

PHOENIX FAST-TRACK CITIES HIV STAKEHOLDER SUMMIT 2025: INSIGHTS ON ESSENTIAL HIV PREVENTION AND CARE SERVICES



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Executive Summary

Introduction

The City of Phoenix, the fifth-largest city in the United States, faces a complex HIV landscape shaped by rapid growth, socioeconomic inequality, and shifting federal priorities. Phoenix is also one of the 57 prioritized jurisdictions for the federal Ending the HIV Epidemic (EHE) initiative, with new infections concentrated among racial and ethnic minorities. As a Fast-Track City since 2016, Phoenix has committed to ending AIDS as a public health threat by 2030 through coordinated efforts among people living with HIV (PLWH), medical providers, community-based organizations, advocacy groups, and local government.

To understand emerging gaps and guide local decision-making, the Southwest Interdisciplinary Research Center at Arizona State University partnered with the City of Phoenix Fast-Track Cities Initiative to conduct a qualitative assessment. This social inquiry comprised three focus group interviews and was held during the Phoenix HIV Stakeholder Summit with key stakeholders from the Fast-Track Cities committee and collaborating partners including providers, advocates, and organizational representatives. Questions were co-developed with the Phoenix Fast-Track Ad-Hoc Committee and the Know Your Status & Eliminate Stigma Subcommittee and centered on past, present, and future funding priorities.

Discussion of Findings

A key purpose of holding the focus groups was to identify which services were essential and should be safeguarded. Participants described the following as essential: testing to treatment, education and awareness, dental care, and support services. Testing was believed to be the most important service for the treatment and care of people with HIV because participants viewed testing as both a preventive measure as well as the beginning phase of treatment. Coupled with testing, linkage to appropriate services was also essential.



PAST

PRESENT

FUTURE

A secondary purpose of the focus groups was to explore the impacts of reduced funding. Funding cuts were reported to have immediate and far-reaching impacts. Participants described reduced staffing and programming, including the loss of outreach, rural services, and in some cases entire programs. Support services such as transportation and housing-related assistance were curtailed, forcing clients to ration care. HIV and STI testing, at-home test kits, mobile testing, and related lab services were scaled back or became more expensive. Stakeholders observed growing disenfranchisement among community members, who increasingly questioned the value of testing and engagement when follow-up care felt uncertain or inaccessible.

Looking forward, stakeholders identified several priority areas to protect and strengthen the local HIV response. These included improved coordination across agencies to reduce duplication and maximize limited funds; stronger partnerships with drug companies and insurers to manage rising costs; and more unified, data-informed advocacy to influence policymakers and funders. Participants underscored the importance of cross-training staff, planning for worst-case scenarios, and preserving institutional knowledge amid high turnover. They also raised concerns about political constraints on outreach language and an increasing focus on insured clients over those with highest need, emphasizing the urgency of intentional strategies to keep equity at the center of Phoenix's Fast-Track Cities agenda.

Conclusion and Recommendations

Based on the identified essential services, current funding cut impacts, and future priorities, the following eight recommendations are offered:

1. Protect the foundations of HIV testing and treatment
2. Fund integrated one-stop-shop service models
3. Establish inter-agency coordinated oral health access for people living with HIV (PLWH)
4. Recommit to housing support services
5. Reduce duplication of efforts
6. Unite voices for advocacy
7. Encourage cross-training of staff and record keeping
8. Establish a multi-sector HIV care sustainability consortium

The focus of these recommendations is to safeguard the essential services while reducing barriers to care and utilizing funds efficiently. Recommendations were developed with budget restrictions in mind and a focus on realistic tasks that did not immediately require a large budget to achieve.

Introduction

Background

The City of Phoenix (COP) is the fifth-largest city in the United States and the most populous state capital with an approximate population of 1.62 million residents as of 2023 (Data USA, 2023). Phoenix covers approximately 518 square miles and has experienced a steady growth in recent years, with its median household income at \$77,041 and a poverty rate of approximately 14.3% compared to the national rate of 11.9% (Data USA, 2023; US Census Bureau, 2023). The demographic composition is diverse with 41.8% of residents identifying as Hispanic, 41.3% as White (non-Hispanic), 7.4% as Black or African American (non-Hispanic), 3.8% as Asian (non-Hispanic), 1.5% as American Indian & Alaska Native (non-Hispanic), 3.1% biracial (non-Hispanic), and 1.0% as other (non-Hispanic) (Data USA, 2023).

The Phoenix Fast-Track Cities Initiative was approved by the city council in October 2016. This initiative aims to end AIDS as a public health threat by 2030, and it has been in existence since then (COP, 2025). Phoenix established an Ad Hoc Committee, currently led by Council members Pastor and Stark, comprised of people living with HIV, medical providers, community-based organizations, advocacy groups and government departments to oversee planning and implementation (COP, 2025). Among its efforts, in 2024 Phoenix's Fast-Track Cities program contributed \$10,000 to the Southwest Center for HIV/AIDS Richard P. Stahl Client Care Fund, enabling coverage of services for 200 individuals who were unable to pay (Arizona Digital Free Press, 2024).



Currently, there are 32 Fast-Track Cities located in the United States of America (Atlanta, GA; Austin, TX; Baltimore, MD; Baton Rouge, LA; Birmingham, AL; Boston, MA; Charleston, SC; Chicago, IL; Cleveland, OH; Columbia, SC; Dallas, TX; Denver, CO; Durham, NC; Fort Lauderdale, FL; Houston, TX; Las Vegas, NV; Miami, FL; Minneapolis, MN; Nashville, TN, New Orleans, LA; New York City, NY; Oakland, CA; Phoenix, AZ; Pittsburgh, PA; Providence, RI; San Antonio, TX; San Francisco, CA; San Juan, PR; Springfield, MA; St. Louis, MO; Tampa FL; Washington, DC) (Fast-Track Cities Institute, n.d.). These cities are committed to ending AIDS as a public health threat by 2030 by enhancing and coordinating existing HIV programs, services, and resource to accelerate progress toward that goal (COP, 2025).

The Southwest Interdisciplinary Research Center at Arizona State University partnered with the Phoenix Fast-Track Cities to conduct a gap analysis through focus groups in the context of how federal funds impact HIV services and operations. This report details the findings from the focus groups.

**City of
Phoenix**

Population:

1.62 million

Poverty Rate:

14.3%

**32 Fast-Track
Cities in the
USA**

**Phoenix Fast-
Track City**

Since 2016

Literature Review

Funding for the HIV/AIDS response nationally and locally depends on a mix of federal, local, and philanthropic funding sources, and includes prevention, treatment, research and other supportive services. However, beginning in 2025, the federal government enacted substantial cuts to many of these activities, with the budget for fiscal year 2026 reflecting a continuation of these cuts. Specifically, for 2026, the budget proposes to eliminate funding for all HIV prevention, surveillance, and housing assistance efforts at the Centers for Disease Control and Prevention (CDC; HIV and HEP Policy Institute, 2025). According to a press release by the HIV and HEP Policy Institute (2025), the 2026 budget proposes cuts of over \$1.5 billion dollars for HIV funding. The budget proposes cutting research funding for the National Institutes of Health (NIH) by 40%, which could add another \$1.3 billion in cuts if the decreases affect the current AIDS research portfolio (HIV and HEP Policy Institute, 2025). Additionally, in 2025, the federal government canceled 230 HIV-specific NIH grants (Cohen, 2025). These structural changes have also raised alarm among community stakeholders; the National Minority AIDS Council (NMAC) has voiced concern over recent federal restructuring at HHS and the CDC that eliminates key HIV prevention and minority health programs (Guharoy, 2025).

