



Inter Tribal Council of Arizona, Inc. — Tribal Epidemiology Center —

**Human Immunodeficiency Virus (HIV),
Sexually Transmitted Infection (STI),
and Hepatitis C (HCV)**

STRATEGIC PLAN AND ROADMAP

for Indian Health Service (IHS) Phoenix-Tucson Service Areas, 2023



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Acknowledgements

The Inter Tribal Council of Arizona (ITCA), Inc. would like to acknowledge the work session participants for sharing their knowledge, wisdom and recommendations in creating the Human Immunodeficiency Virus (HIV), Sexually Transmitted Infection (STI), and Hepatitis C (HCV) Strategic Plan and Roadmap for Indian Health Service (IHS) Phoenix-Tucson Service Areas, 2023 (“Road Map”). It is through such dedication and collaboration that gains to prevent and treat sexually transmitted infections are possible. See Appendix A for a list of work session participants.

ITCA acknowledges the people, culture, traditions, and history of the Tribes in Arizona, Utah and Nevada who have preserved this land.

Background

Description of IHS Phoenix and Tucson Service Areas

The Phoenix and Tucson Service Areas of the Indian Health Service include the states of Nevada, Utah and Arizona, except for the portions of Arizona and Utah covered by the Navajo Area (see Figure 1). Together, the areas are home to 45 federally recognized Tribal Nations, 35 Tribally-run healthcare facilities, 10 Indian Health Service healthcare facilities, 6 Urban Indian Health Organizations, and 2 Youth Regional Treatment Centers. Approximately 200,000 American Indian and Alaska Natives are served in the Phoenix and Tucson Service Areas, combined.



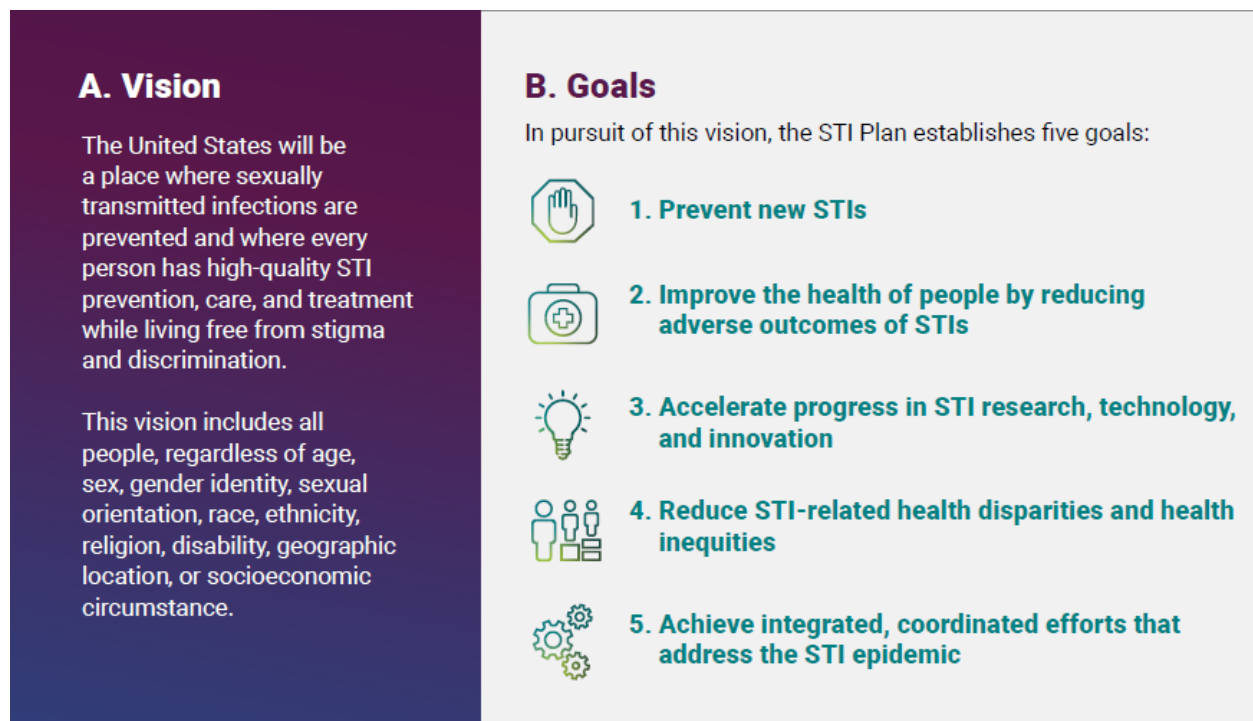
(Figure 1: IHS Service Areas)

The Inter Tribal Council of Arizona, Inc. (ITCA) is a 501(c)3 non-profit inter-tribal consortium of 21 federally recognized Indian Tribes with lands in Arizona, California, Nevada, Utah, and New Mexico. The Member Tribes of ITCA have advocated together since 1952 on issues of common interest and concern across Indian Country. ITCA is governed by the highest elected Tribal officials from each Tribe, including Tribal chairpersons, presidents, and governors. ITCA serves its members in a myriad of ways, from research to policy development and technical assistance. Among its numerous programs, ITCA houses the Tribal Epidemiology Center (TEC), authorized by Congress and established in 1996 by the Indian Health Service (IHS). The ITCA TEC provides epidemiological services and capacity building to both the IHS Phoenix and Tucson Service Areas.

Purpose of the Strategic Plan and Road Map

Strategic planning and road mapping is an ongoing process of utilizing available knowledge to document an intended direction. This process is used to prioritize and focus efforts, effectively allocate resources, align programs, and ensure goals are backed by data and sound reasoning.

Due to the alarming increases in sexually transmitted infections and the associated health and economic toll of undetected and untreated STIs, the U.S. Department of Health and Human Services developed the STI National Strategic Plan 2021-2025 (“STI National Plan”). The plan is intended to set a vision and roadmap to reverse the upward trajectory of four STIs with the highest morbidity rates, the most persistent and pervasive STI inequalities and the greatest impact on the health of the nation: chlamydia, gonorrhea, syphilis and human



(Figure 2: STI National Plan)

papillomavirus (HPV). Other sexually transmitted viruses of concern, human immunodeficiency virus (HIV), hepatitis B and hepatitis C are addressed in separate national strategic plans. Similarly, the state of Arizona and ITCA have strategic plans for STIs and Maternal Health, respectively. Related plans are listed in Appendix B.

The STI National Plan contains 5 overarching goals (Figure 2).

Core indicators from the STI National Plan include:

- Reducing primary and secondary syphilis, congenital syphilis and gonorrhea rates
 - American Indians and Alaska Natives are prioritized for reducing congenital syphilis rates
- Increasing chlamydia screening in 16–24-year-old sexually active females
- Increasing HPV vaccination and increasing condom use among sexually active high school students

ITCA TEC was selected by the Indian Health Service to convene an interagency, multidisciplinary working group to create a strategic plan to address the high prevalence of sexually transmitted infections in Tribal populations within the Phoenix and Tucson Service Areas: Utah, Nevada, and Arizona. These include human immunodeficiency virus (HIV), hepatitis C (HCV), gonorrhea, chlamydia, and syphilis and congenital syphilis.

