

## Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS

### Executive Summary

#### Submitted by Philadelphia Department of Public Health

The City of Philadelphia is committed to improving lives of people in Philadelphia. Led by Mayor Michael A. Nutter and Deputy Mayor for Health and Opportunity and Health Commissioner Donald F. Schwarz MD MPH, the City government is guided by values of respect, service, and integrity. It aims to produce a government that works smarter, faster, and better. Four core areas are emphasized to produce specific results in economic development and jobs, enhancing public safety, investing in youth and protecting the most vulnerable, and reforming government.

In October 2010, the City's Department of Public Health (PDPH) received a one-year cooperative agreement to participate in Phase I of the Centers for Disease Control and Prevention (CDC) initiative *Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS* (ECHPP). PDPH submitted its ECHPP plan on March 15, 2011, and CDC approved it on March 31, 2011. This document summarizes the approved plan.

Development of the plan was informed by and enhances the City's [Comprehensive Prevention Plan](#) (August 2009) and [Comprehensive Prevention Plan Update](#) (August 2010), [Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning for the Philadelphia Eligible Metropolitan Area](#) (2009), [Integrated Resource Inventory for HIV Care and Prevention](#) (December 2008), [Philadelphia Eligible Metropolitan Area Ryan White Part A Comprehensive Plan](#), all of which were developed by the City's [Office of HIV Planning](#) (OHP) according to Federal grant requirements.<sup>1</sup> In addition, two recent special studies further informed the ECHPP planning process: [Improving HIV Prevention Services for Gay, Bisexual, and Other Sexual Minority Men in Philadelphia](#) (March 2010), and [Technical Report: Association between HIV/AIDS Rates and Geographic Areas of Severe Need in Philadelphia](#) (January 2011). Further, the Enhanced Plan takes into account relevant findings in the recent peer-reviewed literature. In addition, PDPH used local data to conduct modeling on nPEP; patterns of HIV screening in clinical settings and linkage to care and services by gender, age, race/ethnicity, and risk; disparities in access to and retention in care; and geomapping.

Major findings of the ECHPP experience are that enhancements are needed to:

- Reach at-risk youth in new ways;
- Emphasize availability of services in geographic locations and venues that reach men who have sex with men (MSM), Blacks, Latinos, and injection drug users (IDU)s; and
- Leverage, and where feasible, coordinate numerous resources, particularly Ryan White Program's (RWP) early intervention resources including Minority AIDS Initiative (MAI)

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<sup>1</sup> OHP administers and coordinates the activities of the HIV Prevention Community Planning Group (for the City of Philadelphia) and the Ryan White Health and Human Services Planning Council (for the 9-county EMA comprised of Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties in Pennsylvania and Burlington, Camden, Cumberland, and Gloucester Counties in New Jersey).

funding through the Federal Health Resources and Services Administration (HRSA), as well as other Federal funding including CDC, HRSA resources other than RWP, Substance Abuse and Mental Health Services Administration (SAMHSA), Housing Opportunities for People with AIDS (HOPWA) and other Housing and Urban Development (HUD) resources, along with State and City funds.

The approved plan identifies the optimal combination of coordinated HIV prevention, care, and treatment services that can maximize the impact of these services on reducing new HIV infections in the City. It is designed to contribute directly to achieving the vision of the *National HIV/AIDS Strategy* (NHAS) and its three broad goals. The approved plan consists of 22 interventions, 27 unique goals, 50 individual strategies, 74 specific, measureable, achievable, realistic, and time-based objectives, which together maximize impact on reducing new HIV infections, and 5 data sources for monitoring ECHPP activities.

PDPH developed and applied nine principles to guide goal-setting: (1) ECHPP goals should be evidence-based<sup>2</sup>; (2) Are few in number; (3) Are stated broadly; (4) Can be achieved by as few SMART objectives as possible that may include specific locations where interventions or public health strategies should occur; (5) Link to *National AIDS Strategy* objectives and associated goals; (6) Strategically enhance other ECHPP goals (where appropriate); (7) Strategically enhance the Philadelphia portion of the Ryan White Program system (Part A, Part B, Part C, Part D, Part F, and Minority AIDS Initiative funds) (where appropriate); (8) Strategically enhance other publicly funded goals including but not limited to other Federal (e.g. SAMHSA), State, and other City programs (where appropriate); and (9) Where necessary, include structural objectives that can be addressed by new or revised policies, procedures, or other official actions. The plan:

- Directs greater resources to testing in clinical and non-clinical settings, and expands social network testing strategies.
- Addresses real and perceived barriers to routine screening that have evolved since the enactment in 1990 of State law regarding HIV testing.
- Shifts testing resources to geographic locations that will better yield identification of new positives.
- Provides new opportunities for partner services to be delivered.
- Decreases the number, type, and level of funding for EBIs targeting only HIV-negative persons with a concurrent increase in interventions targeting people living with HIV.
- Greatly expands the City's existing condom distribution program, including a new effort to make free condoms much more widely available to at-risk youth.
- Strongly emphasizes early identification of individuals with HIV/AIDS and linkage to and maintenance in existing quality HIV medical care and medical case management.
- Addresses missed opportunities for prevention of new perinatal transmissions of HIV.
- Initiates development of policies, procedures, and financing for non-occupational post-exposure prophylaxis (nPEP).
- Leverages existing efforts to link to care HIV-positive persons incarcerated in the City jail system, particularly African American HIV-positive heterosexuals and other

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<sup>2</sup> Including local epidemiologic data, current available resources, opportunities for leveraging resources across partners and funding streams, the results of a gap analysis, priority areas from existing HIV/AIDS comprehensive plans, efficacy and best practice data, cost information, cost-effectiveness data, and special local needs assessment studies.

populations who lack access to ongoing health care and are disproportionately affected by HIV.

- Expands availability of syringe services and linkage to harm reduction and medical care and other services for IDUs.
- Initiates ongoing use of HIV and STD data sets to identify co-infected persons and link them to appropriate care and treatment.
- Enhances existing efforts to improve program collaboration and services integration among disease control programs (e.g. STD, hepatitis, tuberculosis) and behavioral health services.
- Provides formative research leading to a comprehensive evidence-based community level intervention targeting a single high-risk population to be determined.
- Enables a formal approach to the appropriate use of nPEP as a tool for HIV prevention.
- Provides additional data on process and outcomes to measure performance and to better inform future planning, priority setting, and resource allocation decisions.
- Broadens the number of internal and external partners such as PDPH's Division of STD Control, the City's Office of Addiction Services (OAS), the HIV Prevention Section of the State Department of Health's Bureau of Communicable Disease, and the Special Pharmaceuticals Benefits Program (SPBP), which is Pennsylvania's AIDS Drug Assistance Program (ADAP) administered by the State's Department of Public Welfare (DPW).

In conclusion, local evidence demonstrates that more Philadelphians know their HIV status and more people with HIV are entering HIV care earlier in the disease course. These trends are hopeful signs because through proper medical care, people who know their HIV status can slow or even prevent progression of HIV disease to AIDS. Further, people who know their status can take steps to prevent transmission of HIV. Enhanced comprehensive HIV prevention planning and implementation builds on these trends and the City's substantial response to HIV/AIDS. It is possible to imagine a day when in the City of Philadelphia no new AIDS cases will be diagnosed and new transmissions of HIV will be rare.