Ending the HIV Epidemic

Maricopa County, AZ

December 2020

Prepared by the Arizona Department of Health Services' HIV Prevention Program and the Ryan White Part B Care and Services Program

Table of Contents

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 throughout the state, we have enhanced this plan's alignment with the ***2017-2021 Integrated HIV Prevention and Care Plan for Arizona*** 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 statewide integrated 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.

EHE Pillars

Ending the HIV Epidemic (EHE) is a federal initiative in the US, based on scaling up four science-based strategies: diagnose, treat, prevent, and respond. Our plan to end the HIV epidemic in Maricopa County focuses on these four EHE pillars.

Pillar 1: Diagnose
Pillar 2: Treat
Pillar 3: Prevent
Pillar 4: Respond

PILLAR ONE: DIAGNOSE

Goals

- ✓ **Increase integrated testing in Maricopa County by 20% over the next 3 years.**
- ✓ **Increase HIV testing in Maricopa County using a variety of testing methods.**

Key Strategies:

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

Outcome Indicators:

- # newly identified persons with HIV
- # HIV tests conducted (overall and by priority populations)
- # integrated tests conducted
- # people trained
- # agencies offering HIV testing
- # "hits" from media campaign
- % of persons newly diagnosed with HIV receiving partner services

PILLAR TWO: TREAT

Goals

- ✓ **Engage 90% of persons diagnosed with HIV in ongoing care and treatment.**
- ✓ **Reach 90% viral suppression.**

Key Strategies:

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

Outcome Indicators:

- % individuals with a new HIV diagnosis linked to care within 5 days
- % clients retained in care
- % clients achieving viral suppression
- # clients screened for and linked to supportive services
- # individuals identified as not in care who are returned to care
- # people trained
- # agencies providing Rapid Start
- # agencies/providers utilizing telehealth or online platforms

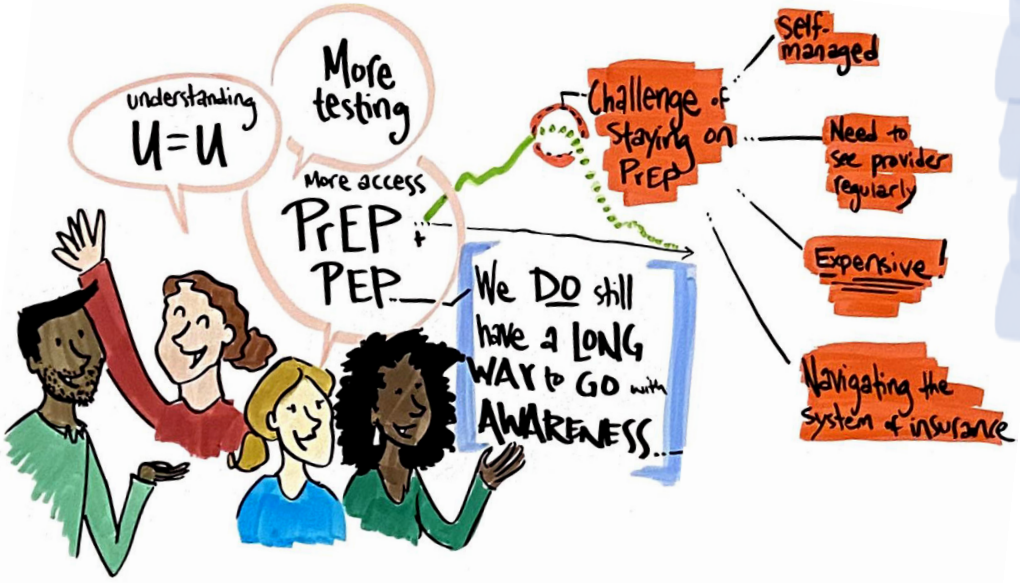
PILLAR THREE: PREVENT

Goals

- ✓ **Increase access to PrEP by 20% for priority populations over the next 3 years.**
- ✓ **Improve drug user health outcomes as related to HIV, STDs, and hepatitis C.**

