

**Group 1 (Rose Conner)**

**1st Question: In light of our vision towards ending the HIV epidemic in Arizona, what do we want to see in place in 5 years as a result of our actions?**

STIGMA/EDUCATION	POLICY CHANGES	CLIENT BASED	FUNDING	SERVICES CLIENT CARE	DATA
Project HIVAZ	All drugs legal	Accountability	Standard, transparent costs for medical procedures	Availability of services	Reporting & data collection & utilization
Social media tools	Services avail for all	Goal planning	Universal health care - single payer	Encourage integration by avoiding blaming & shaming	Measurable outcomes
Youth education	More focus on mother child care	Case management involvement	More funds on prevention than treatment	Acceptance/willingness to change status quo	Data
Compassion	Routine testing	Frame of mind	Have resources available	HCP (health care providers) involvement in planning activities	
Eliminated stigma	Integration between agencies/parts	Relationship communication	Additional funds available	Healthy people	
Reduce stigma	Faster linkage to care	Act in the best interest of client			
Equality for LGBTs	Engagement from everyone	Client based			
Debunk AIDS myth in Africa through education	Easily accessible services for all				
Early education					
Clear consistent message					
HCP (health care providers) trained to understand HIV					
Increased events					

**Group 1 (Rose Conner)**

**2nd Question: What is keeping us from realizing the vision of the future you just developed?**

EDUCATION	COLLABORATION	POLICY CHANGES	CLIENT CENTERED ISSUES	DATA STANDARDS STANDARDIZATION
Create specific educational campaigns for target populations	Services client care	Government red tape	Encourage more family support to patients	Universal data sharing system
Provide comprehensive sex education in schools to parents and students	Strong universal programs	Government changes in policies concerning legalizing drugs	Prioritize client's basic needs (housing, food) before HIV education & other services	Creating standards that are the same 4 all agencies
Client education & buy in	Funding	Education system involvement in prevention activities	Client compliance/medication adherence	Statistics not addressed with community
Education must emphasize personal responsibility at 8th grade level	Collaboration on funding and coordination between agencies	Changes in policies concerning social media parts	Client based	Data
Grantors funding education projects; not just direct services	Collaboration when applying for grants/funding	Policy changes		
Kit focusing on HIVAZ.org on a full-time basis	Increased resources and funding			
Staff education & buy-in				
Consistent, continuous training for case managers + providers				
Stigma education				

**Group 2 (Deborah Reardon-Maynard)**

**1st Question: In light of our vision towards ending the HIV epidemic in Arizona, what do we want to see in place in 5 years as a result of our actions?**

ACCESS	EDUCATION	THE WHOLE ENCHILADA	HARM REDUCTION	MEDS	DATA
Access 4 testing in all POEs clients opt out...	State supported sex education all levels	Disparity free	Stable funding for effective syringe access programs	No fear! Doctor + medication availability	Improved data + info sharing
Access to specialized care in rural areas	Comprehensive sex ed in schools	Comfortable & safe	Condoms in jail	Med adherence + simplest therapy	1 uniform & consistent database (i.e. ASIIS)
Universal health care including the undocumented	More focus on reproductive + sexual health	Flexible funding for care opportunities	Statewide NEP/SAP	Everyone on meds	
Easy access (no mazes)	School sexual health curriculae	Without boundaries	Needle exchanges	Research towards cure + new meds	
One stop shop - every service in one place	More education for HIV+ people	Community support of HIV+ people			
Increase linkage to substance abuse & MH (mental health)	Education + expanded opportunities for PrEP+PEP	Clients receptive to guidance			
Free HIV testing everywhere	Support 4 client decided RR (risk reduction)	Close relationship between community & healthcare professionals			
Increased interagency collaboration	Broad HIV education in schools				
Prevention Star					
Make condoms (prevention) fun!					