The federal government established the Ending the Epidemic (EHE) initiative in 2019 (Fauci et al., 2019); this is the only HIV prevention program that would keep its funding (\$120 million) under the President's budget. However, the new Administration for a Healthy America (AHA) would take over the initiative, transitioning it from its current home at the CDC. It is important to note that the EHE program works in tandem with all other existing HIV prevention programs.

Over the past few decades, researchers and the medical community have made many advances regarding treatment and care for people living with HIV/AIDS. A 12% decline in new HIV infections from 2018-2022 is at least partly linked to EHE efforts (Cohen, 2025). However, in the United States, there are still about 32,000 new cases each year (HIV and HEP Policy Institute, 2025b). A recent CDC report predicts that the need for PrEP (Pre-Exposure Prophylaxis), is around 2.2 million citizens, an 83% increase over the 1.2 million that the CDC previously reported (Kourtis et al., 2025). These statistics highlight the need for continuing work around HIV prevention.

According to the *HIV Surveillance Report* from the Arizona Department of Health Services (ADHS), in 2022, there were 19,894 individuals living with HIV/AIDS statewide, and 975 new incidences that year, an increase from the 852 reported in 2021 (Arizona Department of Health Services, 2023). Sixty-six percent of those new incidences were among people residing in Maricopa County, which encompasses the state's largest city, Phoenix. The highest incidence rate per age group (33.4 per 100,000 people) was in people aged 30-34 and 25-29 (31.9 per 100,000 people). Most of the cases, 86%, were in people assigned male at birth. The largest racial/ethnic group represented was Hispanic/Latino, with about 41% (405) of cases; however, in terms of the incident rate, those who identified as Black/African American were disproportionately represented, with an incident rate of 42.3 per 100,000 people. For comparison, the Hispanic/Latino population had an incident rate of 17.1 per 100,000 people and the American Indian/Native American population had an incident rate of 17.3 per 100,000 people. Per ADHS, incidence in Arizona increased by 20% from 2021 to 2022; however, there was also more testing starting in 2021 after testing decreased due to the COVID-19 pandemic.

In 2022, 79% of people newly diagnosed with HIV/AIDS were linked to care within 30 days of their diagnosis. This rapid link to care demonstrates a strength of Arizona's HIV care continuum. About 62% of newly-diagnosed people were considered to be virally suppressed, meaning that the virus was no longer detectable in their blood. Although initial linkage to care was high, about 55% of people living with HIV/AIDS were considered to be retained in care, meaning they received regular, ongoing services for HIV care.

In Arizona, the federal government would reduce health departments' budgets for the next fiscal year. Several organizations statewide have had to readjust their approaches to HIV prevention and treatment and rely on collaborations with other groups (Oberstein, 2025). In addition, many grant-funded programs received stop work orders from the federal government, including many programs focused on underserved populations (Oberstein, 2025). The City of Phoenix is a member of the worldwide Fast-Track Cities Initiative, which aims to end the HIV/AIDS epidemic by 2030. The specific targets include: 95% of people living with HIV knowing their status, 95% of those being on antiretroviral therapy (ART), and 95% of those on ART achieving viral suppression. While the true impact of funding cuts and service disruption across the city, state, and country are not yet known, these targets are now in jeopardy of being reached.



Methodology

Focus group questions were developed in partnership with members of the Phoenix Fast-Track Ad-Hoc Committee and the Know Your Status & Eliminate Stigma Subcommittee. The questions were focused on three key areas: past, present, and future funding priorities. The primary aims of the focus groups were to: (1) identify current and anticipated gaps and needs in prevention and care within the City of Phoenix; (2) discuss and refine priorities for continued HIV service delivery within the Fast-Track Cities Phoenix Ad Hoc Committee and its subcommittees, *Know Your Status* and *Eliminate Stigma, and Virally Suppressed* and (3) brainstorm and propose concrete steps and funding recommendations for 2025 and future planning.

Three focus groups were conducted during the HIV Stakeholder Summit. Focus groups were facilitated by staff from the Arizona Department of Health Services and co-facilitated by researchers from the Southwest Interdisciplinary Research Center. Two additional focus groups were scheduled after the summit to accommodate stakeholders who could not attend the HIV summit; however, there was no participation in these subsequent focus groups. The focus groups were audio-recorded and transcribed verbatim by a third-party transcription service. Transcripts were analyzed using thematic analysis to identify key themes, patterns, and priorities related to HIV prevention, care, and funding. Coding and analysis were conducted in Dedoose software to ensure accuracy and consistency across findings. All processes and documents were approved by the ASU Institutional Review Board for Human Subjects, and consent was given by participants.

Sample

The target population consisted of key stakeholders of the Phoenix Fast-Track Cities Initiative, ages 18 and older. A total of 44 people attended the HIV Summit, and 19 of those individuals participated in the focus groups. Participants represented diverse sectors involved in HIV prevention, care, and advocacy within the Phoenix community.



Findings

The purpose of the focus groups was to guide future planning and priorities for HIV care in light of current and anticipated budget cuts. A primary focus was exploring and identifying what HIV care agency staff and related organizations personnel considered to be essential HIV services so these could be protected. It was also important to explore the current status of programming and to identify ways to move forward with success in the event of continued funding cuts.

Three themes emerged from the analysis of the focus groups along with associated sub-themes:

1. Essential Services

- Testing to treatment
- Education and awareness
- Dental care
- Support services

2. Current Impacts of Funding Cuts

- Reduced staffing and programming
- Reduced support services
- Reduced testing services
- Target audience disenfranchised

3. Future Priorities

- Enhanced coordination
- Increased advocacy
- Provisional measures
- Other

Each theme is presented below followed by a discussion of the implications for the HIV community. Several recommendations were made on how these findings can be utilized to improve future HIV care efforts.



Essential Services

A primary goal of the focus group questions was to identify what the stakeholders viewed as essential services to enable proper decision making around budgets when faced with reductions. Focus group participants were asked to explain what they felt were the most essential services for HIV care. Upon analysis of the focus group transcripts, four essential services sub-themes were identified:

1. Testing to treatment
2. Education and awareness
3. Dental care
4. Support services

From Testing to Treatment

Vital services for HIV prevention and treatment were identified by focus group participants, forming a critical continuum of care. This continuum begins with robust testing, followed by immediate medical linkage for both prevention and treatment, and is sustained through access to essential pharmaceuticals. Participants consistently emphasized that testing is the foundational entry point, enabling timely connection to care for those who test positive and to preventive services for those who test negative.

Accessible testing plays a pivotal role in safeguarding both individual and community health. Participants noted that regular clients often returned to confirm their status, which helped reduce anxiety and fostered peace of mind. However, they also observed disparities in community awareness. For example, while some populations were well-informed and proactive about testing, others remained unaware of its importance or availability.

QUOTE:

"Testing is the baseline for everything that we're talking about."

