

EDUCATION: 5 Year Vision

EDUCATION	EDUCATION	EDUCATION
State supported sex education all levels	Education (eliminate ignorance)	Decrease stigma
Comprehensive sex ed in schools	Hope-Upcoming new drugs Tx (treatment)	Stigma
School sexual health curriculae	Cultural competency anti-oppression	Stigma
Broad HIV education in schools	Education/media campaign	More education about HIV
Support 4 client decided RR (risk reduction)	Educate rural provider+HCW's	Youth education
Education + expanded opportunities for PrEP+PEP		Education for youth
More focus on reproductive + sexual health		Comprehensive sex ed
More education for HIV+ people		Harm reduction
		Policy supportive of SAP/sex work
		Decrease (educ.)
		Client education
		Increase general community awareness

EDUCATION: Issues to Address

EDUCATION	COMMUNITY EDUCATION	EDUCATION	KNOWLEDGE IS POWER	EDUCATION	ADVOCACY	MEDICAL OUTREACH
Create specific educational campaigns for target populations	Importance of medication education for anyone getting ART by pharmacists, docs case managers	Community education	Medical students receive more HIV education	Improve cultural competency within organizations	Educate HC professional i.e. PCP, dentists	No cards added
Provide comprehensive sex education in schools to parents and students	Community education (what it's like to be poz).	Public edu	Education policies for schools	Expand culturally diverse media exposure	Educate govt entities	
Client education & buy in		Provider skill set testing & treatment	Greater education + support from legislators	ART social marketing/media	Educate school board	
Education must emphasize personal responsibility at 8th grade level		Self esteem education		Education standards provider cultural relevancy	Document + articulate benefits of svcs	
Grantors funding education projects; not just direct services		Community buy in from leadership		Expand knowledge to private providers		
Kit focusing on HIVAZ.org on a full-time basis		Recruit volunteers		Assess to schools to provide HIV education		
Staff education & buy-in		Hold community forums		Open communication in schools		
Consistent, continuous training for case managers + providers				HIPAA training/data sharing agreements		
Stigma education				Uniform data collection/reporting - monitoring & adherence		

POLICY: 5 Year Vision

POLICY CHANGES	POLICY CHANGES	POLICY DEVELOPMENT
Routine testing	MH/SA (mental health/substance abuse) in-Pt Tx (in-patient treatment)	Destigmatize sexual health Stigma HIV gone
Faster linkage to care	Critical incident funding	
Engagement from everyone	ADAP greater than 500% FPL (federal poverty level)	Cont. collaboration w/state & local partners
Integration between agencies/parts		Educated legislators
Services avail for all		Need more money
Easily accessible services for all		Focused determination to achieve goal
All drugs legal		Political will to end HIV
More focus on mother child care		HRSA \$ support for critical \$ funding

POLICY: Issues to Address

POLICY CHANGES	POLICY	POLICIES	POLICY
Education system involvement in prevention activities	Barrier: Gov't restriction Solution: Education for politicians	Provide edu to legislators	Med. Provider buy-in
Government red tape	HIV policy institutes: municipalities, cities, state, etc.	Sponsor for bill (P)	Advocate for policy change
Government changes in policies concerning legalizing drugs	Legalization for comprehensive sexual education for everyone paid for by the state	Statewide edu & advocacy	Collaborative advocacy
Changes in policies concerning social media parts	Barrier: Campaign finance laws Solution: Revising to new policies for campaigning	Buy-in from leadership & key people	Cheaper retail HIV test kit
Policy changes	Law need to be changed/legal issues need to be reviewed	Inertia & burnout - freshen it up!	Policy based intervention
	Make county lines flexible		Political dissension on prevention & harm reduction resources

FUNDING: 5 Year Vision

FUNDING	FUNDING
Have resources available Additional funds available	More client level funding More funding
Standard, transparent costs for medical procedures Universal health care - single payer More funds on prevention than treatment	Funding for care continuum to address needs Implement funding for care continuum Allocate funding to eliminate disparities (SA, BH, Homelessness) Find the people living under bridges

FUNDING: Barriers to Address

FUNDING	FUNDING	MONEY!	FUNDING \$
Funders that listen	Increase funding by mixing funding streams collaborate	Reduction in siloed funding streams	Availability/access to direct funding
Consumer informed funding	Innovative funding options	Find more sources of unrestricted funding	Fair distribution of resources
Flexible community based funding	Integrate programs/funding to increase L+R	"We've always done it this way" mentality	Finding funding sources
Flexible funding It's your money... spend where you need it, know your population	Identify local resources	HOPWA formula	State requires adequate funding for front line services
Barrier: Expense of care/prevention Solution: Redirection of funding	Show \$ savings, advantages & disadvantages	Greater funding to find a cure	Use data to express/explain need
	Leverage funding, e.g. transportation @ vs. center & ADOT funded transport		