While aligned with the STI National Plan, the Road Map was created from the insight and wisdom of STI experts in the Phoenix and Tucson Service Areas. While not intended to be prescriptive, this regional road map can provide direction to IHS/Tribal/Urban and local healthcare organizations and programs, as well as regional, state and national partners.

How the Road Map was Developed

Due to the breadth of the topic, the STI National Plan 2021-2025 was selected as the framework for the discussion. This gave the participants a starting point and structure for the work session. Several assumptions were made in the development of this Road Map:

- The STI National Plan Goal #3: *Accelerate progress in STI research, technology, and innovation* was out of the scope for the work session and was thus eliminated from the discussion and the final road map.
- All 18 of the STI National Plan objectives related to the remaining 4 Goals are equally important to the Phoenix and Tucson Service Areas. Therefore, none of the objectives were excluded or prioritized over others.
- Some National STI Plan strategies are more relevant than others to the region and the AI/AN population. Therefore, a poll ranking activity was used to identify the strategies most important or which would have the most impact for the area, as deemed by the workgroup.

The approach for the development of the Road Map was to convene two half-day virtual work sessions bringing together various public health experts and partners within the IHS Phoenix and Tucson Service Areas. These are individuals who have the ability to contribute to the reduction of STIs in the AI/AN population. The goal of the work session was to develop action items for the region that could impact prevention and treatment of STIs in the AI/AN population. A typical strategic planning framework was followed, however this work session focused on the Action Steps and Measures stages (Figure 3).

Strategic Planning Process



(Figure 3: Strategic planning process)

ITCA TEC identified presenters and participants from their robust network of public health and clinical contacts in the region. The work session was conducted virtually over 2 non-consecutive half days (4 hours each day), on June 13 and June 15, 2023. An outside consultant, Blue Stone Strategy Partners, was chosen to facilitate the 2-day session. Appendix C contains the agenda for the work session. The work session consisted of engaging participants in the following:

- *Examination of the most recent state and national level data to inform focus areas.* Epidemiologists from the states of Arizona, Nevada and Utah presented data on STI prevalence as well as gaps and challenges with data in their respective states. Another presentation “Identifying and Addressing HIV, Hepatitis C, and STI Syndemics in AI/AN Communities” by Dr. Melanie Taylor, a national STI expert, medical doctor and

epidemiologist presented a broader picture of STIs for AIANs. Key data points were identified by presenters as well as by the participants after each presentation. These takeaways were used to identify areas of focus for the action planning stage of the work session. A Tribal Perspective informational and discussion session was conducted to hear from those who work directly with Tribes in STI prevention and treatment.

- *Ranked prioritization of strategies from the STI National Plan.* Attendees participated in an online poll ranking activity to choose the 2 most important or impactful strategies for the region from each objective in the National STI Plan.
- *Virtual breakout rooms* were utilized to create actionable and measurable steps aligned with the 23 prioritized strategies.

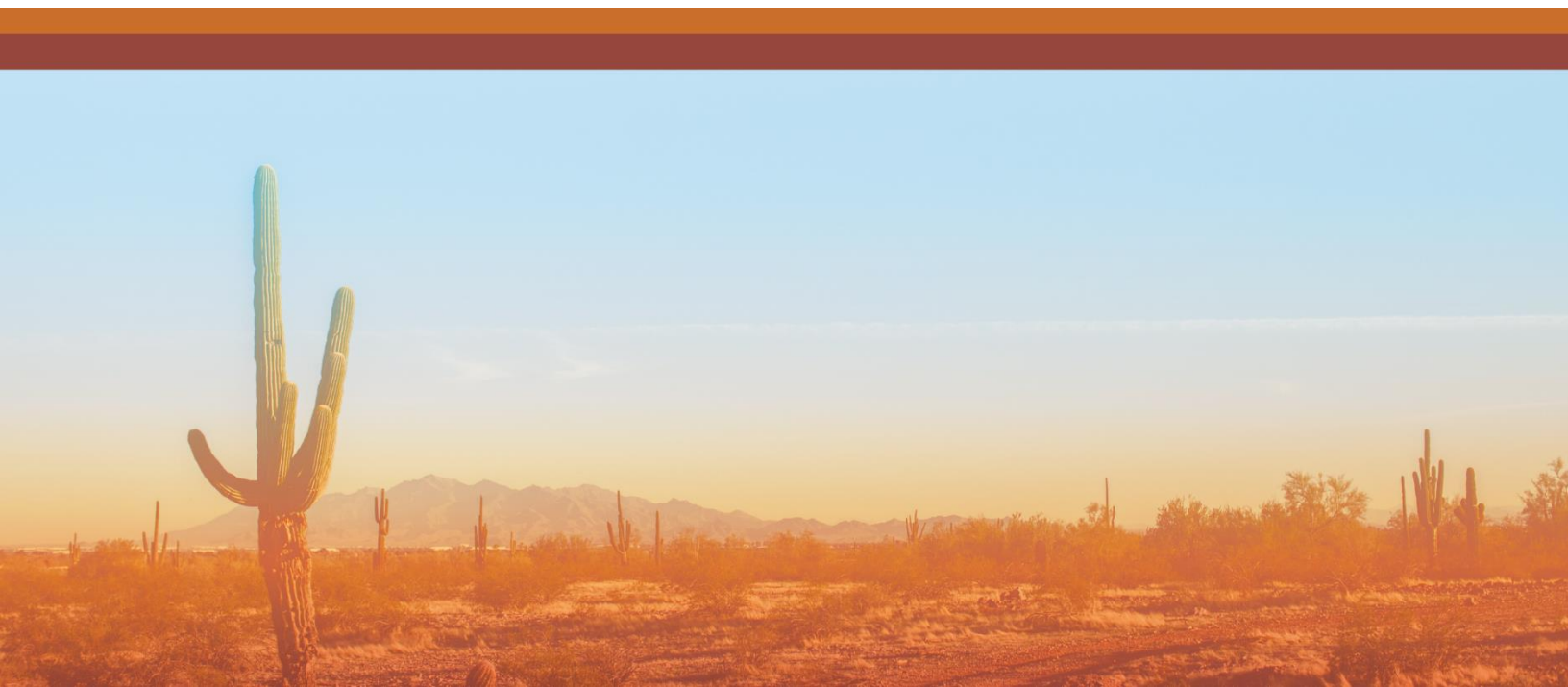
What is a Syndemic?

