

IMPROVEMENT & ACTION PLAN 2024

Arizona HIV/STI/Hep C Integrated Plan



VISION

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

INTRODUCTION TO THE IMPROVEMENT & ACTION PLAN

Each year, the partners and stakeholders of the Arizona 2022-2026 HIV/STI/Hep C Integrated Plan have the opportunity to review up to three plan objectives.

The three objectives are selected based on a statewide evaluation survey, monitoring of the pillar outcomes and objective metrics, and discussions with planning body members and programmatic staff.

During the review, the objectives are discussed by a wide variety of partners, staff members, and clients.

In 2023, two types of updates were identified for the three selected objectives.

- *Improvements* - changes to the original objective or strategy included in the Integrated Plan
- *Actions* - suggestions for changes, focus areas, activities, and partnerships to move an objective closer to its goal

The Integrated Plan team will monitor the Actions throughout 2024, and will share progress during the next improvement cycle in Fall 2024!

Objectives selected for Fall 2023 Review:

Diagnose Goal 2 Objective 4

Increase awareness of HIV, STIs, and hep C through social media, marketing, and other mechanisms

Prevent Goal 2 Objective 6

Reduce disparities in new HIV, STI, and hep C transmissions among priority populations

Respond Goal 2 Objective 5

Increase development opportunities for the existing HIV/STI/hep C prevention and care workforce

Contact: HIVIntegratedPlan@azdhs.gov
Webpage: hivaz.org/the-arizona-2022-2026-hiv-sti-hep-c-integrated-plan/

Increase awareness of HIV, STIs, and hep C through social media, marketing, and other mechanisms



A. Build general awareness about HIV, STIs, and hep C to normalize them

ACTIONS:

- Support awareness efforts to be more “general”
 - Include all populations in our efforts, not just those that are typically targeted by HIV, STI, and hepatitis C efforts
- When we provide services for one piece, consider adjusting to integrated approaches instead!
 - More integrated HIV/STI/hepatitis C testing
 - More co-located services
 - More awareness messages that look at holistic sexual health

B. Develop and implement communications based on the intended audience to achieve improved messaging and uptake

No actions or improvements suggested.

C. Ensure and support persons with lived experience to be involved in development and implementation of campaigns, surveys, media, etc.

No actions or improvements suggested.

D. Ask and support people in the community to share their story with HIV, STIs, or hep C

ACTIONS:

- Better utilize the resources we have by amplifying them, more intentionally using them, and building awareness of them
 - Positively You ambassadors
 - Voices of Hope Speaker’s Bureau
 - ADHS Hepatitis C newsletter stories
- Consider tracking how many people share their stories via our existing and emerging programs

Increase awareness of HIV, STIs, and hep C through social media, marketing, and other mechanisms



E. Address misinformation and health care mistrust

ACTIONS:

- Encourage enhanced training of our medical providers and healthcare teams
 - DISH-AZ team is enhancing services for educating on gender affirming care and people who use substances
 - ADHS will consider a CME training focused on interacting with clients
 - ADHS OHHS training team is planning to host an anti-racism and social justice webinar
 - Sonoran Prevention Works (SPW) offers robust harm reduction training
 - PAETC-AZ may offer training events on sex positivity
- Utilize events such as the HIV/STI/Hep C Symposium and the PAETC-AZ Clinical Update to discuss these topics
 - Focus on implementation of these concepts for providers

F. Allow for more flexibility in the types of social media and marketing used to build awareness

No actions or improvements suggested.

G. Pursue and provide more financial support for social media and marketing efforts

IMPROVEMENT:

Pursue funding and provide more support for awareness, social media, and marketing efforts

ACTIONS:

- Encourage agencies to collaborate and share funding streams
- Due to funding restrictions, ADHS can instead focus on providing materials and messages
 - Ex: a package or suite of materials with consistent messaging that can be tailored to agencies or audiences by programs that CAN do these activities
 - Ensure that any package about HIV also includes hepatitis C and STIs, and vice versa
 - Focus packages on themes and messages, and leave the “branding” to the programs/agencies
- Support programs to identify “trusted messengers” to share messages
 - Note that this may be different for every community and every message!

Reduce disparities in new HIV, STI, and hep C transmissions among priority populations



A. Implement prevention strategies that address clients' intersectional risks as a result of their identities, circumstances, and experiences

No action or improvement requested.