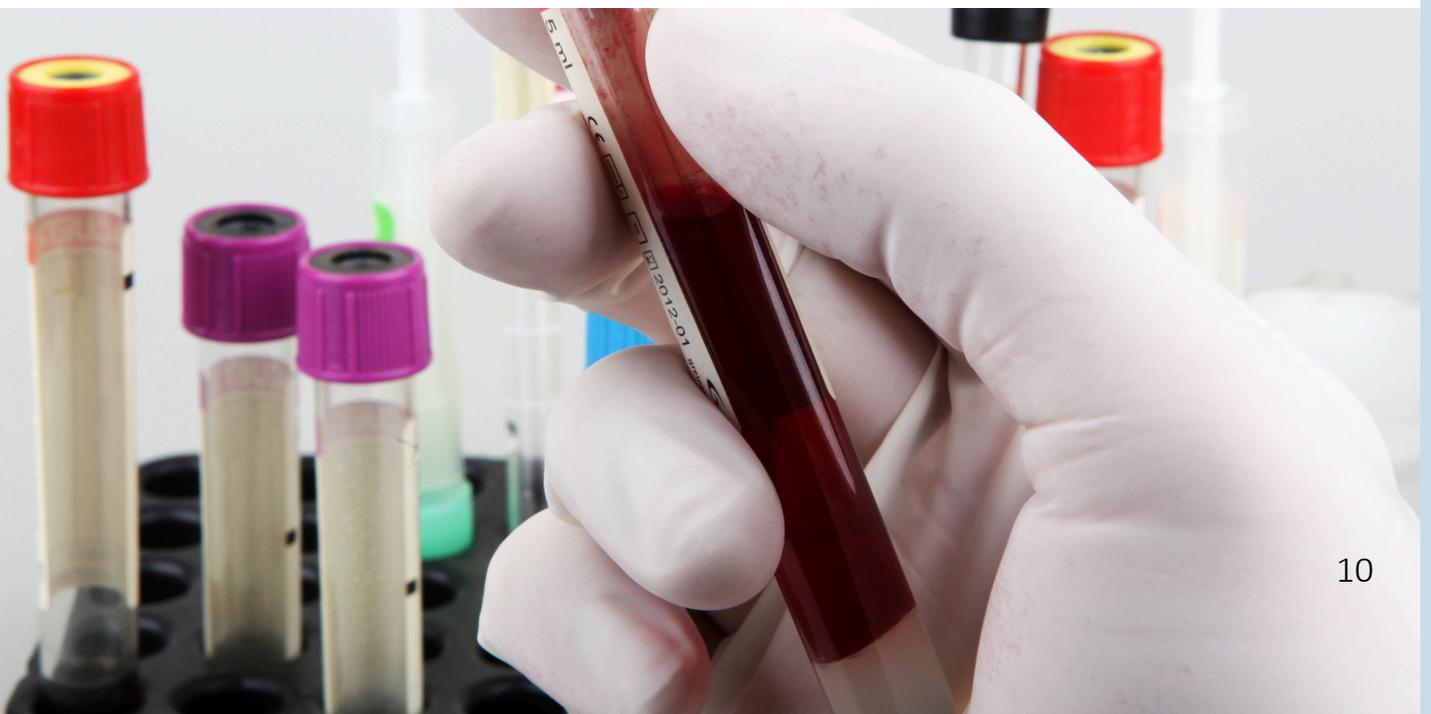
-Focus Group Participant

For individuals who tested positive, rapid linkage to care was essential. This included immediate access to primary medical services, laboratory testing, and pharmaceutical support. Participants highlighted that access to medication was a top priority in these cases, as timely treatment could significantly improve health outcomes and reduce transmission risk.

For those who tested negative, linkage to and engagement in PrEP (pre-exposure prophylaxis) was considered equally vital. Participants viewed this as a cornerstone of prevention, ensuring that at-risk individuals remained protected through ongoing support and monitoring. Despite the availability of these services, barriers such as limited awareness, competing clinical priorities, and logistical constraints continued to affect uptake and implementation.

QUOTE:

"What is essential is for me to have easy access to get them tested."
-Focus Group Participant



Education and Awareness: Bridging the Information Gap

Focus group participants reported that the primary challenge was not merely confined to a lack of educational resources, but a critical gap in awareness. This gap existed at both the community and individual levels, often because educational components were perceived as hidden inside other services. At a community level, participants saw a clear divide in knowledge.

Despite being connected to care, many individuals remained unaware of the educational resources available to them. Participants described a range of low-barrier programs, including initiatives funded by Ending the HIV Epidemic (EHE), which were open to all individuals living with HIV regardless of insurance status. However, concerns persisted that awareness of these programs was limited, and many patients may not have realized that educational support was part of their care journey.

Participants explained that this gap stemmed from the way education was delivered because it was often embedded within other services rather than presented as standalone programs. Resources were available, but they may not have been explicitly labelled as educational, making them less visible to patients. In particular, psychosocial services were highlighted as a meaningful avenue for delivering education in a way that felt natural and supportive.

QUOTE:

"Some communities are more aware of PrEP... and are really good about testing, but others don't know."

-Focus Group Participant

QUOTE:

"Psychosocial services are like a really great way of getting that educational component."

-Focus Group Participant

The most effective educational interventions were those that were integrated into routine care and delivered in real time. Participants described ideal models where education occurred alongside testing, PrEP initiation, and medication distribution. This one-stop-shop approach allowed engagement with patients holistically, offering information, resources, and support in a single visit, often while conducting other clinical tasks such as drawing blood or distributing prevention materials.



The Vulnerability of Essential Dental Care

Participants identified oral health as a critical component of comprehensive HIV care, viewing it as an essential service that supported overall well-being. Rather than elaborating on why dental care mattered, participants focused their attention on the significant barriers to access, including systemic issues and funding cuts. These challenges were so closely tied to the topic that discussions about dental services often became discussions about structural limitations in the healthcare system.

This emphasis on barriers did not reflect a lack of concern but rather a shared understanding of dental care's importance. Participants considered this a form of conventional wisdom. The fact that its value went largely unquestioned suggested that it could be viewed as a given, yet also as one of the most vulnerable aspects of the HIV care continuum. Dental services were consistently under-supported and often among the first to be affected by funding instability, despite their recognized necessity.

QUOTE:

“Dental is so important, oral health care.”

-Focus Group Participant

QUOTE:

“We know for HIV care that dental is so incredibly important.”

-Focus Group Participant

The Critical Role of Support Services

Participants emphatically stated that medical care could not succeed if a client's basic survival needs remained unmet. They stressed that supportive services, particularly those addressing the social determinants of health (SDOH), were not secondary but foundational to effective treatment. In their view, these services were just as essential as clinical interventions, forming a necessary base for sustainable health outcomes.

Participants warned against working in silos. They argued that focusing only on medication and appointments ignored the reality of their clients' lives. Participants noted true care meant looking at treatment needs as a whole, which often included housing and transportation insecurities.

QUOTE:

"We have to make sure we have those supportive services available to them because they will not stay in care if we don't have the supportive services which they rely on."

-Focus Group Participant

QUOTE:

"One of the things that has become clear to me since working at [workplace] is that we can't work in silos. I see so many of the clients that come through [...] that need transportation services, that need housing, that need sort of bridge funding for, for example."

-Focus Group Participant

Housing dominated the discussion as the most essential support service. It was described by participants as difficult to impact, yet instability of housing was considered a primary barrier to retaining patients in care. The consensus was clear that housing was essential.

Transportation was also cited as critical to the community and often seen as its own barrier to care. Along with housing and transportation, providers mentioned a wide range of other non-medical services that were essential for HIV care, including: (1) support to address pervasive food insecurity, (2) utility assistance to help clients keep their power on, (3) bridge funding to cover gaps in care, and (4) ongoing case management. Participants cautioned that while these essential services were not explicitly HIV, HIV care was impossible without them. They were the wraparound services that made successful HIV intervention and treatment possible.

QUOTE:

“Primary essential resources are definitely housing. We rely a lot on SAFE, the program that they have for housing, because a lot of our individuals don’t qualify for HOPWA assistance.”

