MEETING AGENDA

Wednesday, May 22, 2019
2:30 p.m. – 4:30 p.m.

Call to Order

Welcome/Introductions

Approval of Agenda

Approval of Minutes

Report of Co-Chairs

Report of Staff

Prevention Services Initiatives

Discussion Items:

- PrEP Workgroup Report
- Next Steps

Old Business

New Business

Announcements

Adjournment

PREVENTION COMMITTEE

Please contact the office at least 5 days in advance if you require special assistance.

The next Prevention Committee meeting will be held on
Wednesday, June 26, 2019 from 2:30 - 4:30 p.m. at the
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, April 24, 2019
2:30-4:30p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Mark Coleman, Lupe Diaz, Clint Steib, Lorett Matus, Gus Grannan, Katelyn Baron, Keith Carter, David Gana, Erica Rand

Excused: None.

Absent: None.

Guests: Caitlyn Conyghan, Ericka Aaron.

Staff: Nicole Johns, Briana Morgan, Mari Ross-Russell

Call to order.

C. Steib called the meeting to order at 2:36p.m.

Welcome/Introductions

C. Steib asked the group if they were ok with skipping introductions because everyone present was acquainted. The group agreed.

Approval of Agenda

C. Steib asked for an approval of the agenda. **Motion**: K. Carter moved, D. Gana seconded to approve the agenda as presented. Motion passed by consensus.

Approval of Minutes (March 21, 2019)

C. Steib asked for an approval of the March 21, 2019 meeting minutes. **Motion**: D. Gana moved, E. Rand seconded to approve the meeting minutes for march 21, 2019 as presented. Motion passed by general consensus.

Report of Co-Chairs

L. Matus reported that she had to leave at 3:30p.m.

Report of Staff

B. Morgan announced Listening Session in Levittown on April 30th from 6:00-7:30p.m. at the Levittown Library. Flyers were available in the conference room and an event is posted on Facebook for members to share with their networks.

B. Morgan announced the Office of HIV Planning first brown bag lunch program will be May 3rd from 12:30 -1:30pm on living history of the local HIV epidemic. There will be some special guests visiting as well. The hope is that the panelists will bring their own perspectives to a rich and dynamic discussion. M. Ross-Russell shared that OHP staff have been looking at their own and other archives to get information to share at the event.

L. Matus asked about the Media Listening Session. B. Morgan noted that three Planning Council members attended, as well as several community members. She shared that most of the themes were around things familiar to the HIPC: People like being treated like a whole person, the importance of mental and emotional support within provider setting. She explained it was a small but engaged group. She noted that if anyone knows anyone in Bucks County to extend a personal invitation to the Levittown Listening Session. K. Carter said he had shared the event on Facebook and shared it with a provider in Bucks County.

Prevention Services Initiatives

C. Conynghan noted that most of the PDPH prevention work has been on the emerging outbreak of HIV in people who inject drugs (PWID). She shared that she presented at the National HIV Prevention Conference about the testing initiatives with PWID and their risk networks. She said she could bring that presentation to the next meeting. She informed the group that the number of new cases was increasing. She noted that there seems to be a significant sexual risk in this outbreak and concurrent sexual and injection risk in the networks. C. Conyghan offered to bring some data from the Philly Keep On Loving campaign as well. The committee agreed. D. Gana asked about the using the Philly Keep on Loving video at the Prevention Summit. C. Conynghan reported that the video file is on YouTube and in the PrEP Dropbox. She said that she can be contacted by agencies if they want to receive the file to share it in waiting rooms or events. The video is also available in Spanish.

B. Morgan asked about the outreach for HIV testing at 69th Street terminal. C. Conynghan reported that the city contacted the state about that location. She noted that she thought the state followed up with the local Delaware County provider. She noted that it was the state's responsibility to coordinate HIV testing in the suburban counties, it is not under Philadelphia's jurisdiction.

