

# FAST-TRACK CITIES PLAN

## MISSION:

To strengthen HIV programs and leverage resources in order to end AIDS by 2030.





# TABLE OF CONTENTS



01	Paris Declaration
03	Executive Summary
04	Phoenix Continuum of Care
05	Getting Phoenix to 90-90-90-0
06	Overview: HIV Incidence in Phoenix 2016
09	Recommendations
10	Knowing Your Status Goals
14	Virally Supressed Goals
19	Zero Stigma Goals
22	Ad Hoc Members

## PARIS DECLARATION

We stand at a defining moment in the AIDS response. Thanks to scientific breakthroughs, community activism and political commitment to shared goals, we have a real opportunity to end the AIDS epidemic globally by 2030. Cities have long been at the forefront of responding to AIDS. Cities now are uniquely positioned to lead Fast-Track action towards achieving the 90-90-90 targets by 2020: 90% of people living with HIV knowing their HIV status; 90% of people who know their HIV-positive status on treatment; and 90% of people on treatment with suppressed viral loads.

We can stop all new HIV infections and avert AIDS-related deaths, including deaths caused by tuberculosis. We can end stigma and discrimination. Every person in our cities must have access to life-saving HIV and tuberculosis prevention, treatment, care and support services.

Working together, cities can take local actions for global impact. Leveraging our reach, infrastructure and human capacity, cities will build a more equitable, inclusive, prosperous and sustainable future for all of our residents-regardless of gender, age, social and economic status or sexual orientation.

## WE, THE MAYORS, COMMIT TO:

1

### End the AIDS epidemic in cities by 2030

We commit to achieve the 90-90-90 HIV treatment targets by 2020, which will rapidly reduce new HIV infections and AIDS-related deaths-including from tuberculosis-and put us on the Fast-Track to ending AIDS by 2030. We commit to provide sustained access to testing, treatment, and prevention services. We will end stigma and discrimination.

2

### Put people at the centre of everything we do

We will focus, especially on people who are vulnerable and marginalized. We will respect human rights and leave no one behind. We will act locally and in partnership with our communities to galvanize global support for healthy and resilient societies and for sustainable development.

3

### Address the causes of risk, vulnerability and transmission

We will use all means including municipal ordinances and other tools to address factors that make people vulnerable to HIV, and other diseases. We will work closely with communities, service providers, law enforcement and other partners, and with marginalized and vulnerable populations including slum dwellers, displaced people, young women, sex workers, people who use drugs, migrants, men who have sex with men and transgender people to build and foster tolerance.

4

### Use our AIDS response for positive social transformation

Our leadership will leverage innovative social transformation to build societies that are equitable, inclusive, responsive, resilient and sustainable. We will integrate health and social programmes to improve the delivery of services including HIV, tuberculosis and other diseases. We will use advances in science, technology and communication to drive this agenda.

5

### Build and accelerate an appropriate response to local needs

We will develop and promote services that are innovative, safe, accessible, equitable and free of stigma and discrimination. We will encourage and foster community leadership and engagement to build demand and to deliver services responsive to local needs.

6

### Mobilize resources for integrated public health and development

Investing in the AIDS response together, with a strong commitment to public health, is a sound investment in the future of our cities that fosters productivity, shared prosperity and well-being. We will adapt our city plans and resources for a Fast-Tracked response. We will develop innovative funding and mobilize additional resources and strategies to end the AIDS epidemic by 2030.

7

### Unite as leaders

We commit to develop an action plan and join with a network of cities to make this Declaration a reality. Working in broad consultation with everyone concerned, we will regularly measure our results and adjust our responses to be faster, smarter and more effective. We will support other cities and share our experiences, knowledge and data about what works and what can be improved. We will report annually on our progress.

