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## VISION

End the epidemics of HIV, STIs, and hepatitis C and reduce disparities by improving prevention and care.

## CONSIDERATIONS

- ★ Take a syndemic approach
- ★ Recognize intersectionality
- ★ Allow for local adaptation and autonomy
- ★ Encourage and support innovation

## DIAGNOSE

### Goal #1: Improve and expand testing for HIV, hep C, and STIs

#### **Objective #1: Increase the availability of HIV, hep C, and STI testing, with a focus on integrated HIV/STI/hep C testing**

- Increase and expand testing within health care settings outside of HIV/STI/Hep C clinics
- Create more opportunities and mechanisms for routine and opt-out HIV/STI/Hep C testing within health care settings
- Increase non-traditional locations and partners for testing
- Increase sites that offer integrated options for testing, instead of siloed HIV, hep C, and testing
- Provide support to implement best practices for HIV, hep C, and STI testing in healthcare settings
- Increase the hours that testing is available, with a focus on expanding outside of “work” hours
- Expand the ways to receive and conduct a test, and who can perform a test

#### **Objective #2: Improve access to testing for HIV, hep C, and STIs**

- Increase and expand access to free and/or low-cost testing options
- Adjust and expand the location of testing sites to improve access, particularly in underserved areas
- Promote and expand the availability of HIV home test kits
- Promote and pursue innovative options for home collections for testing
- Improve the ease of getting tested by reducing barriers and delays to testing

#### **Objective #3: Increase the utilization of HIV, hep C, and STI testing to improve the percentage of people who know their HIV status and/or receive a STI or hep C diagnosis**

- Increase awareness around HIV, hep C, and STI testing and the benefit of diagnosis/knowledge of status
- Increase the percentage of complete testing profiles to ensure a client who starts the testing process gets a diagnosis
- Increase the percentage of HIV tests done with a status neutral approach, which leads to an “action” after each test
- Educate more doctors and medical care providers to bring them up to speed on all topics that are sexual health, HIV, STI, Hep C and PrEP related
- Increase follow up testing for persons with a negative result but experiencing ongoing exposure or risk
- Increase testing sites offering co-location of sexual health services and resources
- Reduce disparities in the knowledge of status and receipt of diagnosis
- Provide incentives or motivators for people to get tested and know their status/diagnosis

### Goal #2: Decrease stigma for people living with or experiencing risk for HIV, STIs, and hep C

#### **Objective #4: Increase awareness of HIV, STIs, and hep C through social media and marketing**

- Build general awareness about HIV, STIs, and hep C to normalize them
- Develop and implement communications based on the intended audience to achieve

- improved messaging and uptake
- Ensure persons with lived experience are involved in development and implementation of campaigns, surveys, media, etc.
- Ask and support people in the community to share their story with HIV, hep C, or STIs
- Address misinformation and health care mistrust
- Allow for more flexibility in the types of social media & marketing used to build awareness
- Pursue and provide more financial support for social media and marketing efforts

**Objective #5: Increase non-traditional and syndemic partners to improve public awareness of and education about HIV, STIs, and hep C**

- Be more innovative in how we collaborate with and attract non-traditional and syndemic partners
- Reach out to partners that already have relationships with their own clients who we don't have access to
- Utilize community members to provide "boots on the ground" messaging about HIV, STIs, and hep C
- Train frontline staff about HIV, STIs, and hep C at organizations where people with or experiencing risk for HIV, STI, Hep C receive services
- Support and implement more social and support groups, and encourage them to discuss HIV, hep C, and STIs

**Objective #6: Improve HIV/STI partner services outcomes**

- Increase capacity building opportunities and support for entities providing partner services
- Educate more providers on what to do when their patients test positive, especially for HIV, in order to prepare patients for partner services
- Incentivize, educate, and/or encourage the original patient to provide information.
- Leverage lessons learned from COVID-19 contact tracing and case investigations
- Improve timeliness and quality of HIV/STI case investigations
- Increase status neutral messaging used during partner services activities
- Ensure access to expedited partner therapy (EPT)
- Conduct capacity building for the state hep C team to prepare for their own case investigations

# PREVENT

## Goal #1: Reduce new infections of HIV, hep C, and STIs

### Objective #1: Improve and expand PrEP coverage

- Increase equitable access and reduce disparities to PrEP services by making it easier to access
- Build system capacity to offer PrEP services
- Assist clients to overcome barriers to staying on PrEP to improve retention
- Improve awareness of PrEP services, especially among priority populations outside of white MSM
- Consider data projects to better understand PrEP use and impact
- Increase and promote injectable PrEP
- Improve PrEP referral processes following a negative HIV test
- Provide better education about PrEP to address misinformation, misconceptions, and stigma

### Objective #2: Expand access to syringe services programs (SSPs) and harm reduction services

- Increase access by increasing the number and geographic coverage of SSPs and harm reduction services
- Provide capacity building for new and existing SSPs
- Increase awareness, resources, and education to assure drug user health and reduce stigma
- Market and promote that SSPs exist in Arizona
- Build more wrap around services & referrals into SSPs and harm reduction entry points
- Ensure better access to SSPs for priority populations, especially in underserved areas
- Enhance HIV, STI, and hep C testing and prevention services among people who use drugs
- Recognize and address the intersections of substance use and other determinants, including the need for harm reduction approaches at the policy and systems level