HIV, STI and HCV and substance use disorder are referred to as syndemic in the National STI Plan due to co-occurring and interrelated epidemics of HIV, viral hepatitis (HCV), substance use disorders (SUD), and STIs. Contextual factors, or social determinants of health such as poverty, housing, education, underemployment, and health disparities are likewise noted as factors in the syndemic. The following are short descriptions of the separate diagnoses considered in the HIV/STI/HCV and SUD syndemic:

- **Chlamydia** is the most common bacterial STI in the United States. It is treatable and curable. However, it is often asymptomatic and if left untreated may cause infertility and increase someone's chance of acquiring HIV. Chlamydia during pregnancy can lead to premature birth.
- **Gonorrhea** is a common bacteria STI. It is treatable and curable but is increasingly resistant to antibiotics. Left untreated, gonorrhea can cause pelvic inflammatory disease leading to infertility in women. In men, it can cause inflammation of the testicles. It can increase someone's chance of acquiring HIV. For newborns exposed at birth, gonorrhea can cause blindness.
- **Syphilis** is a bacterial STI which is also treatable and curable with antibiotics. Untreated, syphilis can increase risk for acquiring HIV and in later stages, can affect multiple organs and systems.
- **Congenital Syphilis** is syphilis passed from mother to fetus during pregnancy. Untreated syphilis in pregnancy can cause miscarriage, stillbirth, and preterm births. There is only one antibiotic recommended for pregnant people with syphilis and it is in short supply worldwide.
- **Human Immunodeficiency Virus (HIV)** is a viral infection transmitted sexually, through sharing of infected needles or syringes, through contaminated blood transfusions or organ transplants. It can also be transmitted to babies through

breastfeeding. HIV attacks and weakens the immune system making someone more susceptible to other infections and diseases. HIV is not curable but advances in treatment have greatly reduced morbidity from its advanced stage, acquired immunodeficiency syndrome (AIDS).

- **Hepatitis C Virus (HCV)** is a viral infection that affects the liver and can lead to cirrhosis, chronic liver disease, and liver cancer. HCV is mostly transmitted through sharing of needles or syringes for drug use but as a blood-borne disease, can be transmitted through other means such as through unprotected sex, healthcare exposure, the use of non-sterile instruments in tattooing and body piercing, blood transfusions, organ transplants, and through contact with items with infected blood. HCV is treatable and curable but due to lack of symptoms or general symptoms, may be easily missed.
- **Substance use disorder (SUD)** is a mental health diagnoses characterized by uncontrollable and compulsive use of substances despite negative consequences. It may involve alcohol, prescription or illicit drugs, or a combination. SUD is treatable, however, untreated, can progress to serious physical, social, mental, and financial disability. Recovery from SUD can be lengthy and long-term sobriety rates are low.

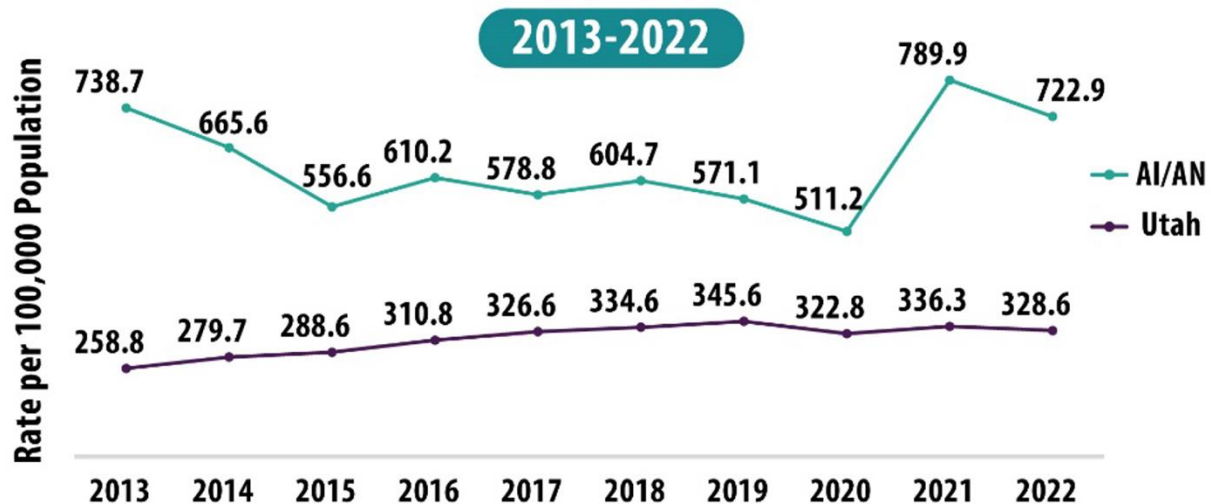


Key Data Highlights

Presenters shared their most up-to-date HIV, STI and HCV surveillance data from each state and nationally. It was noted that due to low counts for AI/AN, rates (per 100,000) can be unreliable and should be interpreted with caution. They also noted that due to challenges with racial misclassification, AI/AN may be undercounted.

Utah Department of Health and Human Services

Statewide AI/AN Rate of Chlamydia Compared With State Overall



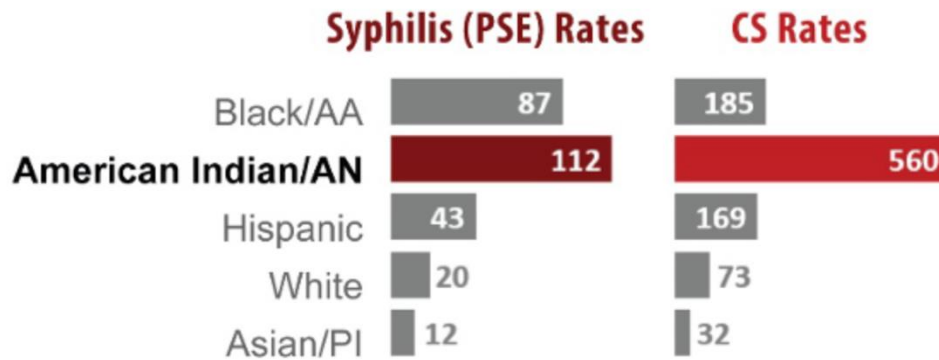
- As the graph above shows, AI/AN have the highest rates of chlamydia when compared with the *overall* state rate.
- When compared *among* races, AI/AN rates for syphilis (all stages) and HIV infections are second highest to Black/African American rates, and 3rd highest for chlamydia and gonorrhea, after Black/African American and Native Hawaiian/Pacific Islander.

Nevada Division of Public and Behavioral Health

- There were less than 20 new HIV cases for AI/AN across Nevada in 2021, and all were male.
- There are 3.5 times more AI/AN men than AI/AN women living with HIV in Nevada (2021 data).
- AI/AN have the 3rd highest rate of chlamydia, 3rd highest rate of gonorrhea, lowest rate of primary and secondary syphilis and 3rd highest rate of early latent syphilis when compared to other races in Nevada (2020-2021 data).

