

January
2021

The Arizona HIV Action Plan & Report



ARIZONA DEPARTMENT
OF HEALTH SERVICES



The Arizona HIV Action Plan & Report

Current and Prospective Priorities for Ending HIV in Arizona

This report is provided as required by Chapter 169 Senate Bill 1389.

Submitted to:

The Honorable Douglas A. Ducey, Governor, State of Arizona
The Honorable Russell Bowers, Speaker of the House, Arizona House of Representatives
The Honorable Karen Fann, President, Arizona Senate

Prepared by:

The HIV Prevention Program and Ryan White Part B Care and Services Program
Arizona Department of Health Services
www.azdhs.gov

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Executive Summary

Introduction

This report encompasses the work of the HIV Prevention Program and Ryan White Part B Care and Services Program, convened pursuant to Senate Bill 1389 (see Appendix HIV-A), to provide a report on the outcomes of the statewide needs assessment and the current and prospective priorities being undertaken by the HIV programs in Arizona.

It has been nearly 30 years since the first cases of HIV captured the world's attention. Without treatment, the virus slowly weakens a person's immune system until they succumb to illness. The HIV epidemic has claimed the lives of nearly 600,000 Americans and continues to affect many more.¹ We have the knowledge and tools needed to slow the spread of HIV and improve the health of people living with HIV (PLWH). Despite this potential, and while HIV rates have been reduced substantially over time, national progress in HIV prevention has stalled.² The number of HIV diagnoses are not evenly distributed across states and regions. In Arizona alone, the number of annual HIV diagnoses has increased since 2017. There were 776 new cases of HIV/AIDS in 2019. In comparison, there were 767 new cases in 2018, and 733 in 2017.³ Unless we take bold actions, we face a new era of rising infections, greater challenges in services for people living with HIV, and higher health care costs.

Background

Since formally unveiling our state's 5-year plan ([Victory Over HIV](#)) in 2017, the Arizona HIV Prevention Program, along with the Ryan White Part A and Part B Programs, has gained forward momentum towards magnifying and implementing a plan which best fits our local needs.

In 2019, under President Donald Trump, the US Department of Health and Human Services (HHS) proposed a new initiative to address and end the domestic epidemic of HIV by 2030. [Ending the HIV Epidemic: A Plan for America](#), seeks to reduce the number of new HIV infections in the US by 75 percent within five years, and then by at least 90 percent within ten years.⁴ The initiative focuses on four key strategies: diagnose, treat, prevent and respond.

Community engagement efforts in 2019 and 2020 gathered information on HIV care and prevention needs, in order to develop a plan for the Ending the HIV Epidemic initiative in Arizona with an initial focus on Maricopa County. Information was gathered at the 2019 HIV Symposium's workshop on community planning, and during 15 in-person focus groups conducted in February and March 2020. The focus groups were open discussions that allowed community members, HIV care and prevention staff, and HIV care and prevention clients to discuss current priorities and needs. Information from community engagement efforts was directly used in late 2020 to build a plan to end HIV in Maricopa County.

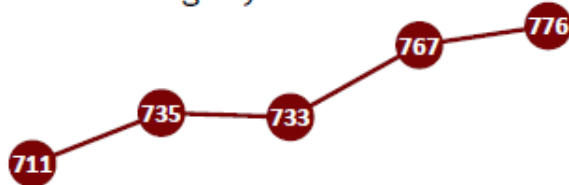
Conclusions

Arizona's strategy to end HIV infections builds on years of work with partners throughout the state, focusing on community development, engagement with people who are living with, or at-risk for getting HIV, capacity building, and providing treatment adherence and social support. Some of the foundational, key activities initiated include: HIV testing, linking people to care and achieving viral suppression quicker, decreasing barriers to pre-exposure prophylaxis (PrEP), condom distribution, and individual and community level interventions.

Data Summary of HIV in Arizona

2019 HIV in Arizona

The number of annual HIV diagnoses has **increased** slightly.

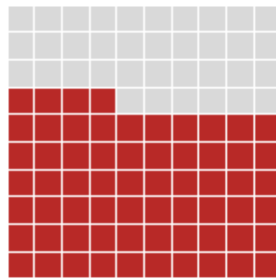


2015 2016 2017 2018 2019

85% of new HIV diagnoses are **male**.



64% of new HIV diagnoses are **Men who have Sex with Men (MSM)**.