### Objective #3: Improve and expand sexual health prevention mechanisms

- Take a sex positive approach to improve how we talk about sex in our training, work, and education
- Improve and expand PEP awareness and use
- Ensure access to condoms
- Provide and promote more education & awareness of U=U for HIV
- Emphasize preventative health in general, which will lead to improved sexual health
- Be innovative and timely in response to emerging sexual health trends
- Increase prevention strategies and sexual health education at all levels and ages, and pursue collaborations with local organizations

## Goal #2: Improve prevention efforts among priority populations

### Objective #4: Reduce preventable cases of perinatal hep c and syphilis among pregnant persons

- Increase accessibility for persons diagnosed with hep C and syphilis to receive proper care/treatment.

## STRATEGY LIST - SEPT 2022

- Build general awareness of STIs/hep C among pregnant or soon-to-be pregnant persons
- Provide additional education for doctors about perinatal hep C and STI burden and risks, and support them to have more effective and non-judgemental discussions with patients
- Ensure that efforts include ALL persons who can get pregnant, not just cis females
- Conduct more targeted testing for hep C, STIs, and HIV among pregnant persons
- Build our partner networks among other agencies that serve pregnant persons
- Build surveillance capacity to track and analyze perinatal hep C

### **Objective #5: Improve collection and use of data to enhance our understanding of who is experiencing risk for HIV, hep C, and STIs**

- Explore how to have our data be more representative of clients' demographic "realities"
- Establish our priority populations based on data
- Improve data quality for new diagnoses of HIV, hep C, and STIs to understand the impact of testing and prevention activities
- Explore and encourage syndemic data projects
- Bring in research specialists & partner with other teams with data access and expertise

### **Objective #6: Reduce disparities in new infections among priority populations**

- Implement prevention strategies that address clients' intersectional risks as a result of their identity, circumstances, and experiences
- Address social and structural determinants of health and co-occurring conditions that impede access to services and exacerbate disparities
- Ensure that representatives and partners from priority populations are involved during plan implementation and monitoring
- Track new diagnoses (HIV, hep C, STIs) by priority populations to set baselines and progress goals
- Recognize the importance of trauma and trauma-informed approaches by taking more holistic approaches to prevention

# TREAT

## Goal #1: Rapidly and effectively link all persons diagnosed with HIV, hep C, or STIs to care/cure

### Objective #1: Improve linkage to care after a new HIV diagnosis or returning to care

- Reduce disparities in linkage to care
- Increase the reach and accessibility of Rapid Start programming, including at non-HIV agencies
- Provide more awareness and education for HIV testing sites to support them in getting persons linked to care
- Improve linkage to care for at-home HIV tests
- Improve re-linkage to care, including a unified definition of who is “out of care” and/or “returning to care”
- Implement more activities/programs to link persons to supportive services, not just medical care & medications
- Increase early intervention services (EIS) efforts
- Educate all participants about HIV care during a new diagnosis to reduce client stress and stigma

### Objective #2: Improve the navigation pathway from hep C diagnosis to cure

- Implement and utilize navigation activities to connect people living with hep C to medical treatment as rapidly as possible
- Support providers by providing education & support around hep C screening & treatment best practices
- Increase the number of providers and primary care settings offering hep C treatment with DAAs (direct acting antivirals)
- Implement clinical services in high-impact and under-served settings to increase access to equitable care
- Implement pathways to community resources for supportive services
- Build a data system to track navigation to treatment and enable analysis & quality improvement
- Address systems-level policies and barriers to hep C treatment, including sobriety restrictions and vaccination requirements

### Objective #3: Improve accessibility and awareness of treatment and navigation options for HIV, hep C, and STIs

- Provide low-barrier access to treatment
- Help clients navigate the costs of treatment (appointments, medications, labs, etc.)
- Conduct more awareness building & coordination to enable clients and staff to know what exists and who can do what
- Encourage and focus on integration of an agency or site’s ability to do “linkage” after they do a test for HIV, STIs or hep C
- Improve screening processes for enrollment and getting persons enrolled into benefits (Ryan White, Medicaid, insurance, etc.)
- Provide syndemic training to more providers on treatment best practices

## Goal #2: Keep all people with HIV in care, and cure all people diagnosed with hep C and STIs

### **Objective #4: Increase the percentage of people with HIV who are virally suppressed**

- Identify, engage, or re-engage people with HIV who are not in care or not virally suppressed
- Increase adherence to HIV treatment to achieve and maintain long-term viral suppression
- Reduce disparities in viral suppression
- Build U=U awareness to encourage persons with HIV to stay virally suppressed
- Provide and promote more options/coverage for medication
- Make it easier to access treatment and attend appointments

### **Objective #5: Increase the percentage of people with HIV who stay in care, and the percentage of people with hep C and STIs who get to cure**