Arizona Department of Health Services

2020 AZ Syphilis Rates per 100,000 by Race Ethnicity



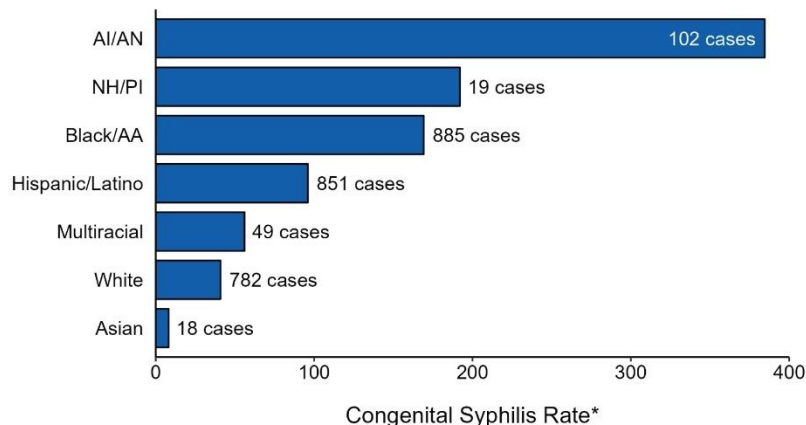
PSE = Primary, Secondary, Early Non-primary Non-secondary (i.e. persons infected within the past year)

CS = Congenital Syphilis

AA = African American, AN = Alaska Native, PI - Pacific Islander

- There has been a sharp increase in babies born with syphilis since 2017 in Arizona.
- AI/AN have the highest rates of syphilis and congenital syphilis in Arizona (2020 data).
- AI/AN have the 2nd highest rates for chlamydia and gonorrhea when compared to other races in Arizona (2020 data).

Congenital Syphilis — Case Counts and Rates of Reported Cases by Race/Hispanic Ethnicity of Mother, United States, 2021



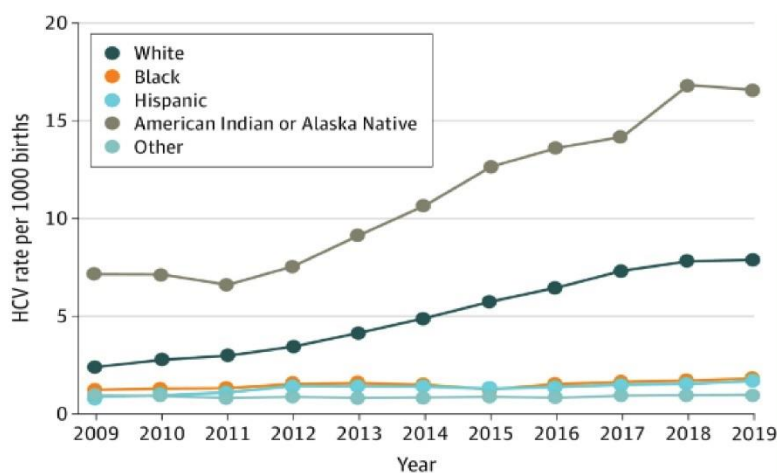
* Per 100,000 live births

NOTE: In 2021, a total of 149 congenital syphilis cases (5.2%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity.

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

<https://www.cdc.gov/std/statistics/2021/figures.htm>

Hepatitis C Infections Among Pregnant People Delivering Live Births in the US, 2009 to 2019



Patrick SW, Dupont WD, McNeer E, et al. Association of Individual and Community Factors With Hepatitis C Infections Among Pregnant People and Newborns. JAMA Health Forum. 2021 Oct 29;2(10): <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2785580>

Focus Areas/Themes

To begin, workgroup participants engaged in an introductory ice breaker where upon introducing themselves, they then answered the question:

If you have had one wish for STI prevention, what would that be?



(Figure 9: Word cloud activity)

This activity was used to capture participants' vision for STI prevention. The answers were used to generate a word cloud, capturing which words occurred more than others. As shown in *Figure 9*, education, treatment, destigmatization, testing, comprehensive and self-love were the top 6 recurring words in their wishes.

Attendees also participated in a virtual whiteboard activity. After each presentation they identified one or two takeaways from each of the presentations on the agenda. The purpose was to capture the important points that were gleaned from the data. The recurrent themes that emerged from this activity were:

Focus Areas/Themes: Recurrent Themes

Stigma as a barrier to STI testing and treatment

"Youth resources for healthy relationships and anti-bullying are important for STI and HIV prevention"

"Messaging does not need to include binary language. Sexual health is fluid and needs to be treated as such "

Racial misclassification and data quality

"Racial misinformation and traditional Public Health geographic boundaries limit the ability of Tribes to understand their overall health"

The need for **comprehensive screening**

"Love the opt out comprehensive testing approach being used in IHS settings - this is a really great way to increase access to testing, reduce stigma and even initiate conversations around sexual health!"

The importance of **prenatal care for congenital Syphilis treatment**

"Syphilis testing needs to be included in pregnancy screening bundle"

Collaboration/partnerships are important for all aspects for prevention and treatment, especially with substance abuse programs.

"Collaboration is key!"

"Continue building strong relationships between agencies and Tribal communities "

"Opportunity for partnering with substance abuse programs; substance abuse makes STI/HIV/HCV prevention more challenging"

Work session participants were encouraged to reflect on these themes as they discussed and created action items.

Priority Populations

Due to the rising rates of STIs, all people who are sexually active would benefit from HIV/STI/HCV prevention in the Phoenix and Tucson Service Areas. However, due to the sharp rise of congenital syphilis in Arizona and across the nation, coupled with the high morbidity and highest rates among AI/AN, AI/AN pregnant people should be a high priority. Other vulnerable populations, such as those people who use drugs and LGBTQ populations should also be in the forefront of prevention efforts.

Road Map Action Items

The top two most impactful or important strategies from the poll ranking activity resulted in a total of 23 prioritized strategies. The work session participants were assigned into two breakout groups that met for two sessions each. Each group was given a category with a set of 4-7 strategies (See Appendix D). After each breakout session, the action items were shared with the entire group for additional comments. The results of the breakout sessions (Table A) constitute the **Road Map for HIV/STI/HCV Prevention and Treatment for the Phoenix and Tucson Service Areas**. Table A describes each of the Road Map categories and Table B contains the Road Map Action Items.



Road Map Action Items

INTEGRATION

This category refers to a set of strategies and action items that aim to integrate HIV, STI, and HCV testing and treatment across health and non-health programs, thereby increasing reach to vulnerable and affected populations. Integration with substance abuse programs and related services are especially relevant to this category.

COMMUNICATION AND PROGRAMMING

This category refers to a set of strategies and action items that address communicating and implementing comprehensive, non-stigmatizing and culturally appropriate prevention, screening and treatment services. Recommendations for appropriate messengers, positive messaging, identifying model policies and coordinating events are included as action items in this category.