City Phoenix  
Signature Greg Stanton  
Date 11/29/2016

Anne Hidalgo  
Anne HIDALGO  
Mayor of Paris

Michèle Sidibé  
Michèle SIDIBÉ  
UNAIDS

Joan Clos  
Joan CLOS  
UN-Habitat

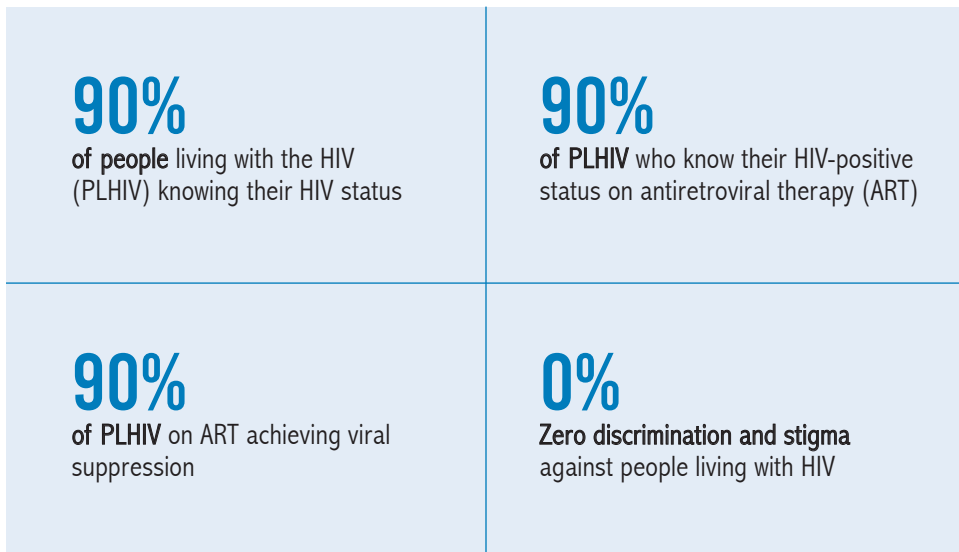
José M. Zuniga  
José M. ZUNIGA  
IAPAC

## EXECUTIVE SUMMARY

The Fast-Track Cities Initiative (FTCI) is a global partnership between the City of Paris, Joint United Nations Program on HIV/AIDS (UNAIDS), United Nations Human Settlement Program (UN-Habitat), and the International Association of Providers of AIDS Care (IAPAC), in collaboration with the local, national, regional and international partners and stakeholders.

On October 25, 2016, Phoenix Mayor Greg Stanton and the Phoenix City Council authorized the City of Phoenix to join the Fast-Track Cities Initiative. Mayor Stanton appointed Vice-Mayor Laura Pastor and Councilman Daniel Valenzuela to co-chair the initiative. The Mayor appointed a diverse 23-member Ad-Hoc Committee representing people living with HIV, medical providers, community-based organizations, local HIV advocacy groups, and government departments in the HIV field.

There are currently 11 Fast-Track Cities in North America, 10 of which are in the United States. Fast-Track Cities work towards ending AIDS as a public health threat by 2030 by building upon, strengthening and leveraging exciting HIV-related programs and resources. Fast-Track Cities agree to achieve the following 90-90-9-0 targets by 2020.



The initiative is framed around a five-element implementation plan, supported by IAPAC, which addresses key aspects necessary for a robust citywide AIDS response that promotes continuum of care of HIV diagnosis to viral suppression:

1. Process and Oversight
2. Monitoring and Evaluation
3. Program and Interventions
4. Communications
5. Resource Mobilization

The Ad Hoc Committee has established strong partnerships with the Arizona Department of Health Services, Maricopa Ryan White Part A Program, City of Phoenix programs, and a coalition of community-based organizations. Each entity has pledged resources to support the Fast-Track Cities initiative. Several members of the Ad Hoc Committee are also members of the HIV Statewide Advisory Group, and/or the Phoenix EMA Ryan White Planning Council.

## THE PHOENIX CONTINUUM OF CARE

In 2015, Arizona ranked 15th among the 50 states in the number of HIV diagnoses. The most recent continuum of care for Phoenix was completed using 2015 data.

Of the 8,411 people living with HIV in the city (diagnosed+unaware), 7,314 (86%) people were aware of their HIV status, 4,679 (64%) were linked to care, 3,751 (51%) were retained HIV in care, 3,718 (51%) were on HIV antiretroviral therapy, and 3,657 (50%) were virally suppressed.