Discussion Items:

PrEP Workgroup Report (continued)

Pages 10-11

C. Steib noted that the group ended the discussion about the PrEP Workgroup on page 9 at the last meeting. D. Gana said that he was in the group that reviewed pages 10 - 12. He noted that

bullets one and three under discussion items should be highlighted. That group realized that there were people who may not be able to access typical clinic hours. He noted that they suggest including pharmacists in bullet 5. He noted that physicians are not always aware about how to prescribe PrEP. He explained that his group wanted to address stigma reduction through education initiatives for clinical providers and community members. He added that Club 15-09 should be explained within the document. The group had a question about "individual providers" under Key Elements. C. Conynghan noted that means provider sites not individual physicians/prescribers. C. Steib noted that it should be "individual provider sites". G. Grannan said that a person may have an aligned health condition that might be relevant to the physician selection when individuals call provider sites. C. Conynghan said that that PDPH checks in with PrEP. provider sites to find out when the earliest appointment for PrEP as a quality measure, but they do not ask about co-morbidities.

C. Steib noted that telemedicine and telehealth can be used within the city or region to increase PrEP access. He noted that some rural areas use telehealth for PrEP and have been successful. M. Coleman asked about access to PREP in the high-risk communities within the suburban counties. B. Morgan asked if the PA HPG had spoken about telehealth for PrEP. C. Steib explained that telehealth has been successful for PrEP in other areas but he hadn't remembered any conversation at the PA HPG on these concerns. E. Aaron noted that telehealth was mentioned in the discussion in the report.

The group noted adding an explanation of Club 15-09 to the page 12. under Strategy 3.1.2

B. Morgan reminded the group to keep in mind anything that they want to highlight when the workgroup report is presented to the Planning Council, as well as any changes or additions.

Pages 12-13

G. Grannan noted that populations he works with do not think PrEP is available to them. If that's their perception, it makes it true. C. Conynghan noted that there is some confusion about who should take nPEP and PrEP, what types of risk groups. G. Grannan observed that there has to be a champion within an organization to make sure services are provided to people who need them in culturally appropriate manners. He offered that there is a need for education for pharmacist techs and others to ensure appropriate services are delivered to everyone. K. Carter noted that he spoke with a provider who didn't know about the PrEP campaign and had no materials. He noted that access to materials needs to be better. E. Aaron explained that PDPH has sent promotional materials out to all the PrEP providers on their list and other print and media resources are available for any provider who want them. She also explained that PDPH has shared the campaign with the executive directors of their funded organizations and there were press releases and lots of ads on social media. B. Morgan observed that it sounds like information was provided to the leadership of organizations but it isn't trickling down to waiting rooms or individual physicians. C. Conynghan noted that she agreed with G. Grannan that nPEP is only available to people who get the prescription. She shared that Health Center 1 no longer gave out starter packs and was giving patients the full course of nPEP for insured and uninsured patients. She agreed that didn't address all barriers to nPEP, it was a start. E. Aaron noted that the PrEP provider list also includes information about nPEP. She explained that for some provider sites the individual

needed to be patient of the clinic. She noted that at least 3 emergency departments in Philadelphia provided starter packs for nPEP.

Pages 14-15

G. Grannan noted that extending clinical education about PrEP was a concern of his group. He noted that their main questions were around the target population, and why trans men were excluded. He and E. Sargeant suggested adding people who inject drugs, sex workers, and PrEP navigators to target populations. He also questioned whether PDMP (database of prescriber activity by patient) could offer insight into who was taking nPEP or PrEP. He noted that universal basic PrEP protocols should be distributed and adhered to by all medical providers. His group also suggested that patient feedback should be integrated into the development and delivery of PrEP services. C. Conyghan noted that transgender persons who have sex with men are included in PrEP monitoring and evaluation plan. She explained that would include transmen who have sex with men. She noted that she would follow up on that to make sure it is noted accordingly in the workgroup report, to ensure the populations were more inclusive.