WORKFORCE SYSTEMS

This category refers to a set of strategies and actions items that aim to build workforce capacity and implement system changes to better serve patients at risk or affected by HIV, STI, and HCV. Targeted trainings as well as whole system training approaches are highlighted as well as changes to tools such as electronic health records and screening standards.

DATA

This category refers to a set of strategies and action items that address the ongoing data challenges for AI/AN and Tribal Nations such as racial misclassification, lack of Tribal affiliation, access to and reporting of data.

(Table A: Road Map categories)

Road Map for HIV/STI/HCV Prevention and Treatment for the IHS Phoenix and Tucson Service Areas

KEY:

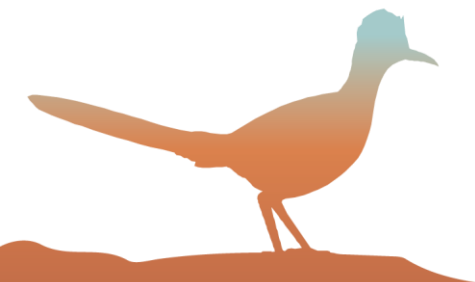
- I/T/U refers to the level of an IHS, Tribal, or Urban health organization
- Local refers to non-I/T/U health or public health organization serving specific AIAN communities such as county health departments and private healthcare providers
- Regional refers to the Inter Tribal Council of Arizona and other organizations that may serve a region
- State refers to the State Public Health Department
- National refers to Indian Health Service Headquarters, other federal government agencies such as the Centers for Disease Control and Prevention or other non-governmental national organizations serving all AIANs

(Table B: Road Map Action Items)

Integration				
Action Items	Level of Responsibility	Measure	Timeline for collecting measure data 2023 - 2028	Notes
Incorporate rapid HIV and syphilis testing in ER and urgent care settings for pregnant women	I/T/U Local State	# ER and urgent care facilities that offer rapid HIV and syphilis testing for pregnant women	Yearly	
Establish opt out testing as a standard in all treatment venues	I/T/U Local State	# treatment venues that include opt out testing	Yearly	

Include STI testing as part of initial evaluation and assessment in substance abuse programs	I/T/U Local	# Substance Abuse programs with STI testing as part of initial evaluation and assessment	Yearly	
Integrate STI prevention and treatment with harm reduction programs	I/T/U Local Harm Reduction Programs	# Harm Reduction programs with STI prevention activities and treatment services (or referrals)	Yearly	
Increase testing and treatment in correctional settings	I/T/U Local Correctional Programs	# Correctional facilities that include testing and treatment	Yearly	
Establish cross-referrals and follow up among programs (sexual health, alcohol and drug programs, public health and healthcare) to address the syndemic HIV/STI/HCV and substance use disorders	I/T/U Local Sexual health, AOD, and public health programs	# programs or services that make referrals and follow up	Yearly	
Allow greater flexibility with HIV and other disease-specific funding to address aspects of the HIV/STI/HCV/substance abuse syndemic	Funders	Change in the # funding opportunities open to I/T/U's that address the HIV/STI/HCV/Substance abuse syndemic	Yearly	

Offer localized funding to Tribal communities	Funders	Amount of funding available to I/T/U's Amount of funding received by I/T/U's	Yearly	
Pool resources or offer funding with similar program requirements	Funders	# of aligned funding resources	Yearly	
Collaboration among local and state HIV, STI and HCV for mutual support and coordination of care	I/T/U Local State	# new collaborative relationships and activities	Yearly	
Collaborate with housing programs to offer vaccine services, education and outreach on-site	I/T/U Housing Programs	# new collaborative relationships and activities	Yearly	



Communications and Programming				
Action Items	Level of Responsibility	Measure	Timeline for collecting measure data 2023 - 2028	Notes
Establish a Native community/consumer advisory board for developing awareness campaigns	Local Regional	Change in # of community/consumer advisory boards	Year 1	
Build a repository of strengths-based messaging [that emulates non-stigmatizing, positive sexual health messaging]	Regional	# of messaging repositories	Years 1-2	
Establish an ambassador program [similar to Positively Youth campaign and Clark County, NV campaign) to harness the power of storytelling and the voice for the lived experience	Local Regional	# of ambassadors # of Tribes/Urban Indian orgs reached by AI/AN ambassadors	Years 1-2	
Identify comprehensive and non-stigmatizing [education] policies for examples of model policies, for educating policy-makers	State BIE	# policies identified	Years 1-2	
Implement the comprehensive IHS screening	Regional National	# of I/T/U healthcare organizations	Yearly	

recommendations for syphilis at I/T/U facilities		implementing the comprehensive IHS screening protocol		
Leverage back to school events for HPV vaccinations and STI education	Tribal Local	# of back-to-school events with HPV vaccinations # of back-to-school events with STI education	Yearly	
Create local events for fun and STI education	Tribal Local	# of events	Yearly	
Posting educational materials in healthcare waiting rooms on both testing and impacts of lack of treatment	I/T/U Local	# materials posted	Yearly	
Encourage Tribal communities to tie cultural beliefs to sexual health	I/T/U Regional	# communications that tie cultural beliefs to sexual health	Yearly	
Update, create or pair educational materials to address the syndemic of HIV/STI/HCV and substance abuse	Tribal Regional State National	# syndemic materials distributed	Yearly	

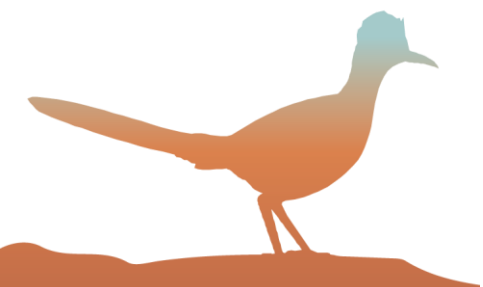


Workforce and Systems

Action Items	Level of Responsibility	Measure	Timeline for collecting measure data 2023 - 2028	Notes
Build reminders for HPV vaccination into electronic health record	I/T/U Local EHR systems managers	# EHR systems with STI reminder capability	Year 2	
Change the standards for testing for all age groups (make it strongly suggested) across all care environments	I/T/U State National	Updated standards for testing for all age groups	Years 2-3	
Create opportunities for sharing best practices (comprehensive, culturally, age and linguistically appropriate)	Regional State	# best practice sharing opportunities	Yearly	
Provide opportunities for STI prevention specialists training working in AI/AN communities	Regional State	# opportunities available for STI prevention workforce # participating in trainings by STI workforce working in AI/AN communities	Yearly	