-Focus Group Participant

QUOTE:

“And then transportation is also a big thing in our community.”

-Focus Group Participant

Current Impacts of Funding Cuts

After being asked what programs they considered essential, the focus group participants were asked to describe current impacts of funding cuts. They were asked to consider impacts to both preventive and care services. Four sub-themes were identified during the analysis of the responses, and they are listed below in the order of how frequently they were discussed:

1. Reduced staffing and programming
2. Reduced support services
3. Reduced testing services
4. Disenfranchised target audience

Reduced Staffing and Programming

By far, reductions in staffing and programming were the most discussed impact from the funding cuts. Focus group participants expressed disappointment about all of the staff who had been lost and the programming that was affected. Participants specifically said rural programming was reduced, outreach had been eliminated for some organizations, with one organization having to close completely. Most, if not all, were working with a much smaller staff who had to do double the workload to keep up, and community events were not able to be staffed anymore. Some participants expressed frustration that staff were not replaced when the stop work order was removed. Many also said they were being cautious with funding and were slowing their pace of offering services so as to not run out of funds. Some programs had cut new enrollments and were only providing services to those previously enrolled.

QUOTE:

“And we're going to eliminate things that are less of a priority, like the outreach is less of a priority versus having case managers and having the PrEP navigators working directly with our clients that are already enrolled in services and making sure.”

-Focus Group Participant

QUOTE:

“I know that there's a lot of staff that unfortunately are being let go because of those cuts to funding. So, it is impacting our communities.”

-Focus Group Participant

Reduced Support Services

Participants of the focus groups discussed several ancillary services they felt were critical to the success of HIV treatment and programming. Some of these services were related to housing, transportation, and medication assistance. Past research showed that instability, especially in housing, was linked to lower adherence to HIV treatment plans (Fernandez et. al, 2022). Unfortunately, due to funding cuts some of these support services were being reduced. Focus group participants said this was harmful to the success of program efforts. For example, participants said clients were having to pick and choose which HIV related care they would get based on limitations placed on use of transportation services, sometimes limited to only once per week.

QUOTE:

“With the reduction in transportation, that's creating a very stressful environment for our clients because they have to be seen at one clinic, but then they only have one taxi ride per week. And then they have to pick up medication. So, which one do I prioritize?”

-Focus Group Participant

QUOTE:

“Here are impacts to ancillary services that support care, like, in particular, transportation. Insurance companies are tightening up their restrictions in terms of what they'll provide medical transportation for.”

-Focus Group Participant

Reduced Testing Services

Participants named several testing services that were being reduced due to funding cuts. Specifically, overall HIV testing was affected, as well as at-home HIV tests. Mobile community testing had been pulled back by one organization due to funding complications. Reductions affected other testing including rapid hepatitis C, CDC-funded lab support, PrEP/PEP-related tests, and STI testing. Participants said since funding had been cut, the costs for testing were increasing to rates that were not sustainable.

QUOTE:

“I think it was in February, we have an internal CDC-funded lab support program, but we had to put that on pause for six weeks. And then couldn't do any PrEP-related labs or PEP-related labs. And then for STI testing, we had to strategize, how do we go from no cost to \$150 to test one person for STIs?”

-Focus Group Participant

QUOTE:

“When the stop work order happened, nobody was getting any test kits from the state. So, they were trying to purchase them on their own, but some agencies didn't have the overhead to purchase them on their own. So, they had a reduction in overall HIV testing.”

-Focus Group Participant

Disenfranchised Target Audience

Focus group participants said they were noticing signs of disenfranchisement from people in the target population. Since it was becoming known in the community that testing kits and resources were not as widely available, people were more hesitant to begin the process of HIV testing and care. There was a sense of hopelessness that there was no point in finding out HIV status because there would not be a way to get the follow up treatment and care.



QUOTE:

"I think also with just the general knowledge and climate of the community right now, I'm seeing a lot of people who were previously interested in PrEP and then understanding everything going on, the potential cuts, all of the obstacles that are being put in place. They cannot go through the process or it's too difficult, so they're just choosing not to go through it."

-Focus Group Participant

QUOTE:

"Also, maybe disenfranchising people to even want to get tested, even want to know because the funding's not there, people are going to go back to where it's, well, I can't get care, so why do I care about getting tested or knowing my status at all."

-Focus Group Participant

Future Priorities

The final section of the focus group questions focused on the future and what participants considered the highest priorities. Priorities were based on what losses to HIV care would be the most devastating and the best ways to prepare for the future. A key element to these priorities was the emphasis on ideas that would not need funding to implement. Four sub-themes were identified:

1. Enhanced coordination
2. Increased advocacy
3. Provisional measures
4. Other

Enhanced Coordination

Participants emphasized how important it would be moving forward for agencies to strive to coordinate efforts more than ever. For example, this movement would need to include coordinating with each other on which services were offered and where, and how to maximize funding. Some participants said there were too many duplicate efforts that were creating competition rather than community. They felt increased coordination could lead to more unity and success in reaching people who needed HIV services. Other areas of coordination would need to include working with drug companies to find solutions to the newly increased costs of supplies. There would also need to be more coordination on how to address changes to Medicaid coverage and the impact that was already having by changing which people were able to receive testing and treatment with coverage.

QUOTE:

"I would just add collaboration, especially with Medicaid changes that could come down. With requirements kicking people off Medicaid, we're going to need collaboration more than ever."
-Focus Group Participant

QUOTE:

"Instead of 10 organizations doing the same thing, maybe partner together which ones we should do better, which ones we can do better."
-Focus Group Participant

Increased Advocacy

Along with increased coordination, participants discussed the need to increase advocacy and improve communication. They felt the voice on social media platforms needed to be both more united and to be better at utilizing all social media outlets to have a stronger impact in advocating for HIV care. Participants said it would be important for people working in the HIV field not to be afraid to speak up. They also pointed out that for advocacy to be more effective, it would be important to know statistics on how many people were using their services before and after funding cuts as well as rates of HIV in the community. Participants felt these statistics would be critical in informing government representatives and those who had the power to influence future funding availability. Participants suggested inviting government officials to planning meetings to stay better informed on the HIV care needs.

QUOTE:

“The other piece that, to me, would come out of that is having the numbers to say this many people are going to die, this many more people are going to be homeless, this many people are going to, whatever, and then taking that over to the Capitol and starting to hit all of the state reps.”

-Focus Group Participant

QUOTE:

“I'd just say, like, maybe even more like local advocacy. So right now, we're very, very reliant on the federal government. We now realize that we can't be, so how can we work together with our state representatives, our local representatives, to ensure that we're not put in this position again? I don't know if that looks like joining the Western sort of like healthcare union that they have going on, but, yeah, I think that that's one thing that I don't think costs money, but it's something that each and every one of us could probably be doing more of, and I should definitely be doing more outside.”

-Focus Group Participant

Provisional Measures

Participants shared some examples of ways they had already started to address the funding cuts, and they provided suggestions on how to approach future reductions in budgets. Some of the agencies had begun implementing cross-training of staff so personnel would be able to step into a variety of roles in the case of reductions in team members. They said this was important as cuts could happen quickly with little to no time to react or train. Participants emphasized how important it was to have conversations about worse case scenarios before they arose, as a big part of future success would rely on having a plan in place beforehand. They also pointed out that agencies should have flexibility to pivot in their programming strategies when necessary.