B. Address social and structural determinants of health and co-occurring conditions that impede access to services and exacerbate disparities

ACTIONS:

- We need to highlight certain determinants that are a major issue for our clients, and encourage agencies to develop action plans or special projects to target them:
 - Housing
 - Mental health
 - Substance use
 - Transportation
 - Medication access
 - Food insecurity
- Consider better ways to track determinants among our prevention programs
 - Note: most prevention programs do not have allocated funding to address determinants, unlike the Ryan White HIV/AIDS Program
 - Example: EMR enhancements to better track social determinants & support for agencies to implement/utilize this
 - Tracking these pieces helps to identify gaps and lead to linkages/resources
 - Consider ways to track the follow through & next steps
- Build awareness of status neutral local resources available to ALL clients
- Encourage ways to enhance the programmatic support for tracking determinants and providing linkages to resources
 - Social workers, navigators, care coordinators, etc.

C. Ensure that representatives and partners from priority populations are involved during plan implementation and monitoring

ACTIONS:

- Work with partners to find metrics to better track this effort and ensure accountability

Reduce disparities in new HIV, STI, and hep C transmissions among priority populations



D. Track new diagnoses (HIV, STIs, hep C) by priority populations to set baselines, identify trends, and monitor progress goals

ACTIONS:

- Build awareness of the data that is publicly available to statewide partners!
 - HIV Surveillance dashboard
 - HIV Surveillance annual reports
 - STI Control dashboard and reports
 - STI Control syphilis dashboard
 - Hepatitis C statistics
 - ADHS Data Request form
- Work with the ADHS HIV Surveillance team to gather input on how to develop future annual reports and publicly shared data
- Continue to present “State of the State” annual data at the AZ HIV/STI/Hep C Integrated Symposium
- Include data in annual Integrated Plan metrics & monitoring report

E. Recognize the importance of trauma and trauma-informed approaches by taking more holistic approaches to prevention

ACTIONS:

- Build awareness of the data that is publicly available to statewide partners!

F. Develop communication strategies to proactively prevent additional stigma

IMPROVEMENT:

Develop intentional and targeted communication strategies for priority populations to proactively prevent additional or unintended stigma

ACTIONS:

- Apply lessons learned from successful efforts, such as Positively You, to new efforts
- Ensure that materials are in the languages spoken and read by the intended audience
- Improve accessibility of materials and communication efforts
 - Better color choices for people who are colorblind
 - Improved accessibility on webpages for people with vision limitations
 - Offer closed captioning or interpretation services
- Expand the ADHS HIV Prevention Materials Review Committee (MRC) to ensure accessibility is reflected in all materials

RESPOND
OBJECTIVE
5

Increase development opportunities for the existing HIV/STI/hep C prevention and care workforce



A. Provide adequate and relevant training opportunities and resources

No action or improvement requested

B. Improve training content, delivery, and sustainability

ACTIONS:

- Consider new modalities, such as self-paced modules or pre-recorded courses
 - Gather information and input on whether these “work” for our audience

C. Reduce gaps in the existing workforce's capacity and knowledge by building capacity for implementing best practices for HIV/STI/hep C diagnosis, prevention, and treatment

ACTIONS:

- Connect more healthcare providers and teams to DISH-AZ for targeted support
- Continue to host webinars on emerging topics, such as mpox and DoxyPEP for STIs
- Connect more healthcare providers and teams to hepatitis C treatment resources
 - Examples: HepFree AZ, Project ECHO
- Support Community Health Worker (CHW) programs and expansions
 - Offer training to existing CHWs about HIV, hepatitis C, and STIs
- Ensure that training events take an integrated approach
 - Example: integrated HIV/STI/hepatitis C testing training events
- Consider training platforms and modalities that check knowledge, track progress, and evaluate what they have learned and implemented
 - Example: Learning Management Systems
- Consider a consolidated training or events platform or listserv

D. Provide support for workforce members outside of training and skill building to increase retention and reduce burnout

ACTIONS:

- Provide resiliency training
- Support agencies to address staff retention and staff churn

RESPOND
OBJECTIVE
5

Increase development opportunities for the existing HIV/STI/hep C prevention and care workforce



E. Provide agencies with support for training, or encourage them to pursue additional support

No action or improvement requested

F. Celebrate and amplify the diversity of our workforce by better supporting underrepresented workforce members

ACTIONS:

- Utilize ADHS Ending the Epidemics (ETE) team as a connector between programs with ideas and potential funding sources
- Consider new ideas:
 - Mentorship programs
 - Peer-to-peer support
 - Targeted training opportunities
 - Professional development opportunities
- Better track the participation and inclusion of underrepresented workforce members in programs such as Leadership Academy
 - Review whether participation allows for greater equity in who is trained to become a leader
- Host conversations to gather ideas on how to better engage and celebrate underrepresented workforce members

G. Conduct an assessment of systems-level forces and provider behaviors to identify training and/or support needs

No action or improvement requested

H. Encourage and provide resources for agencies to train on and implement trauma-informed supervision and cultural humility

ACTIONS:

NOTE: this has been highlighted as an important strategy to continue

- ADHS Ending the Epidemics (ETE) team will host additional cultural humility training events in 2024

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