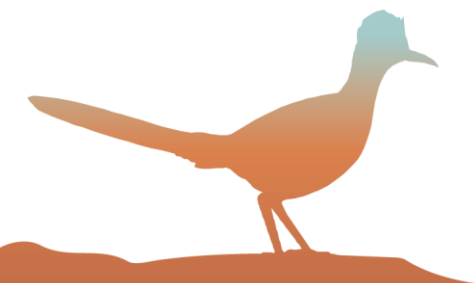
Incorporate rapid testing in ER and urgent care settings for pregnant women	I/T/U Local	# of ER and Urgent care settings which offer rapid testing for pregnant women	Yearly	
Offer express testing (on-demand, no-provider, no nurse lab visits for syphilis testing (IHS recommendations)	I/T/U Local	# labs with express testing services	Yearly	
Make opt-out testing standard in all treatment venues	I/T/U Local	# treatment venues with opt-out testing as routine care	Yearly	
Sensitivity training (with CEs) for providers to better care for diverse patients	Regional	# of providers trained	Yearly	
Burnout prevention training for STI staff	I/T/U Regional	# participants trained Length of tenure of STI staff	Yearly	
STI coding and billing training for coders/billers.	I/T/U Regional National	% of coders/billers trained	Years 1,3,5	
Training on how to present data using numbers to tell a story	Regional	% of I/T/U programs with at least one person completing training	Years 1,3,5	

Market ITCA's opportunities to support STI workforce in training endeavors	Regional (ITCA)	# of communications # requesting support for training	Years 1-5 (quarterly)	
Whole system approach to STI training to reduce bias and discrimination (include front office staff, lab, pharmacy, etc.)	Regional	# of whole systems trainings	Years 2,4	
Review and adjust healthcare policies to reflect the reality of the community (e.g., policies related to parental knowledge of testing)	I/T/U	# policies updated	Year 1	
Update EHR systems/patient paperwork packets to reflect culturally competent verbiage	I/T/U Local	# systems/packets updated	Years 1-2	



Data				
Action Items	Level of Responsibility	Measure	Timeline for collecting measure data 2023 - 2028	Notes
Educate Tribal members regarding the importance of Tribe-specific identifiable data to encourage their providers to record Tribal affiliation in surveillance	Regional National	# providers who collect Tribal affiliation	Year 3	
Collect Tribe specific data at the state level (i.e., reportable conditions databases)	State	# databases with Tribal affiliation	Yearly	
Change clinical data set to include Tribal affiliation	I/T/U	# data sets with Tribal affiliation	Yearly	
Communicate to Tribal partners where and how they can access Tribe specific data (e.g. putting MOU's and MOA's in place and maintaining them)	Regional National	# communications # of MOU's/MOA's	Yearly	

Establish an agreed upon surveillance reporting schedule among I/T/U, local and state entities to ensure regular, timely updates and also during significant public health events	I/T/U Local State Regional National	# reporting schedule Frequency of updates to reporting schedules	Years 2, 4	
Layer reporting depending on the audience: (e.g. providers, community members, decision-makers)	I/T/U	# layered reports	Yearly	



Monitoring and Reporting

A useful road map is one that is implemented, monitored, measured and reported. Performance is built into the Road Map. Each action item has an associated measure and measurement timeline to assess progress across a 5-year span. Unlike traditional strategic plans, which generally belong to one entity, this road map is intended to be useful across many entities which makes monitoring and reporting more challenging. For example, some action items specific to I/T/U are best measured locally. However, it is best to have one agency, such as ITCA which serves the region, coordinate reporting and monitoring of progress, and facilitate collaborations among partners. Thereby ITCA will be hosting semiannual meetings with Tribal health staff, Tribal directors, and other partners to discuss progress, availability of resources, partners, and other levels of support systems. Yearly reporting would suit this road map as most of the action items are recommended to be measured on a yearly schedule.

As it is not feasible for I/T/U, local, and regional organizations to implement all of the recommended activities outlined in the Road Map at once, each organization should choose, yearly, which activities are most feasible to implement. Collaboration on activities is highly encouraged. ITCA should be notified for tracking purposes, to coordinate partnerships, and to assist in identifying technical assistance resources. Each organization or partnership should be responsible for establishing a baseline for the measure(s) associated with their chosen activities and for collecting the necessary data for reporting. Progress on the activities should be reported one month prior to the yearly meeting, in order to compile the data for sharing and discussing among partners.

Sustaining the Plan

It should be noted that sustaining a plan such as this requires an investment of resources. Given the diversity of participants in creating the plan and the broad scope of the action items, there are several capacities needed to sustain the road map:

- Dedicated staff member or team responsible for communicating its contents, and establishing and maintaining partnerships
- Subject matter experts and technical assistance providers for assisting partners with implementing action items
- Data monitoring system and staff for collecting measurement data
- Reporting responsibilities to partners and other stakeholders

All of these supportive activities require financial resources as well. There are a number of federal agencies who offer funding through either grants or cooperative agreements which may support this effort. Potential funding sources include: Indian Health Service, Centers for

Definitions for STI Testing Terms

Opt-out testing A testing strategy by which patients will receive a test unless they explicitly decline to be tested. The opposite is opt-in testing by which patients must first agree to a test, usually in writing. Opt-out testing for HIV, without the need for risk assessment and counseling, is recommended by the Centers for Disease Control and Prevention for all adult and adolescent patients in healthcare settings, including pregnant women

(<https://www.cdc.gov/hiv/group/gender/pregnantwomen/opt-out.html>).

Express testing Express testing refers to a model of care where an asymptomatic patient is able to access STI testing services without a full clinical appointment. Express services often include patient self-collection kits, thus minimizing interaction with providers. STI express services have been shown to increase clinic capacity, reduce time to treatment, reduce visit time, and decrease visit cost, and therefore have the potential to increase access and testing while maximizing available resources

(<https://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/STI-Express-Initiative/Issue-Brief-May-2021-Final.pdf>). Recommended by the Indian Health Service