DATA: 5 Year Vision

DATA	DATA	REDUCED ADMIN BURDEN	INTEGRATION COLLABORATION SYSTEMS	ELIMINATE MIDDLE MAN (BARRIERS)
Reporting & data collection & utilization	Improved data + info sharing	Data & EMR sharing for re-linkage	No separation of Ryan White parts	Focus on useable data
Measurable outcomes	1 uniform & consistent database (i.e. ASIIS)	Centralized HER	An integrated model of care	Decreased paperwork
Data		Shared electronic health records	Statewide and regional planning councils	Simplify access to care
		Reduce barriers to care	True integration	Site based Tx (treatment)
		Co-location of services	Joining prevention with care	
		One stop provider services	Streamlined eligibility	
		Rapid linkage to care after testing	Data that shows where to focus efforts	
		Less paperwork burden	Data from Native communities	
			Data that reflects positive change	
			Expand provider network	
			Continue to build and strengthen HCP relationships (circle of care)	
			Reduce barriers to care	

DATA: Barrier to Address

DATA STANDARDS STANDARDIZATION	DATA	DATA	DECREASED BURDEN	UTILIZATION
Universal data sharing system	Easy data sharing	Transmit data safely, securely & lawfully	Too many variations in requirements	Integration of funding
Creating standards that are the same 4 all agencies	Standardize variables and measures for all agencies + databases	Universal data system	Annual Ryan White /ADAP enrollment	Better evaluation
Data			Streamline the process	Simplify paperwork to expedite access to expand care
Statistics not addressed with community			Data sharing	Processes too lengthy - simplify
			1 EHR (electronic health record) for all providers	

PREVENTION, TESTING & LINKAGE TO CARE: 5 Year Vision

HARM REDUCTION	LINKAGE & RETENTION	PREVENTION	PREVENTION & TESTING	ROUTINE TESTING	
Condoms in jail	Care available and affordable	Standardized testing	Stigma	All HIV+ know status	Testing routine
Needle exchanges	Retention	Increased opt-out testing	Reduce stigma	Make testing more inviting	Routine opt-out testing test everyone!
Stable funding for effective syringe access programs	Care retention	Needle sharing program	Early sex education	PCPs embrace CDC testing recommendations	Access to testing
Statewide NEP/SAP	Linkage within 30 days	Clean needles education	PrEP widely available	Make testing more "inviting"	Testing for all
	Early linkage	Increased sexual education and free condoms	No new Dx (diagnoses) in 14-24 age group	Increase testing	Early detection
			Reduce new diagnoses by X%	Patients get diagnosed + linked to medical services in the same day	Communication between consumer & provider
			Prevention through increased education/awareness	Make condoms fun!	
				Improved sexual history taking + routine testing	
				More support from collaboration (hookup apps)	

PREVENTION + TESTING	ROUTINE TESTING
<p>Comfortable setting</p> <p>4th gen+lab+POC (point of care) rapid (HIV test)</p> <p>Outreach with Eds (emergency departments) (like pregnant woman Ryan White project)</p> <p>PrEP program</p>	<p>Program to offer education to PCPs (primary care providers) in community re: HIV testing for everyone</p> <p>Policy changes statewide</p> <p>Educate about HIV testing importance</p> <p>Primary care education</p>
<p>Outreach to PCPs about testing</p> <p>Creation of compelling + consumer relevant message campaigns</p>	<p>Empower people to ask for HIV testing</p>

COLLABORATION: 5 Year Vision

COLLABORATION	COMMUNITY ENGAGEMENT	RESOURCES	SERVICES CLIENT CARE
Engage communities	Community coalition	Increased collaboration communication	Availability of services
Collaborative HIV community	Assess then adjust emerging culture	Increased collaboration within agencies	Encourage integration by avoiding blaming & shaming
Eliminate collaboration barriers	Volunteers (HIV/AIDS+)	Integrated system	HCP (health care providers) involvement in planning activities
Effective collaboration	Generosity of time to contribute to the cause	State-wide campaign	Healthy people
Increase community awareness of HIV services		Data sharing system	Acceptance/willingness to change status quo
Accountability from everyone		Increased church involvement	
		Supportive services	
		Mixed multiple models	
		More \$\$	
		Funding	
		Community resources \$=available	
		Tools	

