	1
Burmese	14
Chin	4
Chinese (Mandarin)	4
English	3534
Farsi; Persian	1
French	16
Haitian, NOS	1
Japanese	1
Kinyarwanda	16
Kirundi	2
Krune	1
Lingala	1

Language	Number of Patients
Other	2
Portuguese	1
Rohingya	1
Russian	1
Sign Language	7
Somali	1
Spanish	521
Spanish/English	186
Swahili; Kiswahili	26
Thai	3
Tigrinya	2
Turkish	2
Unknown	1
Vietnamese	6

HIV Care Continuum by Age Group

Review Period: July 01, 2022 - June 30, 2023



Data Source: Epic; Adults age 18 - 30 are a particular focus for Ryan White Grants/Valleywise Health HIV Initiatives.

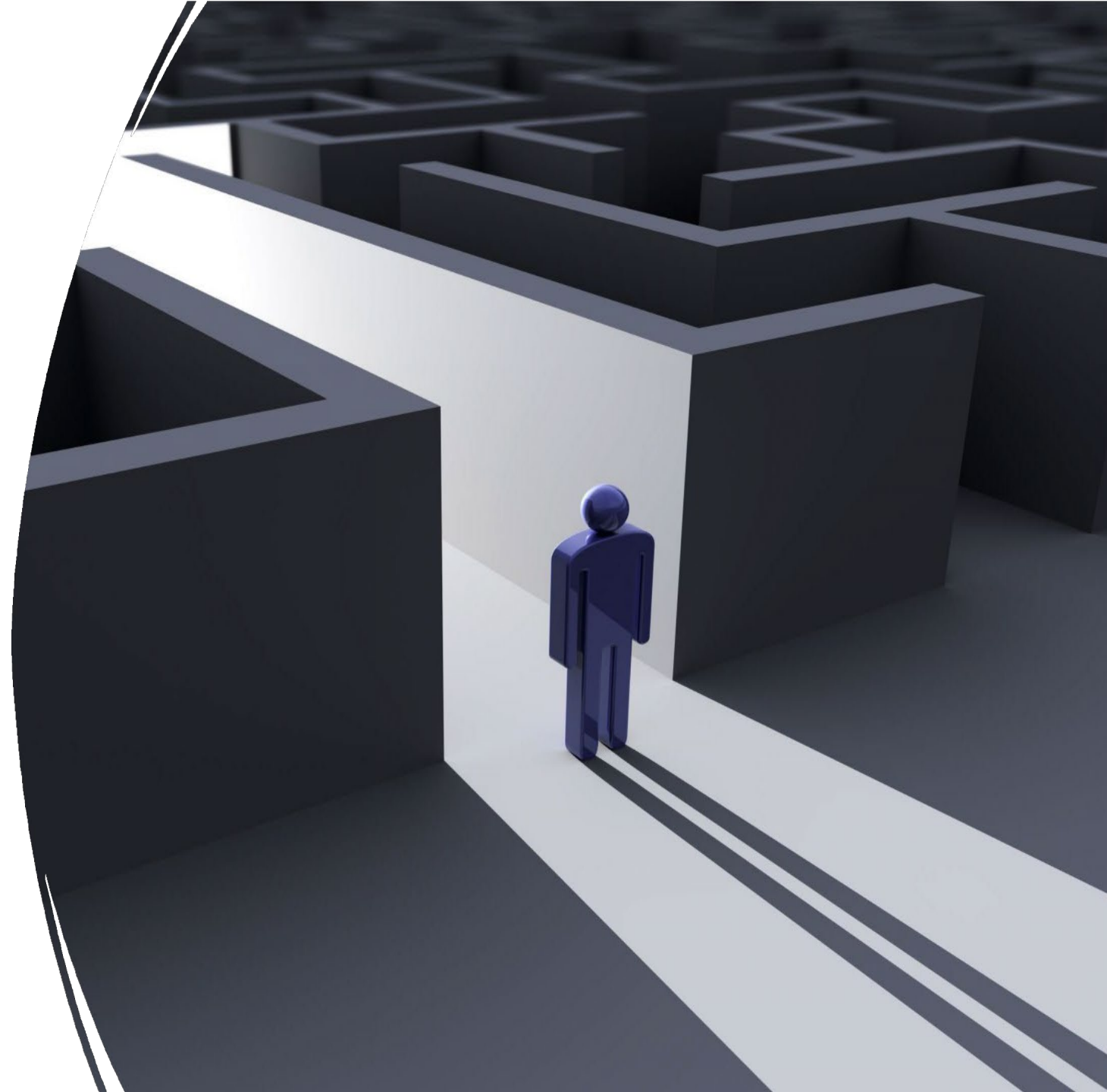
The Needs of Our Patients



- 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

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2023 WORKSHOPS

Addressing Criminalization as a Barrier to Ending HIV



Moderator:
Alena Pittman
Senior Epidemiologist
Arizona Department of Health

Panelists

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

Scaling Up PrEP Access and Utilization



Moderator:

Erica TeKampe

Program Director, HIV Care Directions
Area Agency on Aging, Inc.

Panelists

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

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2023 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



Moderator:
Joanna Mendez
Integrated Plan Liaison
Arizona Department of Health

Panelists:

- Micaela Simon – Family Nurse Practitioner – Be Well Family Care
- Isabel Evans – Ending the Epidemics Program Manager – Arizona Department of Health

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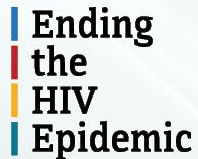
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2023 WORKSHOPS



Phoenix, AZ
August 17, 2023

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

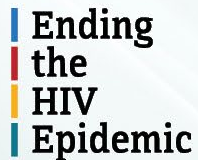


- Funding – how to get funding for wrap around services to implement status neutrality
- Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus
- Capacity building for providers on linkage to care for ALL

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2023 WORKSHOPS



Phoenix, AZ
August 17, 2023

Actionable EHE and FTC
Implementation Steps
in Phoenix

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

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**

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Phoenix, AZ
August 17, 2023

Closing Remarks

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

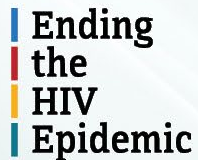
- **TOGETHER**, we can achieve a future in which:
 - New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
 - People living with and affected by HIV are **VALUED** and not subjected to inequality
- Lags in our global, national, municipal HIV responses reflect underlying **SOCIAL INEQUALITIES**:
 - **GAY MEN, OTHER MSM** who are forced to live on societal margins
 - **TRANSGENDER INDIVIDUALS** whose identities are violently suppressed
 - **RACIAL, ETHNIC MINORITIES** who lack socioeconomic opportunity and confront racism
 - **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

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2023 WORKSHOPS



Phoenix, AZ
August 17, 2023

Landen Smith
Director of Development
Phoenix Pride