## PERCENT OF PEOPLE WITH HIV LIVING IN PHOENIX



Viral suppression reduces the risk of a person passing HIV on to someone else to less than five percent. National research suggests that for every person living with HIV who is virally suppressed, an average of three to five new HIV infections is avoided.

A variety of factors keep people from entering and engaging in care, and becoming virally suppressed. These can include external barriers, such as a lack of transportation, stable housing or food, or real or perceived stigma and discrimination. Internalized issues, such as fear of healthcare, depression, or substance use, may keep people living with HIV from addressing their HIV needs. More importantly, it hinders them living their lives to the fullest.

## ACHIEVING THE GOALS OF THE FAST-TRACK CITIES INITIATIVE

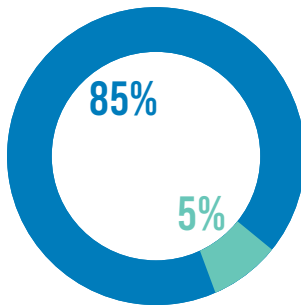
In order to achieve the goals of the Fast-Track Cities Initiative, the number of people who are aware of their status will need to increase an additional 5%. The number of people living with HIV who are on HIV medications will need to increase 39%, and the number of people virally suppressed will need to increase 40%.

---

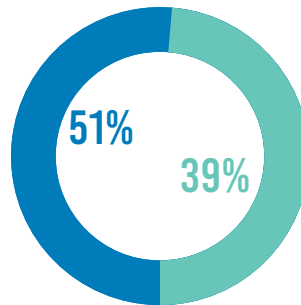
## GETTING PHOENIX TO 90-90-90-0

---

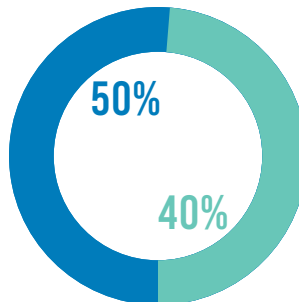
**AWARE  
(DIAGNOSED)**



**ON  
HIV MEDS**



**VIRALLY  
SUPPRESSED**



- Existing Progress toward meeting Fast-Track Cities goals (2015 data)
- Increase needed to achieve these goals



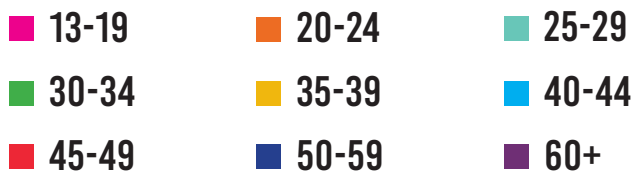
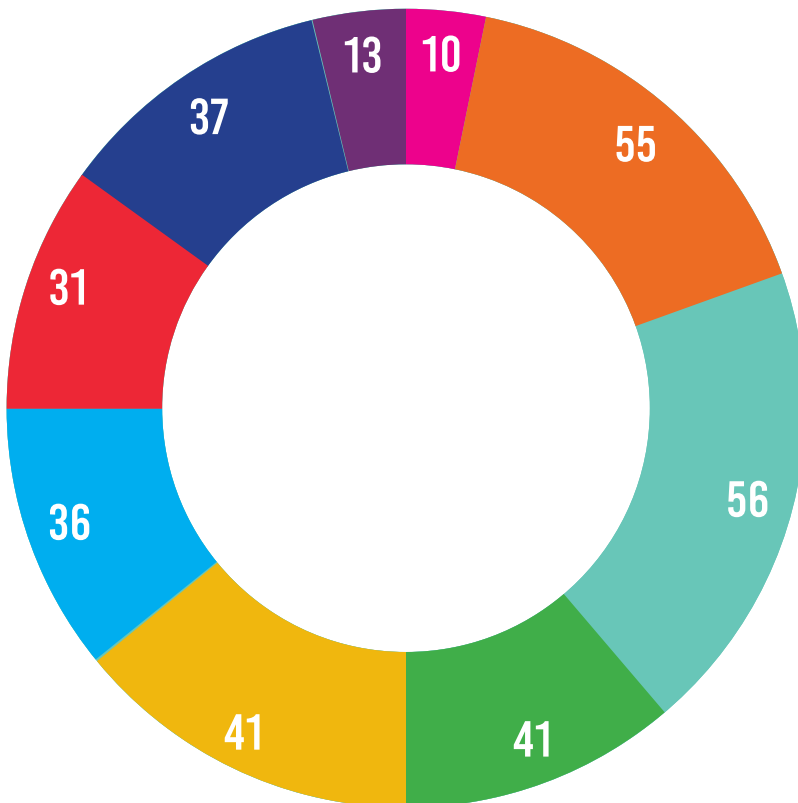
## Overview: HIV INCIDENCE IN PHOENIX, 2016