COLLABORATION: Barriers to Success

COLLABORATION	INTEGRATION COLLABORATION SYSTEMS	COORDINATED STATEWIDE EFFORT	COLLABORATION	COMMUNICATION	DISSEMINATION	COMMUNITY
Funding	Relocate all local programs under one umbrella	Organize group of HIV+ people to disclose publicly	Collaborative partnerships vs. silos	Better use of communication	Unified message	Diverse community partnerships that address HIV & sexual health
Collaboration on funding and coordination between agencies	Provider willingness-geographic inaccessibility	More people speaking up & out	Competition, territorialism & egos - set them aside!!	Regular meetings of ASOs	Provide information to everyone	Faith leaders who act as advocates
Collaboration when applying for grants/funding	Data sharing agreements (EMR)	Coordinated HIV educational campaign	Better understanding of other cultures		Dissemination of information	Develop Poz role model/leaders
Increased resources and funding	Shared CW	Wide dissemination of education				Populations @ risk buy-in for prevention efforts
Services client care	Breakdown federal silos					Barrier: tunnel vision Solution: More open to change
Strong universal programs						

PATIENT CENTERED CARE: 5 Year Vision

PATIENT CENTERED CARE	CLIENT BASED	EMPOWERMENT	CULTURAL COMPETENCY	BARRIER REDUCTION	SUPPORTIVE SERVICES
High intensity patient services	Accountability	Self-Managing Clients	Educated, self-empowered youth	Address basic needs (housing, food, transportation, etc)	Expansion of services/# of clients reached
Intensive support for high-risk clients	Goal planning	Retain clients in care	Youth volunteers w/HIV clients	Housing options	More resource allocation to rural areas of need
Outreach educate/test	Case management involvement	Ongoing education for Healthcare Professionals & Patients (Medication/Disease State)	FLAAVA focus group	Transportation options	Expand Services (vision)
Increase education to non-HIV sensitive community	Frame of mind		True cultural competency	Reduce barriers	Transportation
Compassion burnout counseling	Relationship communication				Personal/not teleconference mental health rural
Communication develop relationships	Act in the best interest of client	Client based			Housing everywhere
Better teamwork					Housing
					Mental Health
					All brand medications covered by insurance
					Substance abuse services everywhere

PATIENT CENTERED CARE: Barriers to Success

CLIENT CENTERED ISSUES	EMPOWERMENT	PATIENT EMPOWERMENT	PATIENT ENGAGEMENT	INTERVENTION	STIGMA	STIGMA/ EDUCATION	STIGMA	STIGMA REDUCTION
Encourage more family support to patients	substance abuse treatment	Patient involvement	Pledge patients to be VL suppressed	Empowerment projects/interventions	Expand education through national campaign + commercials	Compassion	Less stigma (more public knowledge) includes status	0 (zero) "gay disease" make routine
Prioritize client's basic needs (housing, food) before HIV education & other services	Comfortable setting	Identify and locate partners	Access to client medical records	Present at social work conference	Community engagement as standard op. procedure	Eliminated stigma	Reduced stigma	Remove stigma
Client compliance/medication adherence	Buddy/mentor (peer mentoring)	Pay patients for undetectable results	Dr education HIV testing as part of physical			Reduce stigma	Reduce stigma of HIV+	Coming "out" campaign to reduce stigma
Client based	Client motivation to participate in service		Expand access to condoms & needles			Equality for LGBTs	Encourage "community" for + and -	Coordinated HIV prevention campaign
	Health literacy training					Debunk AIDS myth in Africa through education	Break stigma	Expand access to condoms + clean needles + access
						Early education	No fear of others finding out	Free HIV testing everywhere
						Project HIVAZ	Closer connection between at-risk + health care community	Gay youth support + interventions
						Social media tools	Better connect with MSM pop.	Peer to peer
						Increased events	Campaign HIV/AIDS as a disease not stigmatize to MSM	
						Youth education		
						HCP (health care providers) trained to understand HIV		
						Clear consistent message		

DREAMS	STAKEHOLDERS
Improved grantor/ political understanding of resources needed	Gain support of Governor & legislature
Ability to think BIG	Pharm partners

Sum of Card Count	
Row Labels	Total
Prevention, Testing & Linkage	71
Patient Centered Care (Holistic Focus)	41
Streamlined processes at grantee, provider and client level	38
Stigma	35
Education	30
Community Engagement and Collaboration	23
Policy	19
Funding	11
DATA, STANDARDIZATION AND RESEARCH	8
Mixed Bag	5
Grand Total	281