Community Efforts to Address the HIV Epidemic in Arizona
Community Engagement & Outreach Programs

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MISSION & GOAL

PREVENT DISADVANTAGED POPULATIONS FROM RELYING ON THE EMERGENCY ROOM AS THEIR MAIN FORM OF HEALTH CARE BY ASSISTING WITH THE ESTABLISHMENT OF ROUTINE CARE.

Provide access to health and prevention services and promote healthy lifestyle choices to vulnerable, underserved, rural, and homeless communities in Arizona.
OBJECTIVES

- PROVIDE ACCESS TO HEALTH AND PREVENTION SERVICES
- REFERRALS TO LOCAL CLINICS (I.E. FQHC)
- LAUNCH PREVENTIVE HEALTH CAMPAIGNS AND PROMOTE HEALTHY LIFESTYLE CHOICES
HEALTH FOCUS

CARDIOVASCULAR DISEASE

COVID-19

TOBACCO, ALCOHOL, DRUG

DIABETES

CANCER

MENTAL HEALTH

SEXUALLY TRANSMITTED INFECTIONS
Services

Blood Glucose, Blood Pressure, Lipids, Hb A1C, Body Mass Index (BMI)

HIV, Syphilis, & Hepatitis B/C screenings

COVID-19 At-Home Test Distribution

Narcan/Naloxone Distribution

COVID-19, Influenza, and Hep A vaccinations

Referrals for mammograms

Dental Screenings

Fluoride varnish for children

Food Box Distribution

Orientation and education on health insurance, and management of chronic diseases

Referrals to Federally Qualified Health Centers

Active follow-up by Community Health Workers
Strategic Partnerships

Service-Learning

Community Health Workers
**HOW IT WORKS**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Step 1</td>
<td>Identify underserved communities</td>
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<td>Step 2</td>
<td>Establish strong local community partnerships</td>
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<td>Step 3</td>
<td>Host community events and provide preventive health screening services</td>
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<td>Step 4</td>
<td>Review health screening results with patients</td>
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<td>Step 5</td>
<td>Provide individualized health education information to improve health and wellness.</td>
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<td>Step 6</td>
<td>Take home packet with educational information/resources and refer patient to Federally Qualified Health Center</td>
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<td>Step 7</td>
<td>Follow-Up to determine if participant was successfully connected with care or need additional resources.</td>
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Primary Prevention Mobile Health Unit-Phoenix

January 2016 - January 2023

TOTAL PARTICIPANTS 15,011
SERVICES PROVIDED 72,729

- 55.8% Participants without Health Insurance
- 69.2% Monthly Household Income of <$3000

Participant’s Age Distribution in Years

- 63.1% Female Participants
- 22.3% Result with High Blood Glucose
- 45.6% Result with High Blood Pressure
- 80.6% BMI Result: Overweight or Obese

- 78.8% Result with High Blood Pressure
- 47% Result with High Blood Glucose

Monthly Household Income <$3000
- 82.6%

Participants with Health Insurance
- 42.4%

The University of Arizona
MOBILE OUTREACH VACCINATION & EDUCATION UNDERSERVED POPULATIONS (MOVE-UP)
Mobile Outreach Vaccination & Education for Underserved Populations (MOVE-UP)

Primary Prevention Mobile Health Unit

FEBRUARY 03, 2021 TO JANUARY 31, 2023
Total Administered: 69,492

- 14,350 Janssen
- 11,968 Moderna
- 43,174 Pfizer

412 SANTA CRUZ, COUNTY
46,176 U.S. PORT OF ENTRY
19,772 MARICOPA, COUNTY
1,217 PIMA, COUNTY
371 YUMA, COUNTY
1,544 COCHISE, COUNTY

MOVE-UP