The population of Phoenix is 1,563,025, which makes it the fifth largest city in the United States. In 2016, 17,464 Arizonans were living with HIV/AIDS. Of the 780 new cases of HIV in the state, 320 (41%) were identified in metro Phoenix.

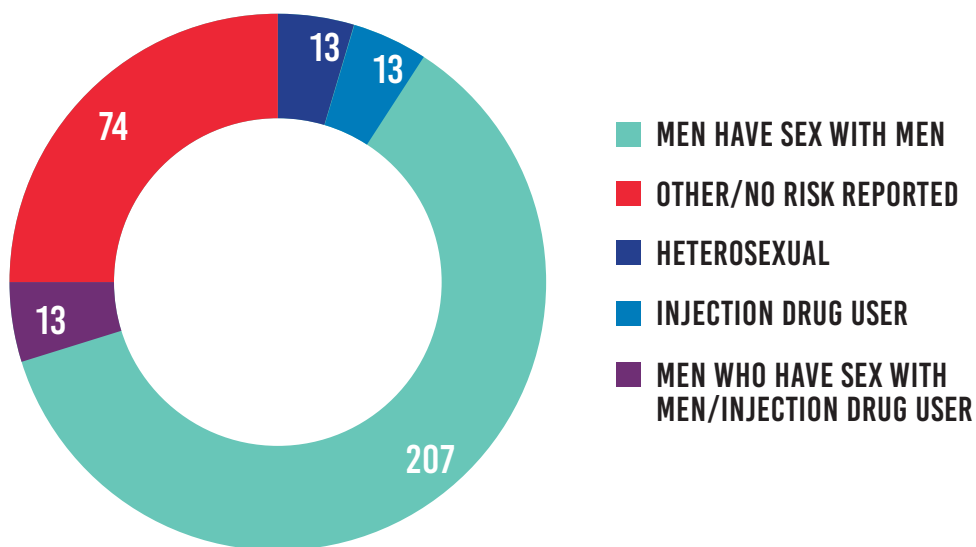
## INCIDENCE BY GENDER



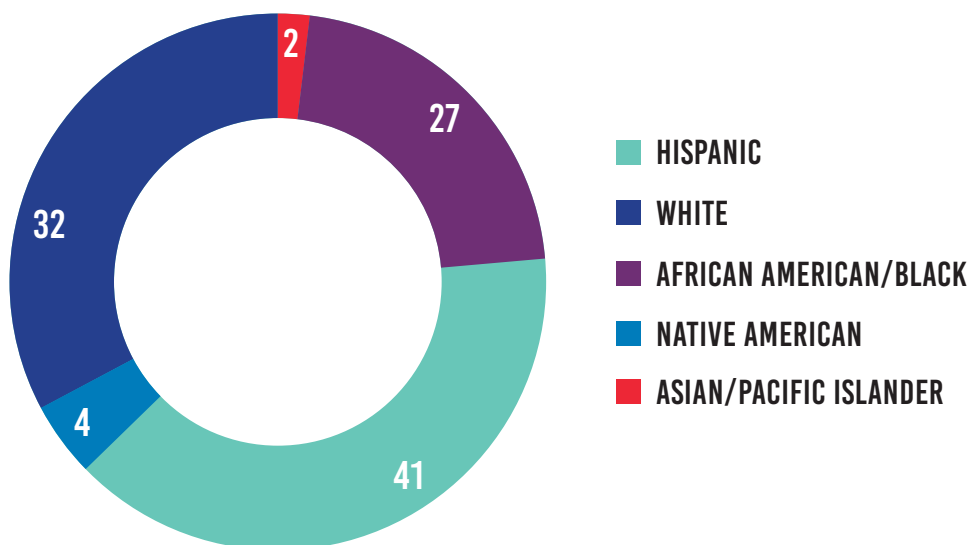
## INCIDENCE BY AGE



## INCIDENCE BY RISK FACTOR



## INCIDENCE BY RACE

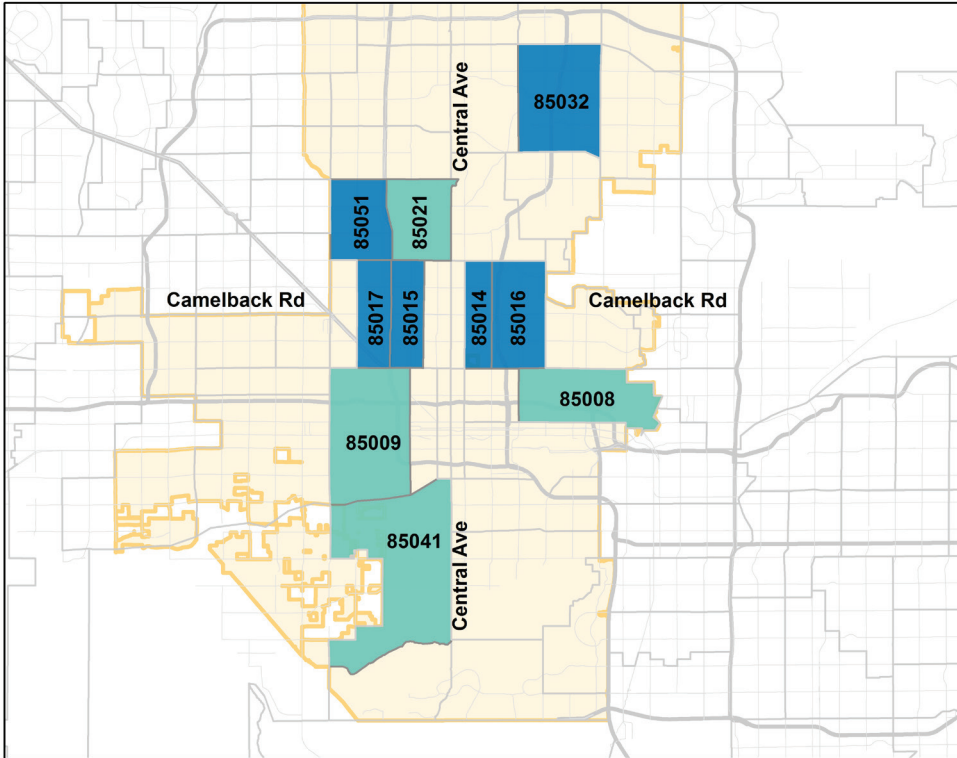


### DATA HIGHLIGHTS

- 35% (111) of all new HIV cases were aged 20 to 29. Of all cases in this age range, 53% (59) were Hispanic.
- Men who have Sex with Men are most at-risk for acquiring HIV, representing 65% of all new HIV cases in 2016.
- 41% of all new HIV cases were Hispanic.
- Among African/Americans, approximately 30% (14) of new HIV cases were women, compared to about 16% for Asian/Pacific Islanders, 8% for Hispanics, 20% for Native Americans, and 13% for Whites.

## GEOGRAPHIC LOCATION

In 2016, 48% (153) of newly diagnosed people in Phoenix lived in one of ten zip codes.



ZIP CODE	TOTAL	PERCENT	ZIP CODE	TOTAL	PERCENT
85016	23	7%	85032	13	4%
85008	22	7%	85041	12	4%
85015	17	5%	85017	12	4%
85021	16	5%	85009	12	4%
85014	14	4%	85051	12	4%

## RECOMMENDATIONS

The Ad Hoc Committee will develop and promote services that are innovative, safe, accessible, equitable, and free of stigma and discrimination. They will encourage and foster community leadership and engagement to build demand and deliver services.