An important concern to note was the loss of knowledge within the HIV care teams due to high turnover from funding cuts. Participants said more should be done to help record important knowledge for different agency positions so they could be navigated more easily when the need arose.

QUOTE:

“So, a lot of our navigators, like we have our staff cross trained because of what's happening. So, they can very easily pivot into testing because they're all trained and certified. So that's what we did on our end, just to make sure like, hey, this person can do this, and they can also do this, like wherever they're needed, like, we're just going to shift that way.”

-Focus Group Participant

QUOTE:

“So, it didn't allow us to prepare like, oh, something's coming in the next three months. Let's make sure we have enough to carry us for the next three months while we let the community know, hey, there's not any more funding. So, it's just happening so quick that now that we have that experience, we know we have to pivot very quickly. And we know we have to be very cautious of our resources and how we utilize them and all that good stuff.”

-Focus Group Participant

Other

While the following discussion points did not stand alone as sub-themes, it is important to note some additional concerns the participants felt were relevant to the HIV care landscape. For example, although not a funding issue, there were political issues impacting the ways HIV programming could be advertised going forward. Agency staff were becoming limited in the language they could use to recruit their target audience for service, with one limitation being the restrictions on using any language to target a minority group. Participants felt this would potentially be a negative impact to recruitment as fewer people might seek service(s) due to the new verbiage not being as clear on who was welcome to ask about and receive HIV and related care.

Similarly, another concern participants discussed was how the funding cuts were impacting the target audience by shifting the focus to those with insurance coverage and benefits over the concern for those people in highest needs groups. With the loss of funds, it was becoming more important to find people to enroll in care who had insurance that could pay for the services rather than the previous approach of being able to recruit all possible enrollees.



Discussion

Effective HIV care depends on an interconnected system of essential services that goes beyond traditional medical treatment. Testing serves as the critical entry point, and once linked to care, education, oral health, and social support help to determine whether individuals remain engaged in care. Participants described how awareness gaps, funding instability, and unmet social determinants of health needs (e.g., housing and transportation) weaken the effectiveness of even the most well-designed clinical programs. These insights suggest that the success of Fast-Track Cities goals will rely on strengthening wraparound supports and reframing HIV care as a comprehensive system that addresses both medical and social determinants of health, as equitable outcomes require integration and not isolation of services.

Funding cuts have had a profound and cascading effect on the HIV care and prevention landscape in Phoenix. Participants described a system operating in survival mode with staffing losses, program reductions, and the elimination of outreach which have weakened service capacity, especially in rural areas. Agencies that once lead community engagement, now struggle to maintain basic operations, with remaining staff stretched thin and forced to scale back services or halt new enrollments altogether. These reductions have constrained clinical services as well as essential wraparound support services such as housing, transportation, and medication assistance that have sustained clients in long-term care.

Scaling back testing efforts has worsened the difficulties faced by providers and clients alike. Reduced access to HIV and related testing, along with rising costs, has made prevention less attainable and trust in services harder to maintain. Participants noted growing discouragement among target population groups, with some questioning the value of testing when treatment and follow-up care were uncertain. Funding cuts are eroding both capacity and confidence, while threatening the stability of the HIV care continuum in Phoenix.



Participants identified collaboration, advocacy, and preparedness as key priorities for strengthening HIV care in Phoenix. They emphasized the need for better coordination among agencies to reduce duplication, shared resources, and address rising costs and coverage gaps. Stronger advocacy efforts were seen as equally vital, especially unified messaging, data-driven communication, and greater engagement with policymakers to secure sustainable funding. Many agencies had already begun cross-training staff, developing contingency plans, and documenting key processes to preserve institutional knowledge amid turnover. Participants also raised concerns about political restrictions that limited outreach language and shifted focus toward insured clients rather than those most in need. Collectively, these priorities reflect a call for a more unified, adaptable, and advocacy-driven approach to ensure the future stability of HIV outreach and care services in Phoenix.

Overall, the perspectives shared by participants projected a deeply interconnected HIV care system that depends on coordinated services, stable funding, and a strong foundation of community trust. Services such as testing, education, and supportive care remain essential as the backbone of effective prevention and treatment. However, recent funding cuts have strained every link in that continuum, reducing staff, limiting access, and scaling back testing efforts. Despite these challenges, participants continued to demonstrate resilience and commitment, identifying clear priorities for the future such as greater coordination across agencies, stronger advocacy for sustainable funding, and proactive strategies to adapt to evolving political and financial landscapes. The message heard from focus group participants made it clear that the future of HIV care depends on more than just clinical treatment; the future depends on building a system that is rooted in empathy, equity, and community support.



Recommendations

A primary objective of the Phoenix Fast-Track Cities Initiative is to end the HIV epidemic. Focus groups were held at the 2025 HIV Stakeholder Summit to help identify key areas to focus future efforts, especially in light of the changing funding climate. Several recommendations were identified in the analysis and interpretation of the participant responses. Essential services, current funding cut impacts, and future priorities, as identified by the participants, were key considerations in developing the following eight recommendations:

1. Protect the foundations of HIV testing and treatment
2. Fund integrated one-stop-shop service models
3. Establish inter-agency coordinated oral health access for people living with HIV (PLWH)
4. Recommit to housing support services
5. Reduce duplication of efforts
6. Unite voices for advocacy
7. Encourage cross training of staff and record keeping
8. Establish a multi-sector HIV care sustainability consortium

1. Protect the Foundations of HIV Testing and Treatment

Despite testing being described as the foundational entry point to proper HIV care, participants named several testing services that were being reduced due to funding cuts. Specifically, overall HIV testing was affected, as well as at-home HIV tests. Mobile community testing had been pulled back by one organization due to funding complications. Other affected testing services included rapid hepatitis C, CDC-funded lab support, PrEP/PEP-related tests, and STI testing. Participants said since funding had been cut, the costs for testing services were increasing to rates that were not sustainable. If the goal of ending the HIV epidemic is to be realized, testing must be safeguarded.

Action:

- Engage in dialogue with decision makers about reducing testing service costs. Participants said a main impact of funding cuts was the rise of costs for test kits, in most cases to unsustainable levels. Keeping the dialogue going would help with prioritizing keeping costs low, which in turn would lead to being able to reach more clients. Several participants said they had to cut back programming primarily because they could not afford enough kits to test the number of people they were accustomed to testing.

- Mirror advertising with budget constraints. Several participants said they had to stop advertising as heavily so they would not run out of testing supplies too quickly. It was recommended that all agencies follow this approach and have a six-month plan for how to keep testing services available without a period of having no supplies. The purpose would be to continually offer at least some testing to those who were identified as having the highest needs. This would also help to maintain trust in the community by consistently having at least some tests available, although at a reduced capacity.

2. Fund Integrated One-Stop-Shop Service Models

The primary barrier to education and prevention was not a lack of programming, but a gap in awareness. Participants said many services were underutilized because they were not clearly labeled or visible to clients. One-stop-shop service models were identified as a potentially efficient and effective way of reducing this gap in awareness by providing education in combination with other treatment steps in one visit. This service integration would also help to address barriers of not having transportation in order to make multiple visits for different aspects of HIV care.

Action:

- Prioritize funding for integrated, co-located service models that combine testing, education, and PrEP linkage. The purpose would be to maximize resource efficiency, especially in times of funding cuts.
- Close the gap in awareness by avoiding siloed programming in favor of one-stop-shop approaches that leverage existing client touchpoints. This would have a dual purpose of reducing barriers such as transportation issues as well as giving the opportunity to reduce the awareness gap by providing all services at once.
- Negotiate for funding and insurance to pay providers for conducting more than one service during the same visit. This necessitates the difficult work of bringing together the many decision-makers in finding available workarounds and innovative ways of doing business and accounting for funds.