Key Strategies:

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 services among people who use drugs



Outcome Indicators:

- % individuals with a negative HIV test who are referred for PrEP
- # PrEP prescriptions
- % PrEP clients retained on PrEP
- % PrEP-eligible individuals who are on PrEP (overall, and by priority populations)
- # PrEP providers
- # people trained
- # "hits" from media campaign
- # clients referred and linked to substance use and harm reduction services
- # HIV/STD/HCV tests provided within programs for people who use drugs
- # clients tested at programs for people who use drugs who are linked to HIV care

Pillar Four: RESPOND

Goal

✓ **Increase capacity to identify and investigate active HIV transmission clusters and respond to HIV outbreaks in 1 year.**

Outcome Indicators:

- # clusters identified
- # active clusters responded to
- # stakeholders engaged in plan development
- # people trained

Key Strategies:

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 public awareness of response plans and activities
4. Increase capacity to respond to active HIV transmission clusters and outbreaks

Themes, Concerns, and Opportunities

The following themes, concerns, and opportunities are those that our community members consider critical to our work to end the HIV epidemic in Maricopa County.

The COVID-19 Pandemic

The impact of COVID-19 on HIV prevention and care services, and on individuals both at-risk and living with HIV, has been unprecedented. **As COVID-19 continues to disrupt services and pose challenges to the physical, mental, social, and economic wellbeing of Arizonans, we must continue to adapt our expectations and priorities.** We will remain flexible, and allow our service providers the space to adjust their work to best meet their needs and the needs of their clients.

Although current data suggests that people living with HIV who are virally suppressed are not at elevated risk for COVID-19 or its complications, we must recognize the fear of COVID-19 among those living with HIV, and the trauma caused by COVID-19's similarities to the HIV epidemic during the last decades of the 20th century.

Although COVID-19 has caused immeasurable harm, it has also highlighted opportunities, such as increased acceptance and use of telehealth, increased and improved community awareness of contact tracing, and a willingness to deviate from the status quo and be innovative.

Importance of Recognizing and Addressing Racism and Trauma

The events of 2020 have pulled back the curtain on the long-standing inequities experienced by people of color. In our actions and in our words, we will vocalize the need to combat racism and for infusing our work with the tenets of social justice, and the need to understand and address the trauma experienced both by communities and by individuals.

Anti-racism must be woven into all facets of our work, and we must be action-oriented to not just recognize the impact and existence of racism, but to do better to address and combat it. We recognize that this work will not happen overnight, and we do not pretend to know how to solve these ongoing challenges.

We are committing to ongoing conversation that spurs action, and to involving a wider, more diverse, and more representative set of communities and individuals in our engagement, planning, and implementation efforts to ensure that we raise the voices of those who experience racism and trauma. Only by raising these voices will we have the lived experience and personal expertise to craft more concrete and community-based actions.

General Workforce Development Strategies

Workforce development is built into each of the four pillars of this plan. Overall, **we aim to keep our focus on developing the skills of people within our communities in order to strengthen our current workforce, while also ensuring that our future workforce is well-equipped** to serve our communities while also being more representative of those that they serve. Professional development opportunities may include programs such as leadership training, skills building training, paid internships, outreach positions, and programs that specifically target individuals who are living with HIV, at risk for HIV, and/or members of communities disproportionately affected by HIV.

Additionally, we want to continue enhancing our ability to conduct workforce development through virtual platforms and distance learning mechanisms. We will continue leveraging our statewide resources for training while also looking to learn from and leverage what is happening in other jurisdictions.

Ongoing Community Engagement Efforts

The process of developing 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. Our five focus areas for community engagement are explained in detail in the Community Engagement section.

Intersectionality

When we target our actions and attention to certain population groups, **we must recognize the impact of intersectionality.** When we recognize that people have many intersecting identities, we can be more intentional to ensure that our programs are not painting people into a singular and simplified "box" based on just one aspect of their identity.