The three focus areas are:

People living with HIV who know their status

1

People who know they are HIV-positive are on antiretroviral therapy (ART) and achieving viral suppression

2

Zero discrimination and stigma

3





# GOALS AND ACTION STEPS

## WORKGROUP: KNOWING HIV STATUS

### **GOAL 1** COMPLETE A CITY-WIDE ASSESSMENT OF THE HIV PREVENTION AND CARE NEEDS OF TARGET POPULATIONS, INCLUDING:

- Men Who have Sex with Men (MSM), especially MSM aged 25 and younger
- People living with mental illness
- People living with substance use issues
- People who are homeless
- People aged 55 and older
- People of color, especially young MSM of color, and
- People who identify as Transgender

#### **ACTION STEPS:**

- 1** Identify a team to develop needs assessment tool
- 2** Identify methods to distribute needs assessment and to collect data
- 3** Set a timeline for distribution, compilation and reporting
- 4** Develop timeline for results of needs assessment
- 5** Establish new action steps based on results



# GOALS AND ACTION STEPS

## WORKGROUP: KNOWING HIV STATUS

### **GOAL 2** IDENTIFY COMMUNITY-BASED AGENCIES THAT SERVE THE HIV POPULATION AND ARE OUTSIDE THE KNOWN HIV SERVICE SYSTEM

#### **ACTION STEPS:**

- 1** Identify ways to reach the agencies that work with at-risk HIV populations
- 2** Develop messaging that requests their engagement in the Fast-Track Cities initiative
- 3** Identify contact for partner responses
- 4** Develop strategies that maximize partner engagement
- 5** Develop timeline for reporting on success of partner engagement





# GOALS AND ACTION STEPS

## WORKGROUP: KNOWING HIV STATUS

### **GOAL 3** OUTREACH TO FAITH-BASED COMMUNITIES TO INCREASE THEIR INVOLVEMENT IN HIV PREVENTION, EDUCATION AND STIGMA REDUCTION

#### **ACTION STEPS:**

- 1** Identify Faith-based communities
- 2** Identify Faith-based communities to target in Year 1
- 3** Hold a Faith-based summit or other event)
- 4** Develop a reporting timeline for the faith-based engagement progress





# GOALS AND ACTION STEPS

## WORKGROUP: KNOWING HIV STATUS

**GOAL 4** Develop a social media initiative, using new and traditional media, to engage at-risk populations to get tested for HIV

### ACTION STEPS:

- 1 Build capacity among social media platforms.
- 2 Identify current best practices
- 3 Integrate data from needs assessment
- 4 Identify funding partners for campaigns

**GOAL 5** EACH YEAR, ANALYZE NEEDS ASSESSMENT DATA TO DEVELOP AND IMPLEMENT HIV TRAINING/EDUCATION INITIATIVES

### ACTION STEPS:

- 1 Conduct strength based analysis, and develop a training plan
- 2 Provide training to:
  - a. School Staff
  - b. Community members
  - c. City StaffTrack attendance
- 3 Evaluate the trainings





# GOALS AND ACTION STEPS WORKGROUP: ON HIV MEDICATION AND VIRALLY SUPPRESSED

## **GOAL 1** FACILITATE RELATIONSHIPS BETWEEN HIV MEDICAL PROVIDERS AND RYAN WHITE EARLY INTERVENTION SERVICES CONTRACTORS TO INCREASE CLIENT RETENTION IN CARE AND VIRAL SUPPRESSION

### **ACTION STEPS:**

- 1** Collect information on providers prescribing HIV medications and treating HIV clients, including all Infectious Disease Doctors (ID), Arizona Family Health Partnerships, Hospitals (ER, social workers, and ID doctors), and faculty and students at educational institutions.
- 2** Identify providers that have client populations that may benefit from Ryan White Early Intervention Services
- 3** Create resource packets for providers and patients that identify programs that may help improve retention in care and viral suppression, including Ryan White services, mental health and substance use services, food provision, and housing assistance
- 4** Track how many packets were sent out and how many new clients signed up for Ryan White Part A
- 5** Establish a timeline for distribution, compilation and reporting