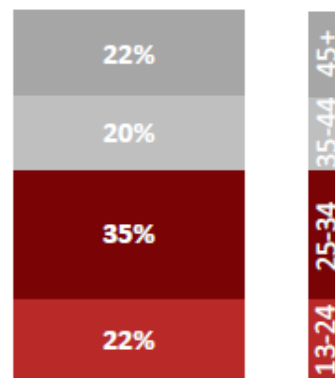
People living with HIV (PLWH)

18,462

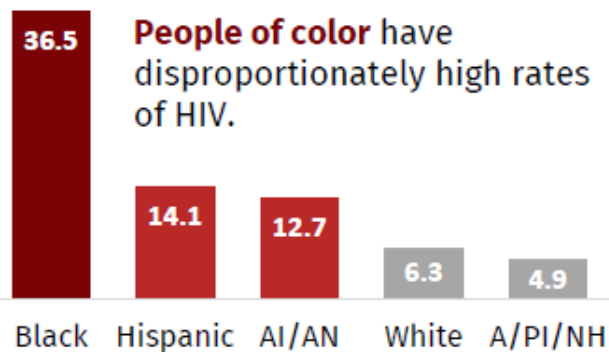
HIV diagnosis rate

10.7

per 100,000 individuals



Ages **25-34** have the greatest number of new HIV diagnoses.



People of color have disproportionately high rates of HIV.

AI/AN – American Indian/Alaska Native
A/PI/NH – Asian/Pacific Islander/Native Hawaiian



Linked to Care
Goal - 85%



Virally Suppressed
Goal - 80%

Summary of Priority Populations

Priority Populations

While anyone can be affected by HIV, certain groups are at higher risk because of factors such as gender, age, race/ethnicity, and sexual orientation. Once diagnosed, some populations are less likely to receive HIV care and achieve viral suppression.

LGBTQ Youth



Young people ages 13-24 with HIV are the least likely of any age group to be retained in care and achieve viral suppression. Most new HIV diagnoses in this age group identify as LGBTQ.

MSM of Color



Hispanic/Latino MSM, Black/African American MSM, and American Indian/Alaska Native MSM have significantly higher rates of HIV diagnosis compared to white MSM. Within this group, young MSM of color are a priority.

People Who Use Substances



People who use substances are at high risk for getting HIV. People who inject drugs (PWID), a subgroup monitored by surveillance systems, demonstrate worse outcomes in HIV care. In 2019, 12% of new HIV diagnoses in Arizona reported injection drug use. For PWID living with HIV, 56% were virally suppressed.

Special Considerations

- 50% of PLWH in Arizona are **aged 50 and older**
- Similar modes of transmission contribute to frequent coinfections of **HIV, sexually transmitted infections (STIs), and hepatitis C virus (HCV)**
- **Transgender individuals** have some of the highest rates of HIV of any group

Key Components to Ending HIV in Arizona



1. HIV Testing

Testing is a crucial component of ending new HIV infections. Studies show that when people are newly diagnosed with HIV, they reduce their risk behaviors⁵ and access treatment.⁶ The goal is that all adults be tested at least once.

Confidential HIV testing is available throughout Arizona in a variety of ways, including home self-testing, opt-out emergency department testing, pharmacy-based testing, and clinic-based testing.



2. Pre-exposure Prophylaxis (PrEP)

Persons at risk for HIV infection should consider PrEP. When taken consistently, PrEP has been shown to reduce the risk of HIV by up to 92%.⁷

Some of the high priority groups in need of PrEP include partners of positive people and people who inject drugs (PWID). Throughout the state, we continue to partner with community-based agencies to provide service navigation for PrEP.



3. Early Treatment & Linkage-to-Care

Treatment as prevention (TasP) refers to taking HIV medication to prevent the sexual transmission of HIV. Living with HIV and being undetectable means that a person's viral load – the amount of HIV in the bloodstream – is so low that a test cannot detect it. When a person maintains an undetectable viral load, they have no risk of sexually transmitting HIV.⁸ See appendix HIV-D for information on linkage to care.

Rapid start is a process to rapidly connect people newly diagnosed with HIV to the HIV care system, in order to begin treatment on the same day of diagnosis. In 2015, START (State of Arizona Rapid Treatment) was adopted and implemented across the state. See appendix HIV-E for information on START.