**Group 2 (Deborah Reardon-Maynard)**

**2nd Question: What is keeping us from realizing the vision of the future you just developed?**

POLICY	COMMUNITY	FUNDING	ADVOCACY	COMMUNITY EDUCATION	DATA
Barrier: Gov't restriction Solution: Education for politicians	Develop Poz role model/leaders	Funders that listen	Educate HC professional i.e. PCP, dentists	Importance of medication education for anyone getting ART by pharmacists, docs case managers	Easy data sharing
HIV policy institutes: municipalities, cities, state, etc.	Diverse community partnerships that address HIV & sexual health	Consumer informed funding	Educate govt entities	Community education (what it's like to be poz).	Standardize variables and measures for all agencies + databases
Barrier: Campaign finance laws Solution: Revising to new policies for campaigning	Faith leaders who act as advocates	Flexible community based funding	Document + articulate benefits of svcs		
Legalization for comprehensive sexual education for everyone paid for by the state	Populations @ risk buy-in for prevention efforts	Flexible funding It's your money... spend where you need it, know your population	Educate school board		
Law need to be changed/legal issues need to be reviewed	Barrier: tunnel vision Solution: More open to change	Barrier: Expense of care/prevention Solution: Redirection of funding			
Make county lines flexible					

**Group 3 (Carmen Batista)**

**1st Question: In light of our vision towards ending the HIV epidemic in Arizona, what do we want to see in place in 5 years as a result of our actions?**

PREVENTION	BEST PRACTICES	LINKAGE & RETENTION	BARRIER REDUCTION	COMMUNITY ENGAGEMENT	POLICY CHANGES
No new Dx (diagnoses) in 14-24 age group	Best practices	Linkage within 30 days	Reduce barriers	Community coalition	Critical incident funding
Reduce new diagnoses by X%	Joint funding	Early linkage	Transportation options	Assess then adjust emerging culture	MH/SA (mental health/substance abuse) in-Pt Tx (in-patient treatment)
PrEP widely available	Client-centered programs	Care available and affordable	Address basic needs (housing, food, transportation, etc)	Volunteers (HIV/AIDS+)	ADAP greater than 500% FPL (federal poverty level)
Needle sharing program	Integrate HIV services into primary care	Retention	Housing options	Generosity of time to contribute to the cause	
Clean needles education	Health Information exchange	Care retention			
Early sex education	Doctor/MCM (medical case manager) interaction				
Standardized testing	Reduce disparities				
Stigma	Build trust between vulnerable populations & providers				
Increased opt-out testing	Treatment adherence				
Prevention through increased education/awareness	Feeling of fulfillment w achievement of success				
Increased sexual education and free condoms	Viral suppression				
Reduce stigma					
Reduce stigma					

**Group 3 (Carmen Batista)**

**2nd Question: What is keeping us from realizing the vision of the future you just developed?**

EDUCATION	FUNDING	POLICIES	COLLABORATION	DATA
Community education	Increase funding by mixing funding streams collaborate	Provide edu to legislators	Collaborative partnerships vs. silos	Transmit data safely, securely & lawfully
Community buy in from leadership	Show \$ savings, advantages & disadvantages	Sponsor for bill (P)	Competition, territorialism & egos - set them aside!!	Universal data system
Public edu	Leverage funding, e.g. transportation @ vs. center & ADOT funded transport	Statewide edu & advocacy	Better understanding of other cultures	
Provider skill set testing & treatment	Innovative funding options	Buy-in from leadership & key people		
Recruit volunteers	Integrate programs/funding to increase L+R	Inertia & burnout - freshen it up!		
Hold community forums	Identify local resources			
Self esteem education				

**Group 4 (Ann Gardner)**

**1st Question: In light of our vision towards ending the HIV epidemic in Arizona, what do we want to see in place in 5 years as a result of our actions?**

INTEGRATION COLLABORATION SYSTEMS	SUPPORTIVE SERVICES	PREVENTION & TESTING	STIGMA	DREAMS	EMPOWERMENT
No separation of Ryan White parts	Mental Health	All HIV+ know status	Less stigma (more public knowledge) includes status	Unlimited resources	Ongoing education for Healthcare Professionals & Patients (Medication/Disease State)
An integrated model of care	Expansion of services/# of clients reached	Make testing more inviting	Reduced stigma	A cure	Self-Managing Clients
Statewide and regional planning councils	More resource allocation to rural areas of need	Improved sexual history taking + routine testing	Campaign HIV/AIDS as a disease not stigmatize to MSM	The most robust data infrastructure dedicated to a single disease (in history)	Retain clients in care
Reduce barriers to care	Housing	Patients get diagnosed + linked to medical services in the same day	Reduce stigma of HIV+	Compile HIV info for research	
Expand provider network	Expand Services (vision)	Make condoms fun!	Closer connection between at-risk + health care community	Clients happy to see us	
True integration	Transportation	PCPs embrace CDC testing recommendations	Better connect with MSM pop.		
Joining prevention with care	All brand medications covered by insurance	More support from collaboration (hookup apps)	Encourage "community" for + and -		
Streamlined eligibility	Personal/not teleconference mental health rural	Make testing more "inviting"	Break stigma		
Continue to build and strengthen HCP relationships (circle of care)	Substance abuse services everywhere	Increase testing	No fear of others finding out		
Data that shows where to focus efforts	Housing everywhere				
Data from Native communities					
Data that reflects positive change					
Collaboration with all involved organizations					