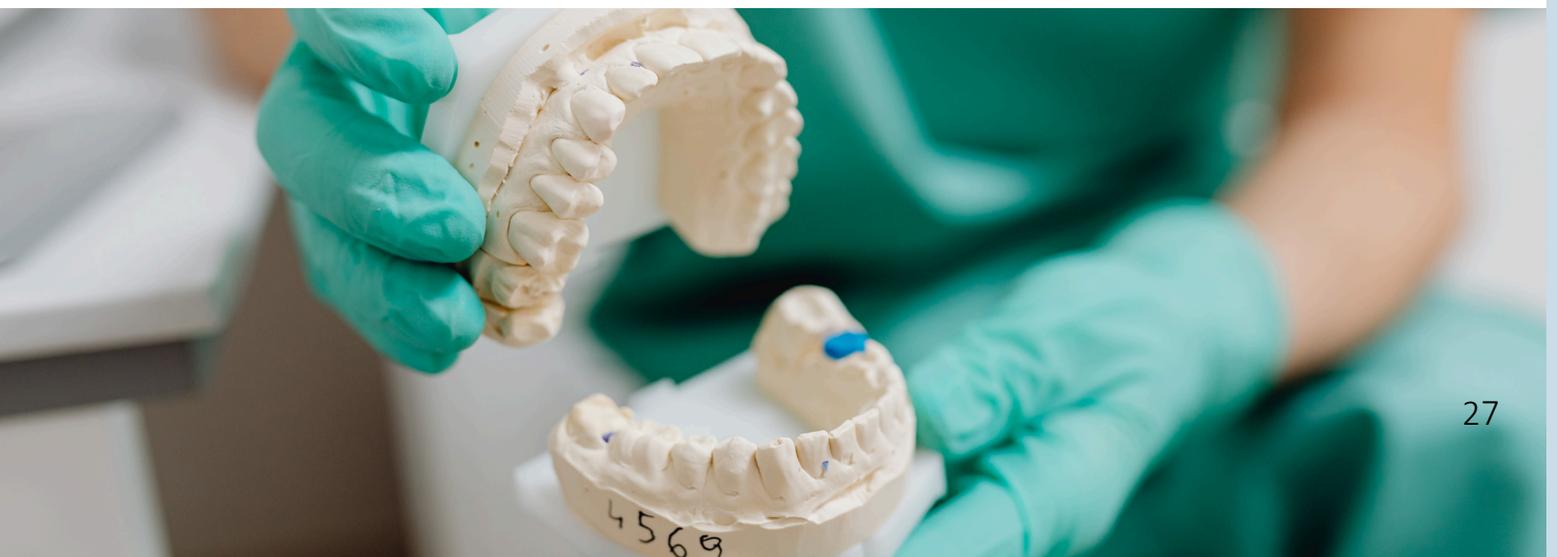


3. Establish Inter-agency Coordinated Oral Health Access for People Living with HIV (PLWH)

Participants viewed dental care as an important aspect of overall care, but noted that access was limited for many due to systemic or financial barriers. At the time of this report there were Ryan White funds for dental care, and certain organizations did have programs to assist people living with HIV/AIDS with their dental care, but they were contained in each organization. Phoenix could start a partnership for dental access, bringing together dental schools, community health centers, Ryan White providers, and volunteer networks to expand low- or no-cost oral health for people living with HIV/AIDS.

Action:

- Create partnerships for low-cost dental service access across academic, medical, and philanthropic entities. Partnerships could include some of the following aspects: create a small oral health emergency fund to cover urgent procedures when clients lose coverage; pool together resources and funding from Ryan White Part A, city funds, and philanthropic initiatives; and coordinate data sharing to monitor wait times, service use, and unmet dental needs within the population. This would demonstrate Phoenix's commitment to whole-person, equitable HIV care, as well as ensure that dental care remains available and accessible even during periods of funding instability.
- Look to other cities as models for dental partnership programs. Several cities across the country have academic-community programs through the Ryan White Dental Community-Based Dental Partnership Program, such as the Columbia College of Dental Medicine and their partnership with three community programs, which serve HIV-positive residents of Harlem and South Bronx in New York. Using other functioning programs as a model would make the start-up of a partnership easier by reducing program design time and it would provide evidence of the validity of such a partnership.



4. Recommit to Housing Support Services

In times of budget constraints, there is a tendency to prioritize only hard medical services such as medication. Participants, however, strongly cautioned that this approach was short-sighted. Supportive services (especially housing and transportation) are the infrastructure that enables treatment adherence. Housing was described as a primary barrier, with clients frequently falling through the cracks between programs like HOPWA and SAAF. Despite it being a primary barrier, participants were concerned housing support services may not be prioritized because it did not fall directly under the HIV care label. Participants strongly urged the continuance of offering housing support to reduce that barrier.

Action:

- Allocate resources to address specific local gaps and strengthen city-level programs, especially for people living with HIV who are ineligible for or underserved by federal housing programs. This would help reduce housing insecurity as a barrier, as identified by participants.
- Safeguard funding for core social determinants of health (SDOH) services, especially housing and transportation, as essential components of medical infrastructure. The purpose would be to remove barriers preventing the target audience from engaging in HIV treatment testing and care. Areas to focus on should include working with insurance companies that have already started reducing transportation coverage options and educating decision makers about the importance of housing for HIV care, despite it not directly being labeled as HIV care.



5. Reduce Duplication of Efforts

Participants perceived funds as not being used efficiently, especially in a time of funding cuts. One way to streamline would be to reduce duplicate efforts, especially when one agency had more success than another agency in offering specialized services. Providers felt each agency had strengths that could be used more effectively if narrowed to a more targeted approach through cooperation with other agencies when appropriate.

Action:

- Compile a master list of agencies detailing which services they provide as well as their clientele rates for different services. The purpose would be to identify the agencies with the greatest strengths per service and reduce duplication of efforts for a more concerted stronger presence.
- Increase opportunities for open discussion amongst agencies about their strengths. The purpose of knowing the strengths would be to maximize the reach to the target audience by bolstering each agency's strengths rather than competing with each other. Participants said they knew of several agencies that did not participate in Phoenix Fast-Track meetings, most likely due to not knowing about it. The goal would be to increase open discussion by spreading awareness of meetings and encouraging all agencies to attend.



6. Unite Voices for Advocacy

In times of funding uncertainty, participants discussed the need to increase advocacy and improve communication to increase awareness amongst the myriad of policy makers and the target audience(s). They felt the voice on social media platforms needed to be more united and better at utilizing all social media outlets. It would be important to share statistical information for more compelling messaging.

Action:

- Providers should continue to coordinate and plan social media efforts. The purpose would be to have consistent messaging and to make sure all platforms were being utilized. One way to do this would be by using meetings amongst agencies and reserve an agenda item for discussing upcoming social media use and designing a united message to disseminate.
- There should be intentional advocacy with policy makers using statistical data to support advocacy claims. Several participants said they noticed a lot of messaging in the past did not give compelling statistical information on prevalence of HIV or the success rates of treatment. This in turn led to politicians not having full awareness of the importance and impact of HIV care. The purpose of more intentional advocacy would be to increase knowledge of decision makers and of community members in general to garner increased support for the programming.