Strategies, Services, and Programs Addressing HIV in Arizona, Part I

Activity/ Statement	Summary of Activity (status)
On or before November 1, 2020, complete a statewide HIV prevention and care needs assessment of target populations, including people living with substance use issues.	<ol style="list-style-type: none"> 1. Ryan White Part B and Ryan White Part A needs assessment (Active) 2. Unmet Needs Assessment (Completed) 3. LGBTQ Needs Assessment (Completed) 4. Stigma Survey – Fast Track Cities (FTC) (Completed) 5. Focus groups and report of client experiences from Ryan White (Completed) 6. Site visit report and landscape analysis for HIV/ Opioid Use Disorder (OUD) initiative (Completed)
Identify community-based agencies that serve the HIV population and that are outside the known HIV service system.	<ol style="list-style-type: none"> 1. Ending the HIV Epidemic (EHE) community engagement efforts (Completed) 2. Outreach to OUD/substance use disorder (SUD)/behavioral health (BH) stakeholders for the HIV/OUD initiative and HCV elimination efforts (Active) 3. HIV Passport (Completed) 4. HIV symposium/professional development. See appendix HIV-F for a list of participating agencies. (Active)
Conduct outreach to increase community involvement in HIV prevention, education and stigma reduction in this state.	<ol style="list-style-type: none"> 1. Ending the HIV Epidemic (EHE) community engagement efforts. (Active, Ongoing) See appendix HIV-G for a description of outreach activities. 2. Participation in HIV symposium, professional development and planning activities. <ol style="list-style-type: none"> a. Each year a Symposium is held bringing together HIV Prevention and Care, STD, and Hepatitis providers from across the state. Keynote sessions, workshops, networking, and planning activities are conducted. In 2020, the symposium was cancelled due to COVID-19, however several webinars were held throughout the year to provide ongoing professional development. (Completed. 2021 symposium in-progress)

Strategies, Services and Programs Addressing HIV in Arizona, Part II

Activity/ Statement	Summary of Activity (<i>status</i>)
<p>CONT.: Conduct outreach to increase community involvement in HIV prevention, education and stigma reduction in this state.</p>	<p>b. A Leadership Academy was held in June 2020 with 25 participants, comprised of People Living with HIV (PLWH), Planning Council members and agency staff. The Leadership Academy provides workforce development, leadership training and mentoring for individuals in the HIV community. A second Leadership Academy is planned for February, 2021. 30 participants are scheduled as the max number has been expanded. A third event is being planned for summer 2021 which will focus on persons living with HIV. (Completed. 2021 activities in-progress)</p> <p>c. More Than Pronouns: Supporting Trans and Non-Binary Clients Across Clinical and Public Health. This webinar was held in November 2020 for staff of agencies, clinics and health departments, planning council and community planning members and community members. This webinar was designed to address ways to improve services delivery, reduce stigma and provide education. 75 community members participated in the webinar. (Completed)</p> <p>3. All contracted programs conduct outreach focused on testing, PrEP, HIV awareness, targeted programs, and a wide variety of other topics. (Completed)</p> <p>Some specific activities conducted by contracted programs:</p> <ul style="list-style-type: none"> • Ripple PHX: Community outreach focusing on HIV testing, PrEP services, condom use, and Undetectable = Untransmittable (U=U). With the current issues brought on by COVID-19, outreach has moved to a highly successful virtual approach. • Aunt Rita's Foundation: Community outreach and marketing focusing on home self-test kit distribution and HIV awareness. Aunt Rita's Foundation has also developed the statewide online resource website www.HIVAZ.org.

Strategies, Services and Programs Addressing HIV in Arizona, Part III

Activity/ Statement	Summary of Activity (<i>status</i>)
Develop a social media initiative using new and traditional media to engage at-risk populations to be tested for HIV infection in this state.	<ol style="list-style-type: none"> 1. Partnership with Aunt Rita’s Foundation (Active) 2. Marketing and social media dedicated to raising awareness of the need for HIV testing and providing multiple options for accessing testing services including home testing. (Postponed, on-hold due to COVID-19)
Analyze data from the statewide HIV prevention and care needs assessment annually to develop and implement HIV training and education initiatives in this state.	Ongoing
Professional Development opportunities provided.	<ol style="list-style-type: none"> 1. Transgender health webinar/ focus group (Completed) 2. Provide partner services technical assistance and capacity building training to county health departments (Active, Ongoing) 3. Academic detailing: non-commercial, educational based, one-on-one outreach to prescribers on various HIV prevention initiatives (Active)

Appendix HIV-A: Legislation

REFERENCE TITLE: HIV; needs assessment; prevention	
State of Arizona Senate Fifty-third Legislature Second Regular Session 2018	
SB 1389	
Introduced by Senator Brophy McGee	

AN ACT

AMENDING TITLE 36, CHAPTER 6, ARTICLE 12, ARIZONA REVISED STATUTES, BY
ADDING SECTIONS 36-797.01 AND 36-797.02; RELATING TO PUBLIC HEALTH.