**Group 4 (Ann Gardner)**

**2nd Question: What is keeping us from realizing the vision of the future you just developed?**

PREVENTION + TESTING	EMPOWERMENT	INTEGRATION COLLABORATION SYSTEMS	SUPPORTIVE SERVICES	DREAMS	STIGMA
Outreach to PCPs about testing	substance abuse treatment	Shared CW	Redefine health services to include ancillary services	Improved grantor/political understanding of resources needed	Community engagement as standard op. procedure
Creation of compelling + consumer relevant message campaigns	Health literacy training	Breakdown federal silos	"Critical event" funding	Ability to think BIG	Expand education through national campaign + commercials
Comfortable setting	Comfortable setting	Relocate all local programs under one umbrella	Document service needed		
4th gen+lab+POC (point of care) rapid (HIV test)	Buddy/mentor (peer mentoring)	Provider willingness-geographic inaccessibility	Client motivation to participate in services		
Outreach with Eds (emergency departments) (like pregnant woman Ryan White project)	Client motivation to participate in service	Data sharing agreements (EMR)			
PrEP program					

**Group 5 (Julie Rudnick)**

**1st Question: In light of our vision towards ending the HIV epidemic in Arizona, what do we want to see in place in 5 years as a result of our actions?**

NEXT GENERATION!	POLICY DEVELOPMENT	REDUCED ADMIN BURDEN	PATIENT CENTERED CARE	INNOVATION	CULTURAL COMPETENCY
Empowerment at ALL levels	Political will to end HIV	Less paperwork burden	Communication develop relationships	PREP in different forms	FLAAVA focus group
Understanding Medicaid/ACA	HRSA \$ support for critical \$ funding	Data & EMR sharing for re-linkage	High intensity patient services	Vaccine for HIV	True cultural competency
Developing HIV workforce and capacity	Destigmatize sexual health	Centralized HER	Intensive support for high-risk clients	Incentives	Educated, self-empowered youth
PCPs take sexual health Hx (history)	Stigma HIV gone	Reduce barriers to care	Outreach educate/test	Innovate	Youth volunteers w/HIV clients
Mandatory testing	Cont. collaboration w/state & local partners	Co-location of services	Better teamwork	Phoenix AIDS Memorial	
Develop CBO	Educated legislators	Rapid linkage to care after testing	Increase education to non-HIV sensitive community		
HIV testing as routine test	Need more money	Shared electronic health records	Compassion burnout counseling		
Normalizing testing	Focused determination to achieve goal	One stop provider services			

**Group 5 (Julie Rudnick)**

**2nd Question: What is keeping us from realizing the vision of the future you just developed?**

DECREASED BURDEN	MONEY!	DISSEMINATION	KNOWLEDGE IS POWER	PATIENT EMPOWERMENT	SERVICE BARRIERS
Too many variations in requirements	HOPWA formula	Unified message	Medical students receive more HIV education	Patient involvement	Service Gaps
Annual Ryan White /ADAP enrollment	Reduction in siloed funding streams	Provide information to everyone	Education policies for schools	Identify and locate partners	Transportation system
Streamline the process	Greater funding to find a cure	Dissemination of information	Greater education + support from legislators	Pay patients for undetectable results	Location of clinics
Data sharing	Find more sources of unrestricted funding				
1 EHR (electronic health record) for all providers	"We've always done it this way" mentality				

**Group 6 (John Lick)**

**1st Question: In light of our vision towards ending the HIV epidemic in Arizona, what do we want to see in place in 5 years as a result of our actions?**