APPENDICES

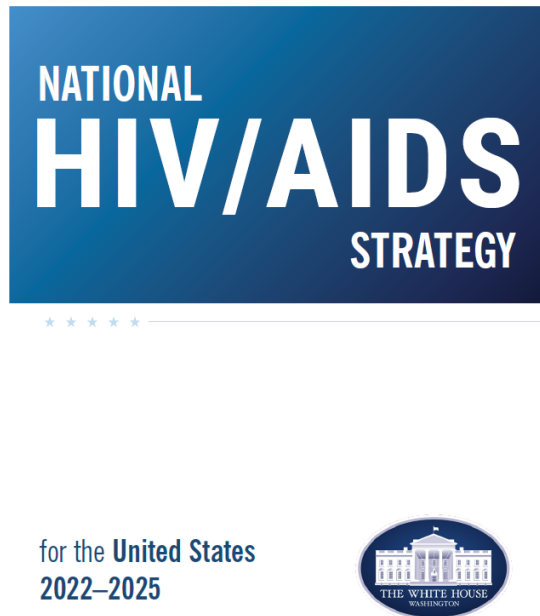
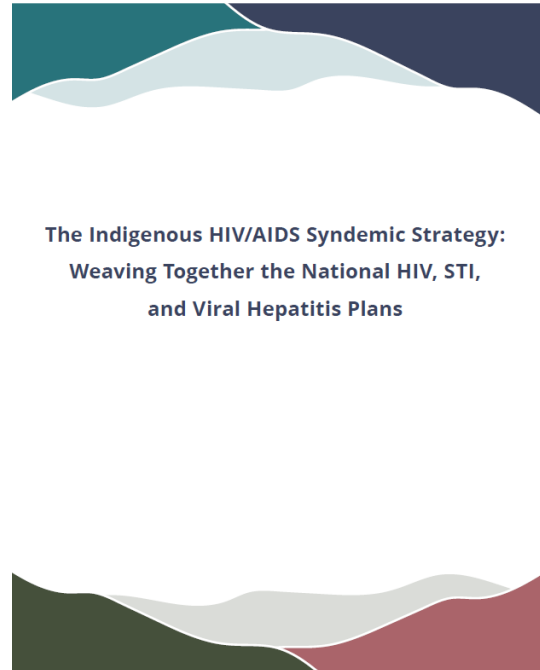
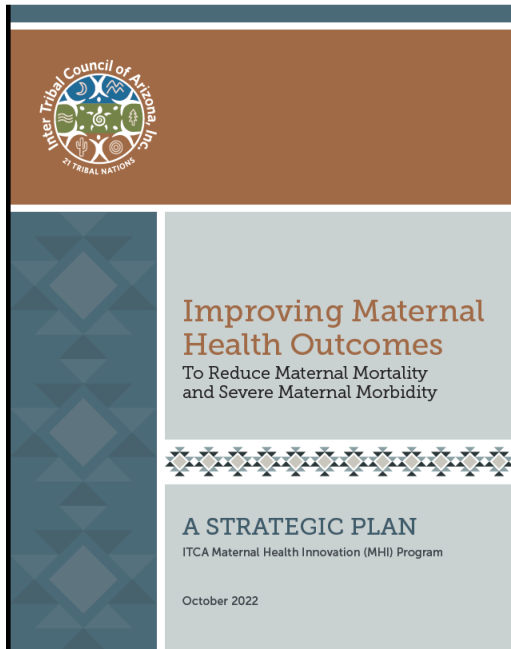


Appendix A: Workgroup Participants

Name	Organization	Region/Area
Alena Pittman	Senior Epidemiologist, Arizona Department of Health Services, Office of HIV & Hepatitis C Services	AZ
Alex Merrill	Epidemiologist II, Utah Department of Health and Human Services, Office of AI/AN Health and Family Services	UT
Alisa Neel	Senior Disease Intervention Specialist, Arizona Department of Health Services, Office of HIV & Hepatitis C Services	AZ
Annie Nguyen	State of Nevada, Office of HIV	NV
Darien Fuller	Epidemiologist II, Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center	AZ
Denise Larson	STD Epidemiologist, Utah Department of Health and Human Services	UT
Dr. Jamie Ritchey	Director of Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center	AZ
Dr. Melanie Taylor	Infectious Disease Physician at the Center for Disease Control and Prevention, Provider at Indian Health Services	AZ
Dr. Nancy Mangieri	Chief Public Health Officer, Public Health Nurse, Salt River Pima-Maricopa Indian Community	AZ
Dr. Yvonne Lees	Epidemiologist, Registered Nurse, San Carlos Apache Tribe Department of Health and Human Services	AZ
Evan DiGiovanni	Public Health Nurse, Salt River Pima-Maricopa Indian Community	AZ
Gina Featherstone	Certified Health Education Specialist, Reno Sparks Indian Colony Tribal Health Center	NV
Gwenda Gorman	Director of Health and Human Services, Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center	AZ
Heather Smith	HIV Community Liaison, Gilead Sciences	NV, AZ, NM
Heike Cailliau	Executive Director, Tonto Apache Tribe Clinic	AZ
Joana Mendez Lopez	HIV Integrated Plan Liaison, Arizona Department of Health Services	AZ
Jorge A Colon Morales	Medical Director, Public Health Nursing, San Carlos Apache Tribe Department of Health and Human Services	AZ
Kate Thomas	Ending the HIV Epidemic Senior Health Educator, Maricopa County Public Health	AZ
Marleah Olsen	Public Health Nursing Manager, San Carlos Apache Tribe Department of Health and Human Services	AZ

Name	Organization	Region/Area
Merleen Grover	Nurse Practitioner/Nurse Mid-wife, Nevada Division of Public Health, Fort McDermitt Indian Reservation Wellness Center, APRN, CNM	NV
Michael F. Jackson	Health Director, Fort Mohave Indian Tribe	AZ
Preston Tang	HIV Health Program Specialist I, State of Nevada	NV
Providence Ishimwe	Epidemiologist II, Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center	AZ
Rebecca Scranton	Deputy Bureau Chief of Infectious Disease Services, Arizona Department of Health Services	AZ
Renaye Tennison	Registered Nurse, Case Manager, Fort McDowell Yavapai Nation Wassaja Memorial Health Center	AZ
Ricardo Fernandez	Office Chief of HIV & Hepatitis C Services, Arizona Department of Health Services	AZ
Richard Destephens	HIV surveillance Program Manager, Arizona Department of Health Services	AZ
Stephanie Larkins	Registered Nurse, Pascua Yaqui Tribe	AZ

Appendix B: Related HIV/STI/HCV Plans



Appendix C: 2-Day Work Session Agenda



Inter Tribal Council of Arizona Inc.,
Tribal Epidemiology Center



Human Immunodeficiency Virus (HIV), Sexually Transmitted Infection (STI), and Hepatitis C (HCV) Strategic Planning and Roadmapping for Indian Health Service (IHS) Phoenix-Tucson Service Areas, 2023

For Day 1, please join via zoom at the link below:

<https://us02web.zoom.us/j/85180940264?pwd=b0tPejZXbFUvcnYzd1locHZtVFc4dz09>

Meeting ID: 851 8094 0264

Passcode: 775695

Day 1: Tuesday June 13, 2023

Time [PDT]	Agenda
8:30 am - 8:45 am	<p>Welcome</p> <ul style="list-style-type: none"> - Dr. Jamie Ritchey, Tribal Epidemiology Center (TEC) Director <i>Inter Tribal Council of Arizona (ITCA)</i> <p>Introductions/Ice Breaker</p> <ul style="list-style-type: none"> - <i>Blue Stone Strategy Partners (BSSP)</i>
8:45 am - 9:00 am	<p>Historical Overview</p> <ul style="list-style-type: none"> - Darian Fuller, ITCA Epidemiologist II <p>Day 1 Goals and Agenda</p> <ul style="list-style-type: none"> - Karrie Joseph, BSSP
9:00 am -10:00 am	<p>State Presentations (Arizona, Nevada, Utah)</p> <ul style="list-style-type: none"> - Rebecca Scranton, Deputy Bureau Chief <i>Arizona Department of Health Services</i> - Preston Tang, MPH <i>Nevada HIV Prevention Coordinator</i> - Alex Merrill, AI/AN Health Epidemiologist <i>Utah Department of Health and Human Services</i> - Denise Larson, STD Epidemiologist <i>Utah Department of Health and Human Services</i>