Page 16-17

The group reviewed these pages together. G. Grannan noted CABS are important way for clinicians to get feedback on the way they are providing services to improve service delivery. The group agreed. B. Morgan noted that this would be a good place to include G. Grannan's comments about improving access to nPEP and nPEP. K. Baron noted that "popular opinion leader (POL)" was a term that she wasn't familiar with. B. Morgan noted that it is a phrase from evidence-based interventions and the concept can be described with other language.

C. Steib thanked the group for the feedback. B. Morgan noted that all the notes and comments will be included in a draft by OHP for review by the committee at the May meeting. It will then be presented to HIPC after the committee agrees with those changes. C. Steib thanked E. Aaron and C. Conynghan for attending and answering questions.

UCHAPS (Urban Coalition of HIV/AIDS Prevention Services) Letter

L. Diaz explained that UCHAPs sent the UCHAPS Steering Committee a letter for endorsement addressed to Dr. McCray of the Centers of Disease Control and Prevention. She read the letter to the group which offered recommendations to any End the Epidemic plan from the Trump Administration. She noted that an answer was requested by 4:00pm today. No answer will be considered an affirmation and Philadelphia's name will be added as a signatory.

G. Grannan asked if the UCHAPS membership has changed, what jurisdictions were members now. L. Diaz noted that membership has changed over time. M. Ross-Russell noted that there are CDC directly-funded cities who are no longer UCHAPS members. She explained that historically the CDC directly-funded cities were the member jurisdictions, but now other large cities are welcome to join the membership. M. Ross-Russell noted that the HIPC would have to approve the signing of any letter on behalf of the Planning Council and the HIPC doesn't meet

until May 9th. She further explained that the HIPC bylaws will be similar for other community planning bodies' so she imagines other jurisdictions were having similar challenges with the short timeframe. She commented that a deadline of a couple days doesn't allow for local decision-making processes. L. Diaz noted that her first thought was that Philadelphia is a sanctuary city and was vulnerable to any fall out from this letter with the strong language around immigration issues. She said she doesn't want Philadelphia to suffer because of any statements within the letter. K. Carter asked what can be done by the HIPC and/or UCHAPS representatives to delay this submission or address these concerns. M. Ross-Russell suggested that the Philadelphia representatives speak up about their concerns. L. Diaz asked for the group's assistance in crafting an email during the meeting, since the deadline for response was in less than 30 minutes. C. Conynghan suggested that local representatives respond to explain how our process works and ask to have the jurisdiction removed from the letter. Members affirmed that suggestion and offered ideas.

The group had a general discussion about the End the Epidemic plan and recent federal programs and funding opportunities.

C. Steib asked L. Diaz to review the email she would be sending. She composed the email to ask for the removal of Philadelphia from the letter or extending the deadline because HIPC cannot vote until the May meeting. K. Carter asked if there were ways to talk to other jurisdictions about the letter. K. Baron noted there are monthly calls within UCHAPS but the letter wasn't discussed on the Steering Committee call that happened the day before. She noted that there was an all member call scheduled for May 28th and a face to face meeting in Baltimore on July 1-2. L. Diaz noted that she will be discussing this process and typos in the letter at the face-to-face meeting. B. Morgan suggested that L. Diaz ask how UCHAPS determined the specific recommendations within the letter.

L. Diaz noted that a third community representative needs to be selected so the three could work together to understand the process and represent the jurisdiction. M. Ross-Russell noted that she can help with the historical norms of UCHAPS but the development of this letter does not reflect the process UCHAPS used to follow. The group discussed the history of Philadelphia's participation in UCHAPS. M. Ross-Russell noted that cities pay dues to UCHAPS community participation expenses were covered by those dues historically, but that no longer happens. L. Diaz noted that other jurisdictions are not able to send representatives to in-person meetings because of concerns over cost.