Our identities can compound protection, but they can also compound risk. **Better recognizing and addressing intersectionality will help our programs to reflect the complexity of identity,** and allow us to develop better programs that improve outcomes for our partners, clients, and wider communities.

Need for New Voices and Strengthening Voices

Although our community engagement efforts to develop this plan were successful in reaching and including many individuals who had not participated in HIV planning efforts before, they also reinforced that **we must continue to improve our outreach and engagement.** We must intentionally bring people to the table who can speak to their own communities. We must intentionally raise the voices of those who can speak to racism, discrimination, social justice, trauma, and the social determinants of health.

To better identify and engage new voices, and to strengthen their participation, we recognize that we cannot just invite

people to our existing table. We must adapt our systems and approaches to bring our systems to them, and to build new tables when our existing ones do not support equal and representative participation.

Prioritized Populations

Within each pillar, **certain strategies and activities call out particular priority populations.** In addition, there are a handful of priority population groups that we will intentionally consider throughout our work.

Prioritized populations include, but are not limited to:

- Gay and bisexual men of color, especially young gay and bisexual men of color
- Transgender, gender non-conforming, and non-binary individuals
- Latinx/Hispanic community
- Black/African American community, including Black/African American women
- Youth (aged 18 to 30 years old)
- Native Americans/American Indians, including tribes, reservations, and Urban Indians
- Individuals who use drugs
- Individuals experiencing economic instability and/or housing instability
- Persons who are foreign born, regardless of where they are diagnosed

INNOVATION

During COVID-19, Maricopa County has had incredible success with scaling up its existing home testing program with HIV home test kits. Setting up a pilot home testing program in 2017, long before the emergence of the COVID-19 pandemic, is an example of how taking bold action allows our county, and our state, to benefit from innovative and forward-thinking approaches.

We will strive to continue supporting our partners and communities to be bold, and to implement and adopt innovative ideas and strategies to improve the future landscape of HIV for all Arizonans. There are promising new long-acting medications, alternative formulations for pre-exposure prophylaxis (PrEP), mechanisms for engagement, and strategies for reducing inequality among priority populations. We will prepare for what is to come and take proactive steps to push Maricopa County into the 2020s and beyond.

Community Engagement

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.

Moving forward, our jurisdiction will focus on five core aspects to ensure our community engagement continues to be productive, representative, and impactful.

1. We will strive to expand who is reached by and involved with community engagement efforts by:

- Prioritizing populations that have been overlooked or excluded from past efforts
- Using community gatekeepers/influencers and current members of planning groups to engage people or populations that have not previously been involved
- Exploring using providers to recruit clients for engagement efforts
- Improving who is reached by surveys, needs assessments, etc.
- Conducting a gap analysis to see which agencies and planning bodies are engaging which communities, and which communities are being left out
- Being intentional about the barriers to engagement BEFORE beginning community engagement efforts, and then addressing identified barriers

2. We will widen the ways that community members can be engaged in community engagement efforts by:

- Providing ways for people to be engaged in less structured ways, and varying the available levels of engagement and participation
- Creating ways for people to engage that do not require an up-front, long-term commitment
- Considering smaller and more frequent symposium/conferences/trainings
- Being intentional about different strategies to use for youth engagement

3. We will emphasize the need to treat community members as experts by:

- Incentivizing and compensating participation in engagement
- Providing ongoing engagement instead of one-off events
- Ensuring that engagement happens throughout processes by creating ongoing feedback loops that include engagement at all steps instead of just as a formality at the beginning and end of a project
- Providing ways for community members to learn or personally develop through their participation, in order to ensure that they benefit from the processes of engagement
- Re-envisioning what it means to be “qualified” to conduct outreach and engagement work, and to see experience as a qualification instead of just formal education/training