ACCESS	STIGMA REDUCTION	COLLABORATION	FUNDING	EDUCATION	ELIMINATE MIDDLE MAN (BARRIERS)
Access to phone apps/internet	Coming "out" campaign to reduce stigma	Engage communities	Allocate funding to eliminate disparities (SA, BH, Homelessness)	Educate rural provider+HCW's	Focus on useable data
Access to meds	Peer to peer	Collaborative HIV community	Funding for care continuum to address needs	Education (eliminate ignorance)	Site based Tx (treatment)
Cross state connections for people moving	Expand access to condoms + clean needles	Eliminate collaboration barriers	Find the people living under bridges	Hope-Upcoming new drugs Tx (treatment)	Decreased paperwork
Media	Remove stigma	Accountability from everyone	Implement funding for care continuum	Cultural competency anti-oppression	Simplify access to care
Electronic sharing of medical records	Free HIV testing everywhere	Increase community awareness of HIV services	More client level funding	Education/media campaign	
Housing	Gay youth support + interventions	Effective collaboration	More funding		
Substance Abuse Tx (treatment)	0 (zero) "gay disease" make routine				
Initialize PrEP referrals (non-Maricopa)	Coordinated HIV prevention campaign				

**Group 6 (John Lick)**

**2nd Question: What is keeping us from realizing the vision of the future you just developed?**

COORDINATED STATEWIDE EFFORT	PATIENT ENGAGEMENT	UTILIZATION	COMMUNICATION	STAKEHOLDERS	MEDICAL OUTREACH
Organize group of HIV+ people to disclose publicly	Pledge patients to be VL suppressed	Integration of funding	Better use of communication	Gain support of Governor & legislature	No cards added
More people speaking up & out	Access to client medical records	Better evaluation	Regular meetings of ASOs	Pharm partners	
Coordinated HIV educational campaign	Dr education HIV testing as part of physical	Simplify paperwork to expedite access to expand care			
Wide dissemination of education	Expand access to condoms & needles	Processes too lengthy - simplify			

**Group 7 (Lora Andrikopoulos)**

**1st Question: In light of our vision towards ending the HIV epidemic in Arizona, what do we want to see in place in 5 years as a result of our actions?**

EDUCATION	ACCESS	RESOURCES	ROUTINE TESTING
Decrease stigma	Easy access to care transportation funding	Tools	Testing routine
Stigma	Client data sharing	State-wide campaign	Routine opt-out testing test everyone!
Comprehensive sex ed	Health equity	Increased collaboration communication	Access to testing
Youth education	Accessibility of care (continuum in AZ)	Data sharing system	Testing for all
Harm reduction	Access to behavioral, SA (substance abuse), dental, housing (\$)	Mixed multiple models	Early detection
Policy supportive of SAP/sex work	Client Incentives	Increased church involvement	Communication between consumer & provider
Stigma	Increase Client trust	More \$\$	
More education about HIV	Prevention programming support services VHRN.	Increased collaboration within agencies	
Education for youth	Education	Funding	
Decrease (educ.)	Intervention	Community resources \$=available	
Client education	Stop meth use!	Integrated system	
Increase general community awareness	PrEP more easily available	Supportive services	
Early age prevention + education			

**Group 7 (Lora Andrikopoulos)**

**2nd Question: What is keeping us from realizing the vision of the future you just developed?**

EDUCATION	POLICY	FUNDING \$	ROUTINE TESTING	INTERVENTION
Improve cultural competency within organizations	Cheaper retail HIV test kit	Availability/access to direct funding	Program to offer education to PCPs (primary care providers) in community re: HIV testing for everyone	Present at social work conference
Expand culturally diverse media exposure	Med. Provider buy-in	Fair distribution of resources	Empower people to ask for HIV testing	Empowerment projects/interventions
ART social marketing/media	Policy based intervention	Finding funding sources	Policy changes statewide	
Open communication in schools	Political dissension on prevention & harm reduction resources	State requires adequate funding for front line services	Educate about HIV testing importance	
HIPAA training/data sharing agreements	Collaborative advocacy	Use data to express/explain need	Primary care education	
Uniform data collection/reporting - monitoring & adherence	Advocate for policy change			
Education standards provider cultural relevancy				
Expand knowledge to private providers				
Assess to schools to provide HIV education				