10:00 am - 10:15 am	Break
10:15 am - 10:40 am	<p>Presentation: Identifying and Addressing HIV, Hepatitis C, and STI Syndemics in AI/AN Communities</p> <ul style="list-style-type: none"> - Melanie Taylor, MD, MPH <i>Infectious Disease/Internal Medicine Physician, Medical Epidemiologist for the CDC Division of HIV Prevention, Captain in the US Public Health Service, Clinical Associate Professor with U of A College of Medicine Department of Family, Community, and Preventative Medicine, Member of the Global Valuation Advisory Committee for EMTCT Arizona Department of Health Services and the Maricopa County Health Department, Phoenix Indian Medical Center, US Centers for Disease Control</i>
10:40 am - 11:55 am	<p>Tribal Perspective</p> <ul style="list-style-type: none"> - Gwenda Gorman, ITCA - Merleen Grover, Health Provider <i>Fort McDermitt Wellness Center</i>
11:55 am - 12:20 pm	Poll ranking of HHS National STI Plan strategies
12:20 pm - 12:30 pm	Re-cap and plan for Day 2

For Day 2, please join via zoom at the link below:

<https://us02web.zoom.us/j/84777356605?pwd=UUtDL2w3akhDeVZnbDhlSU10OTZGQT09>

Meeting ID: 847 7735 6605

Passcode: 428978

Day 2: Thursday June 15, 2023

Time	Agenda
8:30 am - 8:45 am	Welcome, - BSSP Day 2 Goals and Agenda - Karrie Joseph, BSSP
8:45 am - 10:25 am	Breakout Rooms (2): Creating Action Items Aligning with Priority Strategies - Performance measures and indicators - Report out to group (20 minutes)
10:25 am - 10:35 am	Break
10:35 am - 12:10 pm	Breakout Rooms (2): Creating Action Items Aligning with Priority Strategies - Performance measures and indicators - Report out to group (20 minutes)
12:10 pm - 12:30 pm	Wrap up and next steps

Appendix D: Alignment with the HHS STI National Plan

The table below shows which HHS STI National Plan strategies were ranked high priority and then grouped by categories. Note: the numbering of the strategies aligns with the numbering in the HHS STI National Plan 2021-2025.

Integration	
HHS STI National Plan 2022-2025 strategies	<p>1.3.4 Integrate HPV vaccination into routine clinical care for adolescents and young adults.</p> <p>5.3.1 Encourage entities to integrate STIs and sexual health into existing and future implementation plans that address or relate to other communicable infections or substance use disorders.</p> <p>1.4.4 Integrate STI prevention with HIV, viral hepatitis, and substance use prevention services across workforces and delivery systems.</p> <p>2.1.1 Integrate STI screening, diagnosis, care, and treatment as a routine part of a wide variety of programs and settings including those that screen, diagnose, and treat people for other whole health and public health issues such as primary care, urgent care, emergency departments, pediatrics, family planning, HIV, viral hepatitis, substance use disorders, correctional facilities, and school-based health centers.</p> <p>4.3.1 Expand policies and approaches that promote STI prevention and care in programs involving housing, education, transportation, the justice system, and other systems that impact social determinants of health.</p> <p>5.1.1 Establish and scale up integration of STI-related efforts, policies, and programs involving all components of the syndemic.</p> <p>5.1.2 Integrate STI prevention, screening, testing, care, and treatment in funding opportunities that address other components of the syndemic.</p>
Communications and Programming	
HHS STI National Plan 2022-	<p>1.1.1 Develop and implement culturally sensitive and linguistically appropriate campaigns to provide education on sexual health, STI primary prevention, testing, and treatment that reduce STI-associated stigma and</p>

<p>2025 strategies</p>	<p>promote sexual health.</p> <p>1.1.2 Support a non-stigmatizing, comprehensive approach to sexual health education and sexual wellbeing, especially in adolescents and young adults, that promotes healthy sexual development and relationships and includes both risk-avoidance and risk-reduction messaging at the community level in schools, faith-based organizations, and other community-based organizations.</p> <p>1.2.1 Ensure that prevention programs are accessible, comprehensive, and culturally, linguistically, and age appropriate.</p> <p>1.2.3 Promote safe and supportive environments such as school, family, and community that encourage adolescents and young adults to avoid and decrease STI risk.</p> <p>1.3.2 Dispel myths that lead to HPV vaccine hesitancy in communities by working with trusted community leaders, community-based organizations, and providers to guide strategies and provide culturally affirming messages about HPV vaccination.</p> <p>2.1.4 Increase STI screening and testing for adolescent and young women, pregnant women, and MSM, including extragenital STI testing among MSM, in accordance with CDC guidelines.</p> <p>2.2.4 Expand integrated, coordinated, patient-centered, trauma-informed care models that address the syndemic of STIs, HIV, viral hepatitis, and substance use disorders, including related comorbidities and social determinants of health.</p>
<p>Workforce and Systems</p>	
<p>HHS STI National Plan 2022-2025 strategies</p>	<p>1.4.1 Provide resources, incentives, training, and technical assistance to expand health workforce and systems capacity.</p> <p>2.2.1 Expand workforce knowledge and experience in STI prevention, screening, diagnosis, and treatment through education and training, maintenance of certification, and continuing education programs for health professionals and paraprofessionals.</p>

	<p>4.1.1 Support and encourage training of health care and health systems personnel in cultural sensitivity, bias, discrimination, and disparities associated with STIs.</p> <p>4.1.4 Promote privacy and confidentiality of individual personal health and public health records especially for adolescents and young adults.</p> <p>4.2.1 Train providers, including primary care, specialty, and nontraditional providers, to deliver high-quality, culturally and linguistically appropriate, nondiscriminatory, nonjudgmental, compassionate, and comprehensive sexual health services to populations disproportionately impacted by STIs.</p>
<p>Data</p>	
HHS STI National Plan 2022-2025 strategies	<p>5.2.1 Strengthen and expand existing surveillance infrastructure and methods including the capacity for more real-time data sharing between public health authorities and health care providers.</p> <p>5.2.6 Ensure timely dissemination of data and analyses related to STI surveillance, public health, and health care data to inform decision-making.</p> <p>4.3.3 Improve data collection and surveillance of STIs in populations that are underrepresented in current data.</p> <p>5.3.2 Monitor, review, evaluate, and regularly communicate progress on STI program implementation according to an established schedule and address areas of deficiency.</p>