7. Encourage Cross Training of Staff and Record Keeping

Current and possible future funding cuts have made it important to have staff who are trained in a variety of skill sets. Some agencies were already implementing this and recommended others take the same approach. Along with cross training, it was recommended that employees, especially those in leadership roles, should improve record keeping of organizational knowledge. Having this history would be relevant and helpful to continued programming should staff leave their positions suddenly and need to be replaced quickly so as to continue offering HIV services as seamlessly as possible.

Action:

- Cross train employees as much as possible. The purpose would be to increase readiness in the case that more funding cuts were to happen and staff terminated. Along with being prepared in advance for future budget changes, cross training could benefit agencies in other times of staffing needs (e.g., vacations, leave).
- Document knowledge needed for seamless transitions of staff in the case of reduction in force. Participants felt that much time was lost each time someone left work at an agency because the knowledge went with that person. Increased documentation of institutional knowledge of agency roles and procedures would decrease lost time which would in turn make it more efficient for remaining employees to continue programming rather than trying to reinvent the wheel.

These recommendations address the need to protect testing services as the foundational entry point to HIV care while reducing the awareness gap and increasing efficiency by promoting one-stop-shop service models. The recommendations also suggest protecting oral health care by increasing awareness of its importance. They address reducing housing and transportation as barriers to care and increasing efficiency in a time of budget cuts. It will be important to build a united voice for more success in advocating. Time lost for programming due to reductions in staff can be reduced by having cross training and knowledge in place before reductions happen. While following these steps will not be easy, they were suggested with the limited financial resources in mind.



8. Establish a Multi-Sector HIV Care Sustainability Consortium

In order to strengthen the future of HIV care in Phoenix, it is recommended that agencies collaborate through a formalized sustainability consortium composed of public health officials and agencies, community-based organizations, hospitals, education institutions, and private partners. This approach has been used successfully to maintain core HIV services in other Fast-Track Cities such as San Francisco's Getting to Zero initiative, (City and County of San Francisco, n.d.). A consortium model would pool limited local resources, share expertise, and coordinate funding requests to reduce duplication of services and maximize impact. Additionally, members could work together to negotiate lower costs to testing kits, PrEP medications, and related supplies through shared procurement agreements.

Action:

- Form a standing Phoenix HIV Care Sustainability Consortium consisting of city representatives, major health systems, and nonprofit partners. The Consortium's goal could include identifying shared funding opportunities, coordinating service delivery, and securing discounted supply rates through collective purchasing. This body could also develop a shared sustainability plan and maintain a small, pooled emergency fund to ensure continuity of testing and support services during funding interruptions.

This recommendation addresses the urgent need to protect essential HIV care infrastructure amid unstable funding. By combining resources and coordinating efforts across sectors, Phoenix can build a more resilient system that sustains prevention, testing, and treatment programs while improving efficiency and accountability. This Consortium's model should be designed in a manner that is realistic, collaborative, and adaptable to Phoenix's existing network of providers and community partners.



While the Phoenix Fast-Track Cities Ad Hoc Committee serves as a strategic body that guides local HIV goals and oversees progress toward the 95-95-95 target, the proposed *HIV Care Sustainability Consortium* would operate as a practical, action-oriented partner. Its focus would be on sustaining programs through shared funding, joint procurement, and coordinated service delivery rather than long-term planning. The Consortium could work alongside the Fast-Track Cities Initiative, serving as its implementation and resource-sharing arm to ensure that essential HIV services remain stable and accessible during times of financial uncertainty.

The *Arizona 2022-2026 HIV, STI, and Hepatitis C Integrated Plan* developed by the Arizona Department of Health Services (ADHS, 2023) could serve as a starting point. This plan outlines a statewide framework for collaboration across multiple sectors and can serve as a model for structuring the proposed consortium. By aligning with the ADHS Integrated Plan's strategies that focus on shared resources, coordinated service delivery, and community engagement, the Phoenix Fast-Track Cities Initiative can build upon existing infrastructure while tailoring the consortium to local sustainability goals.

Phoenix Fast-Track Cities Ad Hoc Committee oversees 95-95-95 target

***HIV Care Sustainability Consortium* as a partner**

***Arizona 2022-2026 HIV, STI, and Hepatitis C Integrated Plan* as a starting point**

Conclusion

The focus groups aimed to identify essential services, the current impacts of funding cuts, and priorities for the future of HIV care in Phoenix. Participants described testing, education, dental care, and support services as fundamental components of the HIV care continuum. Testing was viewed as both prevention and the first step in treatment, while linkage to care was critical for ensuring successful outcomes. Support services such as housing and transportation were recognized as equally vital, as participants emphasized that meeting basic needs is a prerequisite for maintaining health. However, many of these essential services were already being weakened by funding cuts. Reductions in staffing, programming, and transportation assistance limited access and created difficult choices for clients, leading to growing frustration and hopelessness among those affected.

Looking ahead, participants called for greater coordination among agencies, stronger advocacy, and practical strategies such as cross-training staff to sustain HIV services despite financial challenges. They emphasized that collaboration, consistent messaging, and active engagement with policymakers are vital to rebuilding and sustaining capacity and community trust. Together, these findings reaffirm that HIV prevention and care depend on more than clinical services; HIV services require collaboration, stable funding, and the will to prioritize human dignity. Moving forward, continued investment in coordination, advocacy, and essential support services will be critical to sustaining progress. With commitment and partnership, the City of Phoenix and its Fast-Track Cities Initiative can continue advancing toward a future where equitable access to HIV care is not an aspiration, but a reality.

References

- Arizona Department of Health Services. (2023). *Arizona 2022-2026 HIV, STI, and Hepatitis C integration plan*. <https://hivaz.org/wp-content/uploads/2023/06/AZ-2022-2026-HIV-STI-Hepc-C-Integrated-Plan.pdf>.
- Arizona Department of Health Services Office of Disease Integration and Services. (2023). *HIV/AIDS in Arizona* [Annual Report]. <https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/disease-integrated-services/hiv-epidemiology/reports/2023/hiv-annual-report-2023.pdf>
- Arizona Digital Free Press LLC. (2024). *Phoenix Fast-Track Cities offers \$10k to improve access to HIV services*. <https://arizonadigitalfreepress.com/phoenix-fast-track-cities-offers-10k-to-improve-access-to-hiv-services/>
- City of Phoenix. (2025). *What is the Fast-Track Cities initiatives?* <https://www.phoenix.gov/administration/departments/humanservices/programs-services/strategic-initiatives/help-us-end-hiv-in-phoenix/initiative-overview.html>
- Cohen, J. (2025, May 27). *Facing cuts, a grim future for America's HIV response*. *Journal of Health Economics and Outcomes Research* [Editorial]. <https://jheor.org/post/3145-facing-cuts-a-grim-future-for-america-s-hiv-response>
- Data USA. (2023). *Phoenix, AZ*. <https://datausa.io/profile/geo/phoenix-az/#diversity>
- Fast-Track Cities Institute. (n.d.). *Fast-Track Cities*. <https://www.ftcinstitute.org/index.php/cities/>
- Fauci, A. S., Redfield, R. R., Sigounas, G., Weahkee, M. D., & Giroir, B. P. (2019). *Ending the HIV epidemic: a plan for the United States*. *Jama*, 321(9), 844-845.
- Fernandez, S., Lopez, C., Ibarra, C., Sheehan, D., Dadner, R., Trepka, M. (2022). Examining barriers to medication adherence and retention in care among women living with HIV in the face of homelessness and unstable housing. *International Journal of Environmental Research and Public Health*, 19 (18), 11484.
- Getting to Zero San Francisco. (n.d.). *Getting to zero San Francisco (GTZ-SF)*. San Francisco Department of Public Health. <https://www.sf.gov/information--getting-zero-san-francisco-gtz-sf>

Guharoy, P. (2025, April 1). *NMAC condemns elimination of federal HIV programs, urges Congress and the White House to reverse devastating cuts*. EIN Presswire.

