OVERVIEW

- Philadelphia has accepted the challenge of the EHE initiative to move beyond our current successes and overcome inertia to achieve EHE goals.

- The EHE planning process involved using data, engaging communities and learning from other jurisdictions. Program needs were assessed through:
  - Interviews and needs assessments with over 8000 people receiving services or involved in Health Department studies in the past 3 years
  - Provider meetings
  - Community meetings
  - Consultation with agencies serving key populations
  - Engaging local activist groups
  - Collaboration with the Philadelphia HIV Integrated Planning Council
PHILADELPHIA EHE PLAN: FACTORS FOR SUCCESS

- The Philadelphia plan provides strategies to diagnose, treat, prevent and respond to HIV but the planning process has emphasized the following critical factors for success:
  - Embedding a **health equity approach** in all planning, implementation and evaluation
  - **Using public health data to drive decisions**
  - Focusing efforts on **addressing structural barriers**
- **Pillar Zero** – Philadelphia included four foundational approaches for all EHE work.
PHILADELPHIA CARE CONTINUUM 2016 - 2019

Note: Limited progress → stagnant over the years

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office 2020
# Engagement in Community-Based HIV Testing System

<table>
<thead>
<tr>
<th></th>
<th>MSM</th>
<th>HET</th>
<th>PWID</th>
<th>TRANS</th>
<th>OTHER RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018 Testing</strong></td>
<td>23%</td>
<td>54%</td>
<td>14%</td>
<td>Data not available</td>
<td>Data not available</td>
</tr>
<tr>
<td><strong>2019 Testing</strong></td>
<td>24%</td>
<td>59%</td>
<td>13%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Goals for engagement in rapid HIV testing</strong></td>
<td>60%</td>
<td>22%</td>
<td>18%</td>
<td>TBD</td>
<td>N/A</td>
</tr>
</tbody>
</table>
DISPARITIES IN KEY POPULATIONS

- Disparities exist among key populations in the acquisition of HIV and the receipt of HIV services.
- The programs are not effectively reaching these populations.
- There needs to be a bigger focus on health equity.
HEALTH EQUITY

- Significant health inequities exist, especially in HIV prevention services, despite years of efforts to realign and refocus prevention efforts
- Provided resources for HIV Programs to focus on health equity:
  - Dedicated Health Equity Advisor
  - HIV Division specific Health Equity policy
  - HIV Division Health Equity Assessment and goals, development of strategies for improvement
- Redirection of prevention funds:
  - Six newly-funded Low Threshold Sexual Health Service programs
  - Key populations: LGBTQ+, Black/African American; Latinx; Southwest Philadelphia
- Requirements for demonstrated community engagement
- Health equity assessments and plans required for funded providers
BARRIERS TO RETENTION: DO WE NEED NAVIGATORS OR LOW THRESHOLD ACCESS?

<table>
<thead>
<tr>
<th>Most Frequently Reported Barrier Categories Among Data to Care Participants, Philadelphia</th>
<th>% Reporting (n=400)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Rights</td>
<td>79%</td>
</tr>
<tr>
<td>Provider Barriers</td>
<td>74%</td>
</tr>
<tr>
<td>Behavioral Health Barriers</td>
<td>23%</td>
</tr>
<tr>
<td>Supportive Services/SES</td>
<td>35%</td>
</tr>
</tbody>
</table>

- Systems of HIV care create unneeded barriers.
- Accessibility and harm-reduction centered care needs to be improved.
- PLWH need to know their rights, how to exercise them and what to do if they are violated.
- A need for non-medical/ supportive services - food, housing, employment.
# ADDRESS STRUCTURAL BARRIERS AND OVERCOME SILOS

## IMPLEMENT
- Implement programs that address provider barriers.
- Do not try to fix patients or solve access issues with complex chains of navigation.

## ENFORCE
- Enforce collaboration, coordination, and integration of services within local health systems across multiple HIV care clinics, emergency departments, and primary care locations providing HIV testing, PrEP, and HIV care.

## EVALUATE
- Evaluate outcomes across health systems and across the jurisdiction, not just by program and funding stream.
Community conversations and Health Department implementation plans found these items to be foundational:

- **Provide radical customer service at all levels**: create meaningful relationships with those we serve, and lower barriers to engaging in prevention and treatment services.

- **Reduce stigma** through policies and procedure changes, education, anti-bias programs.

- **Provide safe and secure housing** – this will require efforts beyond public health funding; public health programs must be accessible and provide the supports needed by people living in poverty and with insecure housing.

- **Admit the health care system is broken and fix systems and structures**: people are not broken. We must center our work on the needs of those we serve.
THANK YOU

Philadelphia’s Ending the HIV Epidemic Plan: EHE.HIVPHILLY.ORG

Acknowledgements
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