(TEXT OF BILL BEGINS ON NEXT PAGE)

SB 1389

1 Be it enacted by the Legislature of the State of Arizona:
2 Section 1. Heading change
3 The article heading of title 36, chapter 6, article 12, Arizona
4 Revised Statutes, is changed from "PUBLIC HEALTH CRISIS" to "HIV ACTION
5 PROGRAM".
6 Sec. 2. Title 36, chapter 6, article 12, Arizona Revised Statutes,
7 is amended by adding sections 36-797.01 and 36-797.02, to read:
8 36-797.01. Definitions
9 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:
10 1. "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH SERVICES.
11 2. "DIRECTOR" MEANS THE DIRECTOR OF THE DEPARTMENT.
12 3. "HIV" MEANS THE HUMAN IMMUNODEFICIENCY VIRUS.
13 36-797.02. HIV action program: duties: report: program
14 termination
15 A. THE DIRECTOR SHALL ESTABLISH AND IMPLEMENT THE HIV ACTION
16 PROGRAM IN THE DEPARTMENT TO MEET AT LEAST THE FOLLOWING REQUIREMENTS:
17 1. ON OR BEFORE NOVEMBER 1, 2020, COMPLETE A STATEWIDE HIV
18 PREVENTION AND CARE NEEDS ASSESSMENT OF TARGET POPULATIONS, INCLUDING
19 PEOPLE LIVING WITH SUBSTANCE USE ISSUES.
20 2. IDENTIFY COMMUNITY-BASED AGENCIES THAT SERVE THE HIV POPULATION
21 AND THAT ARE OUTSIDE THE KNOWN HIV SERVICE SYSTEM.
22 3. CONDUCT OUTREACH TO INCREASE COMMUNITY INVOLVEMENT IN HIV
23 PREVENTION, EDUCATION AND STIGMA REDUCTION IN THIS STATE.
24 4. DEVELOP A SOCIAL MEDIA INITIATIVE USING NEW AND TRADITIONAL
25 MEDIA TO ENGAGE AT-RISK POPULATIONS TO BE TESTED FOR HIV INFECTION IN THIS
26 STATE.
27 5. ANALYZE DATA FROM THE STATEWIDE HIV PREVENTION AND CARE NEEDS
28 ASSESSMENT ANNUALLY TO DEVELOP AND IMPLEMENT HIV TRAINING AND EDUCATION
29 INITIATIVES IN THIS STATE.
30 B. ON OR BEFORE JANUARY 1, 2021, THE DEPARTMENT SHALL PROVIDE A
31 REPORT TO THE GOVERNOR, THE SPEAKER OF THE HOUSE OF REPRESENTATIVES AND
32 THE PRESIDENT OF THE SENATE REGARDING THE OUTCOMES OF THE STATEWIDE HIV
33 PREVENTION AND CARE NEEDS ASSESSMENT AND THE PROGRAM'S ACTION PLAN
34 PURSUANT TO SUBSECTION A OF THIS SECTION. THE DEPARTMENT SHALL PROVIDE A
35 COPY OF THE REPORT TO THE SECRETARY OF STATE.
36 C. THE PROGRAM ESTABLISHED PURSUANT TO THIS SECTION ENDS ON JULY 1,
37 2028 PURSUANT TO SECTION 41-3102.

Appendix HIV-B: Info Sheet: HIV 101 (CDC), English

(Page 1 is in English, Page 2 is in Spanish)

July 2019

HIV 101

Without treatment, HIV (human Immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV CAN BE TRANSMITTED BY



Sexual Contact



Sharing Needles to Inject Drugs



Mother to Baby During Pregnancy, Birth, or Breastfeeding

HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or Closed-Mouth Kissing



Insects or Pets



Sharing Toilets, Food, or Drinks

Protect Yourself From HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Limit your number of sex partners.
- Don't inject drugs, or if you do, don't share needles, syringes, or other drug injection equipment.



- If you are at very high risk for HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.



Keep Yourself Healthy And Protect Others If You Have HIV

- Find HIV care. It can keep you healthy and help reduce the risk of transmitting HIV to others.
- Take your HIV medicine as prescribed.
- Stay in HIV care.



- Tell your sex or drug-using partners that you have HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.



For more information please visit www.cdc.gov/hiv

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



Appendix HIV-C: Info Sheet: HIV 101 (CDC), Spanish

Julio de 2019

Información básica sobre el VIH

Sin tratamiento, el VIH (virus de la inmunodeficiencia humana) puede hacer que una persona esté muy enferma, e incluso causarle la muerte. Aprender lo básico sobre el VIH puede mantenerlo saludable y prevenir la transmisión de este virus.