# GOALS AND ACTION STEPS WORKGROUP: ON HIV MEDICATION AND VIRALLY SUPPRESSED

## **GOAL 2** PROVIDE PEOPLE LIVING WITH HIV WITH EDUCATION ON PROGRAMS AND SERVICES THAT OFFER FREE/LOW COST MEDICAL CARE, MEDICATIONS, AND SUPPORTIVE SERVICES

### **ACTION STEPS:**

- 1** Identify ways to connect patients of medical providers and pharmacy staff to Ryan White Central Eligibility, Early Intervention Services, and other community-based services
  - a. Set up a “Caseworker of the Day” who would be on call to assist medical providers and pharmacies
- 2** Develop “plain language” messaging to explain various medication and insurance coverage options
- 3** Evaluate the effectiveness of the use of navigators in connecting patients to insurance and medication coverage programs
- 4** Expand the availability of patient education materials and seminars on insurance and medication coverage options.



# GOALS AND ACTION STEPS WORKGROUP: ON HIV MEDICATION AND VIRALLY SUPPRESSED

## **GOAL 3** IMPLEMENT AT LEAST ONE UNIVERSAL TEST AND TREAT PROGRAM

### ACTION STEPS:

- 1 Research universal test and treat programs in other cities
  - a. New York, New Orleans and Philadelphia
- 2 Identify funding opportunities in Phoenix
- 3 Develop a strategy to pilot same day labs and provisional eligibility for Ryan White services
- 4 Obtain technical assistance to identify and evaluate local medical providers for readiness to provide test and treat services





# GOALS AND ACTION STEPS WORKGROUP: ON HIV MEDICATION AND VIRALLY SUPPRESSED

**GOAL 4** DEVELOP A STRATEGY TO INCREASE THE NUMBER OF PEOPLE LIVING WITH HIV WHO ARE VIRALLY SUPPRESSED, FROM 51% TO 80%

## ACTION STEPS:

- 1 Conduct a review of Ryan White and State data to identify potential barriers that keep people from becoming virally suppressed
- 2 Collaborate with community stakeholders to further identify why PLWH do not become virally suppressed
- 3 Develop strategies and activities to address identified issues. Strategies should be culturally appropriate for targeted populations, including people of color, transgender people, people living with substance abuse and/or behavioral issues
- 4 Explore opportunities to facilitate clean needle distribution through Police and Fire Departments
- 5 Identify City departments and programs to implement interventions, linkage to care activities, and training, including City Police programs and jails



# GOALS AND ACTION STEPS WORKGROUP: ON HIV MEDICATION AND VIRALLY SUPPRESSED

## **GOAL 5** DEVELOP A STRATEGY TO INCREASE THE NUMBER OF PEOPLE LIVING WITH HIV WHO ARE LINKED TO CARE, FROM 63% TO 85%

### **ACTION STEPS:**

- 1** Partner with the HIV Surveillance Program, HIV Prevention Program, Maricopa County Department of Public Health, and health care providers to identify linkage to care issues for newly diagnosed PLWH, and returning-to-care PLWH
- 2** Collaborate with community stakeholders to identify issues, and develop strategies and activities to address these issues
- 3** Implement strategies and activities, and monitor progress





# GOALS AND ACTION STEPS WORKGROUP: ZERO STIGMA

## **GOAL 1** CONDUCT A NEEDS ASSESSMENT TO IDENTIFY LOCAL HIV STIGMA ISSUES/ELEMENTS

### ACTION STEPS:

- 1 Identify consumer and provider-centric assessment tools for measuring HIV stigma and discrimination
- 2 Develop and implement a comprehensive consumer and provider assessment strategy Analyze the assessment results to inform media development and education materials
- 3 Conduct engagement activities with PLWH to inform how internal/ external stigma has impacted their lives, willingness to access care, etc.
- 4 Request technical and capacity building assistance from the CDC (via the HIV Prevention Program) for stigma related training, marketing guidance, etc.