- Improve retention and adherence to care/treatment by addressing social and structural determinants of health that can be barriers to care/cure
- Increase access to treatment by making it more physically accessible
- Track and reduce disparities in who stays in care
- Improve referrals and follow up for behavioral health and mental health services
- Recognize the value of and need for support groups for people with HIV
- Incentivize people getting into and staying in care
- Increase availability of benefits and navigation services
- Promote and support HIV case management services, especially for Ryan White clients

### **Objective #6: Adjust treatment and care systems to be more client-centered**

- Strengthen client capacity and confidence to navigate care systems
- Adjust our systems to “make it easier” to get things done
- Encourage co-location of services to increase the availability of integrated services
- Provide training to providers, case managers, and other agency staff on how to better serve clients
- Build capacity to more effectively use digital and virtual platforms
- Expand peer programs
- Promote collaboration to leverage/streamline efforts across organizations and agencies
- Conduct evaluations of care systems, and implement and monitor data-driven improvements

## RESPOND

### Goal #1: Build capacity for CDR (cluster detection & response) & surveillance

#### **Objective #1: Implement and continue to advance CDR for HIV**

- Develop and maintain a jurisdiction wide HIV cluster detection and response plan
- Increase capacity for rapid detection of active HIV transmission clusters
- Increase capacity to respond to active HIV transmission clusters and outbreaks
- Consider potential for integration of hep C and STIs into CDR efforts

#### **Objective #2: Improve awareness of CDR activities for HIV**

- Improve public awareness of how and why we collect data, and how it is shared and used
- Increase public awareness of CDR plans and activities
- Increase the number and diversity of people trained on and informed about CDR
- Increase the number of partners included in CDR activities
- Educate providers on the value of molecular labs to increase lab submissions

#### **Objective #3: Improve and update surveillance systems and processes for HIV, hep C, and STIs**

- Improve surveillance and epidemiology staff capacity
- Encourage and increase bi-directional communication data
- Strive to provide and disseminate more real-time data for tracking plan progress
- Explore quality metrics for data to guide quality improvement efforts
- Strengthen public health system-level capacity and programming for hep C data and surveillance
- Pursue more syndemic data opportunities among HIV, STIs, hep C, and other conditions

### Goal #2: Strengthen statewide HIV, STI, and hep C prevention & care systems

#### **Objective #4: Enhance our syndemic partner network by strengthening existing partnerships and developing new partnerships**

- Increase collaboration (coordination) and multidisciplinary involvement in HIV, hep C, and STI programming
- Expanding the number and diversity of partners conducting HIV, STI, and hep C prevention and care activities
- Reimagine how we partner with other agencies, and what “partnership” entails
- Integrate programs and planning to address the syndemic of HIV/STIs/Hep C and substance use and mental health disorders

#### **Objective #5: Increase development opportunities for the existing prevention and care workforce**

- Provide adequate and relevant training opportunities
- Improve training content, delivery, and sustainability



- Reduce gaps in the existing workforce's capacity and knowledge by building capacity for implementing best practices for diagnosis, prevention, and treatment
- Provide support for workforce members outside of training and skill building to increase retention and reduce burnout
- Provide agencies with support for training, or encourage them to pursue additional support
- Celebrate and amplify the diversity of our workforce by better supporting underrepresented workforce members
- Conduct an assessment of systems-level forces and provider behaviors to identify training and/or support needs

**Objective #6: Enhance the workforce pipeline for people not yet included in the prevention and care workforce**

- Expand who is reached by and involved with community engagement efforts
- Emphasize the need to treat community members as experts
- Increase the percentage and/or number of new hires with lived experience and/or from priority populations
- Find more successful and impactful mechanisms to include people with lived experience in meaningful and sustainable ways
- Engage, employ, and provide public leadership opportunities at all levels for people with or who experience risk for HIV, hep C, and STIs
- Improve recruiting efforts conducted through educational/academic programs

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## KEY POPULATIONS

The identification of key populations is with a recognition that persons hold complex and intersectional identities.

### Priority Populations

*Who our data shows to be experiencing greater risk*

*Populations who have programs built specifically to address their needs*

1. GBMSM, especially of color
2. Young persons (18-34), especially of color
3. Gender expansive persons
4. People who use or have used substances

### Populations of Interest

*Groups that we know are not being well-served by existing systems*

*Persons experiencing circumstances that may limit their ability to engage in services*

*Groups and identities we want to consider when developing ALL of our programs*

- Housing instability
- History of incarceration
- Persons of color
- Persons of childbearing age and experiencing pregnancy
- Persons who don't speak English
- Tribal populations
- Aging with HIV

## IF WE COULD, WE WOULD

- Advocacy and legislative changes
  - Immigration policy and border agencies (e.g. ICE)
  - Decriminalization of substance use and harm reduction services
- Increasing housing units and housing programs
- Increasing substance use disorder treatment and mental health service availability
- Lobbying for comprehensive sex education and implementing sexual health education for K-12
- Bolder and more explicit messaging from state agencies around sexual health and drug use topics
- Additional funding for harm reduction supplies
- Paying for PrEP medications & paying for supportive services for people on PrEP