4. We will focus on better using peers and clients as leaders within their own communities by:

- Improving the representation of communities impacted by and at-risk for HIV in planning groups, including people living with HIV and people on PrEP
- Better preparing and recruiting people to join planning groups, including teaching peers and clients the skills they need to join planning bodies and take on leadership roles
- Teaching people how to communicate with planning groups and agencies, and how to elevate concerns and interests to the right channels
- Creating active opportunities for peers and clients to be involved and represent their communities
- Employing "facilitation rotation" to give peers and clients opportunities to lead their own groups and develop their skills as leaders
- Considering the development of a Speaker's Bureau to give peers and clients the training and opportunity to share their stories
- Using peers and clients as social influencers to bring additional people "to the table" for engagement
- Learning from peers and clients about how to better engage their communities
- Giving peers and clients the tools they need to build peer networks for outreach, education, and engagement on their own

5. We will improve our use of virtual platforms to engage with community members and to conduct community engagement efforts by:

- Using technology and social media for sharing and learning
- Exploring new platforms to allow people to share their feedback and experiences
- Exploring virtual ways to conduct engagement, especially in the context of COVID-19
- Recognizing and addressing that using technology for engagement creates barriers for certain populations (e.g., unstably housed, low-income, without access to internet)

COMMUNITY ENGAGEMENT PROCESS TO DEVELOP THE EHE PLAN

Community engagement for the EHE plan began in April of 2019 with the Annual HIV Symposium, with participants from Maricopa County holding a full-day discussion on EHE topics.

In February and March 2020, 15 unstructured engagement sessions were held, each focusing on either a population or a topic of interest. Recruitment focused on HIV prevention and care clients, people living with HIV, community members, planning group members, and providers serving priority populations and areas. During each session, a graphic recorder used a large canvas board to draw the main themes of the conversation while participants spoke.

Future engagement sessions will include populations not adequately engaged during these focus groups, including Native American/ American Indian populations and people who use drugs.

During 2020, Statewide Advisory Group (SWAG) meetings focused on the EHE plan's development, and allowed for ongoing engagement with and feedback from the SWAG members. During Summer 2020, 16 virtual webinars were held to gather input on draft plan strategies compiled from the information gathered in the February and March 2020 community engagement sessions. This created an iterative process to revisit the information collected from the previous engagement sessions, and ensured that engagement was an ongoing process instead of a one-off event.

The input from the Summer 2020 sessions was used to continue drafting the EHE plan, and 8 additional webinars were held in October 2020 for discussion and refinement of the plan. The full draft plan was presented to SWAG members in late October 2020, and, following further discussion and refinement, concurrence was sought from SWAG in November 2020.