# GOALS AND ACTION STEPS

## WORKGROUP: ZERO STIGMA

**GOAL 2** EACH YEAR, IMPLEMENT AT LEAST ONE SOCIAL MARKETING INITIATIVE DESIGNED TO REDUCE INTERNAL AND/OR EXTERNAL HIV-RELATED STIGMA

### ACTION STEPS:

- 1 Use assessment information to inform the development of social marketing targeting the general public, health care providers and and/or people living with HIV
- 2 Implement and monitor campaign effectiveness, community engagement, etc.
- 3 Develop a stigma reduction toolkit for public distribution





# GOALS AND ACTION STEPS

## WORKGROUP: ZERO STIGMA

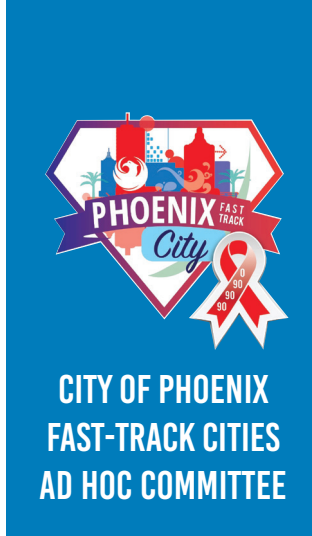
### **GOAL 3** DEVELOP AND DISTRIBUTE EDUCATIONAL MATERIALS THAT HELP PEOPLE LIVING WITH HIV BETTER UNDERSTAND THEIR HEALTH CARE COVERAGE, HIV-RELATED RIGHTS, AND CIVIL LIBERTIES

#### **ACTION STEPS:**

- 1** Develop materials that help PLWH understand their HIV-related health care and civil rights
- 2** Identify medical providers doctors' offices who are willing to distribute the material
- 3** Distribute information in relevant communities
- 4** Establish a timeline for materials development, distribution, and reporting







**Laura Pastor**, *Co-Chair, Vice-Mayor, City of Phoenix*

**Daniel Valenzuela**, *Co-Chair, Councilman, City of Phoenix*

**Carmen Batista**, *Ryan White Part B/ADAP Program Manager Arizona Department of Health Services*

**Kirk Baxter**, *President of the Board, Heal International*

**Chavon Boston**, *Grant Administrator, Maricopa County - Ryan White Part A Program*

**Jamal Brooks-Hawkins**, *Program Manager, Terros*

**Kim Covington**, *Senior Director of Community Initiatives, Arizona Community Foundation*

**Gary Egan**, *Interim CEO, Southwest Center for HIV/AIDS*

**Linda Elliott**, *Executive Director, one•n•ten*

**Tony Felice**, *Co-Founder, Felice+Whitney Agency*

**Kenja Hassan**, *Director, Cultural Relations & Special Projects, Arizona State University*

**Angela Hughey**, *President, One Community*

**Vince Kozar**, *Chief Operations Officer, Phoenix Mercury*

**Teresa Aseret-Manygoats**, *Office Chief, Arizona Health Disparities Center at Arizona Department of Health Services*

**David Martinez III**, *Advocacy and Outreach Specialist, Saint Mary's Food Bank Alliance*

**Dr. Janice Piatt**, *Director, Bill Holt Pediatric HIV Clinic at Phoenix Children's Hospital*



**CITY OF PHOENIX  
FAST-TRACK CITIES  
AD HOC COMMITTEE**

**John Sapero**, *Office Chief, HIV Prevention, Arizona Department of Health Services*

**Gregory Scaggs**, *Clinic Manager, McDowell Healthcare Center*

**Glen Spencer**, *Executive Director, Aunt Rita's Foundation*

**Peter Taylor**, *Board Member, International Alliance for the Prevention of AIDS*

**Keith Thompson**, *CEO, Phoenix Shanti Group*

**Dr. Thanes Vanig**, *HIV Specialist, Spectrum Medical Group*

**Guillermo Velez**, *Vice President, Chicanos por la Causa*

**Calicia White**, *Program Director, Ebony House, Inc.*

**Rebecca Winger**, *Chief Operations Officer, Orix*







[Phoenix.gov/HIVPHX](http://Phoenix.gov/HIVPHX)