<https://www.einpresswire.com/article/799217885/nmac-condemns-elimination-of-federal-hiv-programs-urges-congress-and-the-white-house-to-reverse-devastating-cuts>

HIV and HEP Policy Institute. (2025b, June 2). *Trump budget ends all CDC HIV prevention programs, while maintaining care, treatment, and PrEP*. [Press release].

<https://hivhep.org/press-releases/trump-budget-ends-all-cdc-hiv-prevention-programs-while-maintaining-care-treatment-and-prep/>

Kourtis, A. P., Wiener, J., Zhu, W., Rönn, M. M., Salomon, J., Huang, Y. L. A., Lyles, C., Patel, R. R., Hoover, K. W., Fanfair, R. N., & Mermin, J. (2025). Estimating the population need for preexposure prophylaxis for HIV in the United States. *Annals of Epidemiology*, 106, 48-54.

Oberstein, Z. (2025, October 14). *Federal funding cuts test resilience of AZ HIV care services*. AZ Mirror. <https://azmirror.com/briefs/federal-funding-cuts-test-resilience-of-az-hiv-care-services/>

Appendix A

Focus Group Questions

Focus Group Questions

Past

1. What programs do you consider essential for HIV prevention and care in Maricopa county and why?

2. What cuts in funding have already occurred that you are aware of in the:

a. County:

- i. MCDPH - Maricopa County Dept of Public Health
- ii. Valleywise Health, etc...

b. State:

- i. ADHS - Arizona Dept of Health Services

c. Nation:

- i. HRSA - Health Resources and Services Administration
- ii. Ryan White Care Act
- iii. CDC - Centers for Disease Control
- iv. SAMHSA - Substance Abuse and Mental Health Services Administration
- v. ETE - Ending the HIV Epidemic, etc...

3. How have the cuts impacted services for the following HIV prevention and care services?

a. Prevention:

- i. Outreach
- ii. HIV testing
- iii. STI testing
- iv. PrEP navigation
- v. PrEP medication assistance
- vi. PrEP lab support
- vii. Prevention tools (condoms, etc)
- viii. congenital syphilis/ pregnancy exams
- ix. HCV testing
- x. Violence prevention
- xi. Interventions
- xii. Education for persons at risk of acquiring HIV
- xiii. DIS - Disease Investigation Services

b. Care:

- i. Outreach
- ii. Linkage to care
- iii. DIS
- iv. Medical care
- v. HIV case management (SDOH)

- vi. HIV medical case management
- vii. Behavioral interventions
- viii. Housing for PLWH
- ix. Nutrition support
- x. Dental support
- xi. Education programs for PLWH
- xii. HIV medication assistance
- xiii. HIV labs
- xiv. HCV referral, linkage to care, and treatment
- xv. Ambulatory care
- xvi. Violence prevention
- xvii. DIS - Disease Investigation Services

4. Of those previously mentioned, which do you see as the top 3 most vital programs in each category?

Present

5. What HIV care needs are currently or in imminent danger of going unmet soon due to funding and programmatic cuts?

6. What worries you most about the current/future landscape of service provision regarding HIV?

Future (in the next 12 months)

7. What HIV care needs do you see as likely or very likely to go unmet in the next year due to funding cuts/budgets?

8. What are the highest priority needs/gaps of those that are mentioned?

a. If they were cut, which of those would be most devastating for people living with or at risk of acquiring HIV?

Final thoughts

9. Outside of funding, what approaches would you take to minimize harm for people living with or at risk of acquiring HIV in Maricopa County?

10. What are some ways that Phoenix Fast Track Cities can be more aware of and intentional regarding HIV programs and service deliveries?

11. Finally, is there anything else related to the topics we discussed today that you think we should know that I didn't ask, or that you have not yet shared?

Appendix B

Phoenix Fast-Track Cities HIV
Stakeholder Summit Agenda

**NOTICE OF PUBLIC MEETING
CITY OF PHOENIX
Fast-Track Cities HIV Stakeholder Summit**

Pursuant to A.R.S. Section 38-431.02, notice is hereby given to the members of the **FAST-TRACK CITIES AD-HOC COMMITTEE** and to the general public, that the **FAST-TRACK CITIES AD-HOC COMMITTEE** will hold an **In-Person HIV Stakeholder Summit**, open to the public on **September 30, 2025**, at 1:00 p.m. Parson’s Center for Health and Wellness – 1101 N. Central Ave. #200 Phoenix, AZ 85004.

- Register to speak and/or submit a comment on an agenda item:

- Contact: Raquel Wind
- At: 602-262-4946 or email raquel.wind@phoenix.gov
- By: End of business day 5:00 p.m. on **Monday, September 29, 2025**
- Indicate: Agenda item number

If registered to speak, please join the event and speak when called upon.

Additional information can be found at www.phoenix.gov/hivphx

The agenda for the meeting is as follows:

1.	Call to Order	Councilwoman Debra Stark Councilwoman Laura Pastor Ad Hoc Committee Chairs
2.	Roll Call	Raquel Wind, Strategic Initiatives Manager City of Phoenix
3.	Information and Discussion- Opening remarks and summit overview	Councilwoman Debra Stark Councilwoman Laura Pastor Ad Hoc Committee Chairs
4.	Call to the Public- Consideration, discussion, and concerns from the public. Those wishing to address the Fast-Track Cities Ad Hoc Committee must request permission in advance. Action taken as a result of public comment will be limited to directing staff to study the matter or rescheduling the matter	Councilwoman Debra Stark Councilwoman Laura Pastor Ad Hoc Committee Chairs
5.	Information and Discussion- Overview of the current state of HIV Services: National/Federal landscape; State landscape including HIV prevention, HIV care, ADAP, etc., with a focus on Maricopa County/Phoenix area; County landscape, Ryan White Part A and EHE funding and service impact	Ricardo Fernandez, Ad Hoc Committee Member Arlis Jenkins, Interim Office Chief Arizona Department of Health Services Office of HIV & Hepatitis C Services Jeremy Hyvärinen, Ryan White Subdivision Manager Maricopa County Public Health

6.	Information and Discussion- Focus groups on the impact of HIV Funding Reductions	<p>Dr. Aguilar-Amaya, Director Office of Evaluation & Partner Contracts Arizona State University Southwest Interdisciplinary Research Center</p> <p>Anaid Gonzalvez, Program Manager of Research Arizona State University Southwest Interdisciplinary Research Center</p> <p>Rocko Cook, Academic Detailing Program Manager Office of HIV & Hepatitis C Services, Arizona Department of Health Services Program Manager Research Arizona State University Southwest Interdisciplinary Research Center</p>
7.	Information and Discussion- Closing Remarks	<p>Jason Vail Cruz, Senior Clinic Manager Valleywise Health Ad Hoc Committee Member</p>
8.	Adjournment	<p>Councilwoman Debra Stark Councilwoman Laura Pastor Ad Hoc Committee Chairs</p>

For further information or to request a reasonable accommodation, please contact raquel.wind@phoenix.gov or 602-262-4946 or Arizona Relay 7-1-1 at least 3 business days prior to the meeting date.

9/23/2025

Prepared for:
City of Phoenix
Phoenix Fast-Track Cities

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