EL VIH PUEDE SER TRANSMITIDO



Mediante el
contacto sexual



Al compartir las agujas
para inyectarse drogas



De madre a hijo durante
el embarazo, el parto o
la lactancia materna

EL VIH NO SE TRANSMITE



A través del aire
o del agua



Mediante la saliva, el
sudor, las lágrimas o los
besos con la boca cerrada



Por los insectos o
por las mascotas



Al compartir el
inodoro, los alimentos
o las bebidas

Protéjase del VIH

- Hágase la prueba al menos una vez o más veces si está en riesgo.
- Use condones de la manera correcta cada vez que tenga relaciones sexuales anales o vaginales.
- Elija actividades que impliquen poco o nada de riesgo, como las relaciones sexuales orales.
- Limite el número de parejas sexuales.
- No se inyecte drogas, pero si lo hace, no comparta las agujas, jeringas, u otro equipo de inyección de drogas.



- Si está en muy alto riesgo de contraer el VIH, pregúntele a su proveedor de atención médica si la profilaxis preexposición (PrEP) es lo adecuado para usted.
- Si cree que se ha expuesto al VIH dentro de los últimos 3 días, pregúntele de inmediato a un proveedor de atención médica acerca de la profilaxis posexposición (PEP). La PEP puede prevenir el VIH, pero debe comenzarse dentro de las 72 horas de la posible exposición.
- Hágase las pruebas de detección de otras ETS y reciba el tratamiento necesario.



Si tiene el VIH, manténgase saludable y proteja a los demás

- Busque atención médica para el VIH. Esto lo puede mantener saludable y reducir enormemente las probabilidades de que transmita el VIH.
- Tome sus medicamentos de la manera correcta todos los días.



- No deje de recibir la atención médica para el VIH.
- Dígalos a sus parejas sexuales o personas con las que consume drogas que usted tiene el VIH. Use condones de la manera correcta cada vez que tenga relaciones sexuales y hable con sus parejas sobre la PrEP.
- Hágase las pruebas de detección de otras ETS y reciba el tratamiento necesario.



Para obtener más información visite la página www.cdc.gov/hiv/spanish

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



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Appendix HIV-D: Linkage to HIV Care: Main Goals