PROPOSED PROCESSES TO MONITOR AND UPDATE THE EHE PLAN

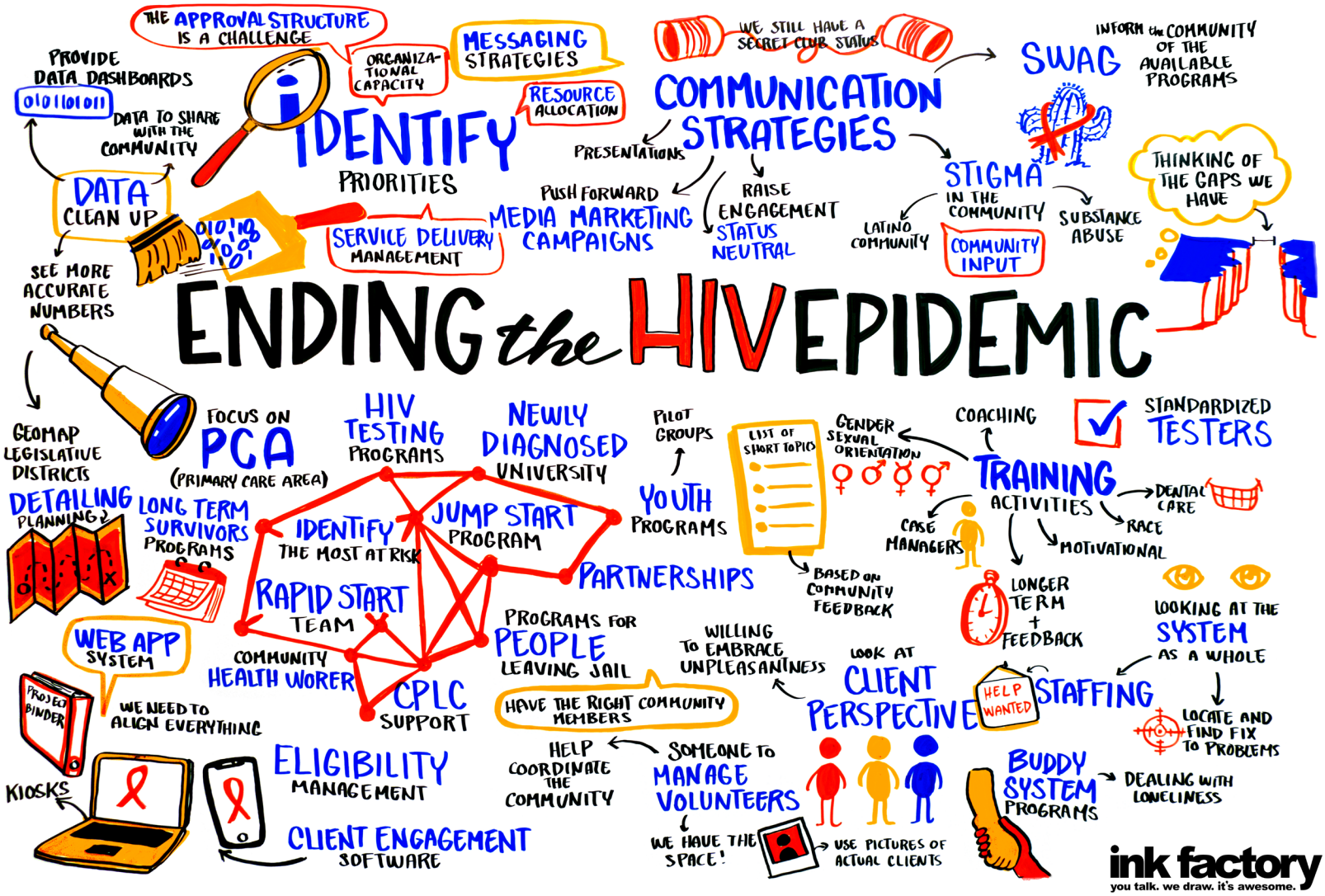
Following submission of the plan in December 2020, community engagement will continue in order to monitor implementation and adjust the plan as needed with regards to new technology or medications, new funding or shifting priorities, or a changing environment like the one created by the COVID-19 pandemic.

Groups that have been involved in the plan development process will continue to be engaged during plan implementation, and additional stakeholders who have been identified as unrepresented or underrepresented in the development phase will be sought out as well. The aim of the next phase of community engagement will be to ensure that plan implementation is aligned with the feedback provided during the development phase, and that the plan remains a living document that is responsive to ongoing changes.

Starting in 2021, the Statewide Advisory Group (SWAG) will receive updates on the EHE plan at least once per year, and SWAG members will be encouraged to provide input, share feedback, request changes, and ask questions during these updates.

Additionally, the plan will be available on the ADHS website, and will include an option to submit feedback.

Through these processes, feedback will be continually gathered, reviewed, and incorporated into the plan's ongoing updates.



For additional information on the EHE plan and opportunities for ongoing community engagement and input, please contact Deborah Reardon-Maynard at **Deborah.Reardon@azdhs.gov** or **(602) 364-3599**

Graphics included in this report were created by **Ink Factory** and by **Karina Branson - Conversketch.com** during focus groups held in February and March 2020