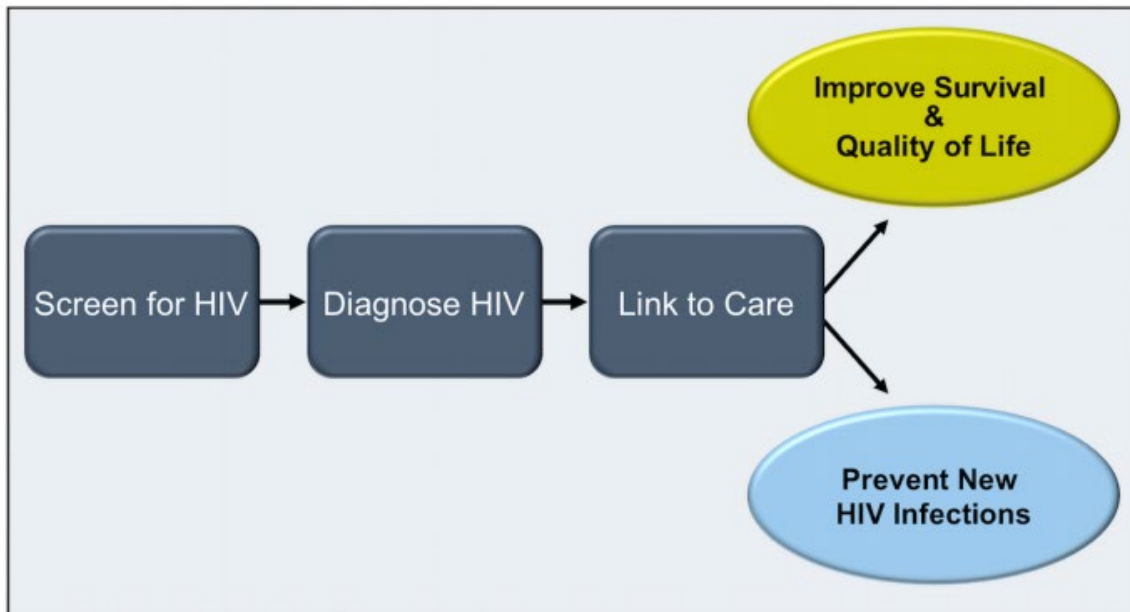
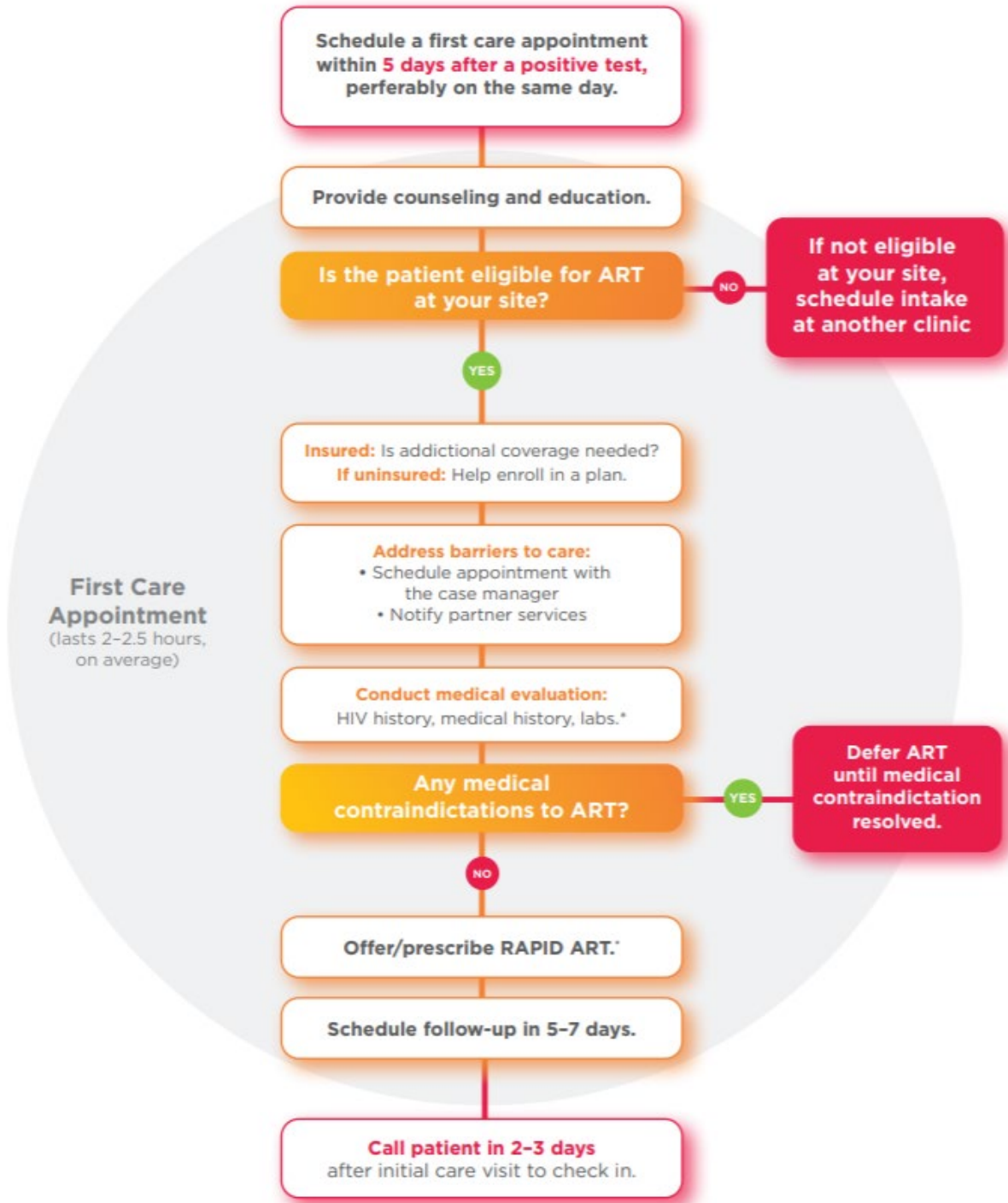


Image source: www.hiv.uw.edu

Appendix HIV-E: Arizona-Specific Rapid START (State of Arizona Rapid Treatment)



Appendix HIV-F: Community Based Agencies that Serve the HIV Population (traditional and non-traditional partners)

Traditional HIV Partners *(Entities are dedicated to HIV services or have HIV programs)*

- Abbott Rapid Diagnostics
- ADHS- ODIS, STD, State Lab, HIV Prevention, Ryan White and HIV Surveillance
- APLA- AIDS Project Los Angeles
- Area Agency on Aging- HIV Care Directions
- Arizona AIDS Education & Training Center
- Aunt Rita's Foundation
- Avella Specialty Pharmacy, Avella/BrioVA Specialty Pharmacy
- Bill Holt Clinic at Phoenix Children's Hospital
- bioLytical Laboratories
- CAN Community Health, Inc.
- Chicanos Por La Causa
- City of Phoenix Human Services Department
- Clark County Social Service
- Cochise County Health and Social Services
- Coconino County Public Health Services District
- Collaborative Solutions, Inc.
- Collaborative Research
- Community, A Walgreens Pharmacy
- COPE Community Services
- Ebony House
- El Rio Special Immunology Associates
- ETR
- FIT Health Care
- Germane Solutions
- Gila County Health Department
- Gila River Tribal Health Department
- Gilead Sciences
- Global Protection
- Graham County Health Department
- HEAL International
- Healthvana
- HIV/AIDS DIS Program Tohono O'odham Nation Health Department
- International Alliance for the Prevention of AIDS
- Janssen Infectious Disease
- La Paz County Health Department
- Las Vegas Planning Council
- Maricopa County - Public Health Clinical Services
- Maricopa County RWPA
- Maricopa Integrated Health System - Valleywise Health
- Mariposa Community Health Center

- McDowell Healthcare Center
- Mohave County Department of Public Health
- Mohave County Housing Authority HOPWA
- Native Health- Native American Community Health Center
- Native PFLAG
- County Public Health
- Navajo Infections Diseases Control & Prevention Program
- North Country HealthCare
- Northern Navajo Medical Center, Shiprock, NM IHS
- Northland Cares
- One n Ten
- Pacific AETC
- Pascua Yaqui Tribe of Arizona
- Petersen Clinics- University of Arizona
- Phoenix Indian Medical Center
- Phoenix Shanti Group
- Pima County Health Department
- Pinal County Public Health Services District
- Prevention Access Campaign
- Ramsell Corporation
- RipplePHX
- Ryan White Part C
- Sonoran Prevention Works
- Southern Arizona AIDS Foundation (SAAF)
- Southwest Center for HIV/AIDS
- Spectrum Medical Group
- Terros Health
- TIHAN- Tucson Interfaith HIV/AIDS Network
- Tohono O'odham Nation Health Dept.
- TriYoung, Inc.
- University of Arizona Petersen Clinics
- Valleywise Health
- ViiV Healthcare
- Walgreens Specialty Pharmacy
- Yavapai County Community Health Services
- Yuma County Public Health Services District

Non-Traditional HIV Partners

- A.T. Still University, Arizona School of Dentistry and Oral Health,
- A.T. Still University Arizona School of Osteopathic Medicine
- Access to Healthcare Network
- ACESDV- Arizona Coalition to End Sexual and Domestic Violence
- Aetna/MercyCare
- All-Care Pharmacy
- Arizona Center for Rural Health

- Arizona Community Foundation
- Arizona Department of Housing
- Arizona Family Health Partnership
- Arizona State University
- ASU Southwest Interdisciplinary Research Center (SIRC)
- AZ Minority Business Alliance
- Banner UMC Tucson
- Campus Christian Center (C3)
- Community Outreach Medical Center
- Correctional Health Services/Infection Control
- Crossroads UMCDesert Southwest Conference UMC / Arizona Faith Network
- DHS/ICE
- Dignity Health
- Greater Bethel AME Church
- Indian Health Service
- Merck
- Optum
- Phoenix Children's Hospital
- Phillips Memorial CME
- Pilgrim Rest Foundation, Inc.
- Restoration Deliverance Ministry
- Salt River Pima Maricopa Indian Community- SRPMIC
- San Francisco Department of Public Health
- Shadow Rock UCC
- Shot in the Dark
- Social Security Administration
- Southwest Behavioral Health Services
- Southwest Conference United Church of Christ
- Stanford University
- Sun Life Family Health Center
- Tanner Community Development Corp.
- U.S. Pretrial Services
- UA College of Medicine Phoenix
- United Church of Christ
- University of Washington
- Valle del Sol
- Wellpath

Appendix HIV-G: Description of Outreach Activities, Ending the HIV Epidemic (EHE) Plan for Maricopa County, AZ

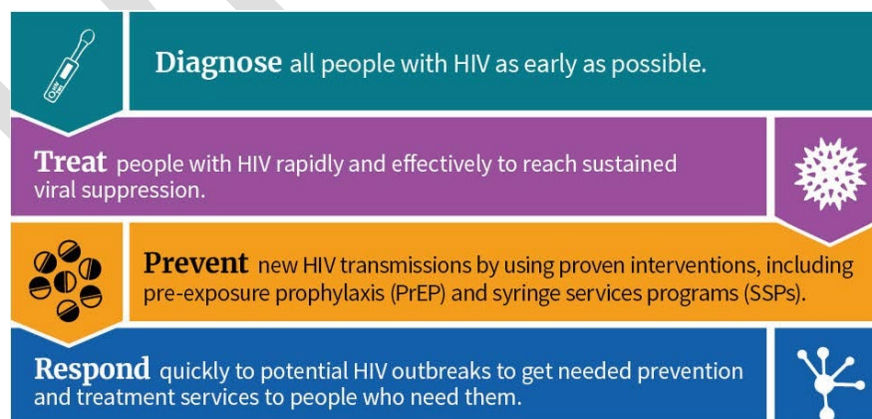
Ending the HIV Epidemic (EHE) Plan for Maricopa County, AZ

Introduction:

The Ending the HIV Epidemic (EHE) plan for Maricopa County, AZ, was built upon the voices of our community members. Although our plan is structured around the four pillars of Diagnose, Treat, Prevent, and Respond, our community members shared many common themes, concerns, and opportunities that did not fall within a particular pillar. These themes, concerns, and opportunities impact all activities within the pillars, and are included in this plan as a recognition of their importance to our work in Maricopa County, and more widely in the state of Arizona.

Additionally, we recognize that the EHE plan is not the only plan for reducing the impacts of HIV in Maricopa County and Arizona. By engaging and communicating with other agencies working on HIV in our county and state, we have enhanced this plan's alignment with the 2017-2021 Integrated HIV Prevention and Care Plan for Arizona (integrated jurisdictional plan – *Victory over HIV*) and the EHE plan created and implemented by the Ryan White Part A Phoenix EMA. We will strive to continue aligning our plans and efforts with the integrated jurisdictional plan, the Ryan White Part A EHE plan, targeted plans created by agencies focusing on certain activities and populations, the City of Phoenix Fast Track Cities priorities, and the EHE activities supported by the Indian Health Service.

The EHE plan for Maricopa County was constructed on the basis of what was learned during community engagement sessions held between April 2019 and October 2020. These sessions included a full-day workshop, 15 in-person unstructured focus groups with a graphic recorder, 16 virtual feedback sessions, 8 virtual wordsmithing sessions, and multiple virtual meetings with the Statewide Advisory Group. This plan has demonstrated the importance of engaging both traditional and new community members, and developing proactive plans for ongoing, sustained engagement across the entire plan development process.



PILLAR	GOALS	STRATEGIES
Pillar 1: Diagnose	<p>Increase integrated testing in Maricopa County by 20% over the next 3 years.</p> <p>Increase HIV testing in Maricopa County using a variety of testing methods.</p>	<ol style="list-style-type: none"> 1. Increase HIV testing, integrated with STD and HCV testing 2. Decrease barriers to HIV testing 3. Increase awareness for HIV testing and diagnosis 4. Increase education options to improve HIV testing 5. Improve partner services outcomes 6. Address determinants that influence client ability to receive and participate in HIV programs
Pillar 2: Treat	<p>Engage 90% of persons diagnosed with HIV in ongoing care and treatment.</p> <p>Reach 90% viral suppression.</p>	<ol style="list-style-type: none"> 1. Improve engagement and linkage to care 2. Overcome barriers to retention in care 3. Strengthen client capacity and confidence to navigate the HIV care system 4. Address determinants that influence client ability to receive and participate in HIV care 5. Build capacity to more effectively use digital and virtual platforms 6. Promote collaboration to leverage/streamline efforts across organizations and agencies
Pillar 3: Prevent	<p>Increase access to PrEP by 20% for priority populations over the next 3 years.</p> <p>Improve drug user health outcomes as related to HIV, STDs, and hepatitis C.</p>	<ol style="list-style-type: none"> 1. Increase access to PrEP services 2. Build system capacity to offer PrEP services 3. Overcome barriers to staying on PrEP 4. Improve awareness of PrEP services 5. Enhance screening and testing services among people living with substance use disorders
Pillar 4: Respond	<p>Increase capacity to identify and investigate active HIV transmission clusters and respond to HIV outbreaks in 1 year.</p>	<ol style="list-style-type: none"> 1. Develop and maintain a jurisdiction wide cluster detection and response plan 2. Increase capacity for rapid detection of active HIV transmission clusters 3. Increase capacity to respond to active HIV transmission clusters and outbreaks 4. Increase public awareness of response plans and activities

References

1. HIV Surveillance Report, 2018 (Updated). (2020, May). Retrieved December 12, 2020, from <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>
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