K. Carter asked how can Prevention Committee support participation in UCHAPS. M. Ross-Russell noted that Ryan White money cannot be used for those prevention planning expenses. K. Carter noted that he was concerned that there would be UCHAPS meetings without Philadelphia representatives present. M. Ross-Russell noted that she can see if CDC funds can be used to pay for UCHAPS activities. C. Steib noted he would go to the July UCHAPS meeting with L. Diaz. The group discussed governmental participation on UCHAPS. K. Carter asked if the prevention committee's comments can be shared with the governmental representatives. C. Conynghan commented that the power of UCHAPS is the equality between community and governmental representatives. She noted that it is a bidirectional relationship and encouraged community representatives to reach out to governmental representatives to make sure appropriate communication is occurring. M. Ross Russell agreed that Philadelphia representatives should have a conversation about UCHAPS activities and the city's participation.

C. Steib asked what process would there to be for him to attend UCHAPS meeting. M. Ross-Russell noted that if he is identified an alternate that it shouldn't matter. M. Ross-Russell noted that she will help facilitate conversation between AACO and HIPC representatives.

Old Business

None.

New Business

None.

Announcements

B. Morgan announced that she went to NJ HPG meeting and NJ is working on their ETE plan to roll out in June. They are hosting regional listening sessions. The South Jersey listening session on the evening of the May HIPC meeting at Our Lady of Lords in Camden.

Adjournment

C. Steib asked for a motion to adjourn. The meeting adjourned by general consensus at 4:21pm

Respectfully submitted,

Nicole D. Johns

Office of HIV Planning, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from March 21, 2019
- PrEP Workgroup Report
- PrEP Document Feedback Worksheet
- UCHAPS Letter

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

PrEP Workgroup Annotations to Strategy 4.1.2	
Key elements	▪ Information on formal clinical education about PrEP is available from the Philadelphia regional partner site of the Mid-Atlantic AIDS Educational and Training Center (Health Federation of Philadelphia).
Discussion	▪ Maintaining an online list of CME credited PrEP-related webinars. ▪ Providing access to PrEP and PEP best practice protocols, electronic medical record templates for PrEP and PEP, health care coverage information for HIV prevention, research articles and training programs for clinicians (the basis of which is currently available (but not easily accessible) at an online file hosting service (Dropbox.com). ▪ Encouraging quality improvement projects in clinical practices on PrEP, PEP, HIV testing, and STD screening. ▪ Addressing barriers to and improving access to PEP. ▪ Encouraging Community Advisory Boards operated by service providers in Philadelphia to disseminate information on PrEP and PEP. ▪ Encouraging clinicians to improve services by soliciting and incorporating community feedback. ▪ Facilitating greater representation of racial/ethnic minorities, women, and transgender persons in PrEP-related research.

PrEP Workgroup Annotations to Strategy 3.1.2 Activity E	
	in Philadelphia (DExIS). DExIS is a 4-year project that began in October 2018 to address disproportionate rates of new HIV infections among gay and bisexual men of color, other men of color who have sex with men, youth of color ages 13-24, and transgender persons of color as well as to address health disparities within the HIV prevention system in Philadelphia. The project builds on Philadelphia's existing surveillance and disease investigation capabilities to identify and address missed opportunities for HIV prevention.

Goal 4: Achieve a more coordinated response to the HIV epidemic Objective 4.1: Support collaboration, communication, and coordination across all sectors					
Strategy 4.1.2: Continue outreach and education to clinical providers outside the RW system					
Responsible parties	***Activity***	***Target populations***	***Data indicators***	***Baseline 2016***	***Source***
▪ PDPH ▪ Mid-Atlantic AETC ▪ NJ AETC	Educate and update clinical providers throughout the EMA on the most current evidence-based guidelines and protocols, including but not limited to routine screening and PrEP provision.	Clinical providers	# of trainings	▪ 22 trainings about PrEP ▪ 3 trainings about 3rd party billing ▪ 1 training on trauma	Mid-Atlantic AETC

PrEP Workgroup Annotations to Strategy 3.1.2 Activity D	
	PrEP campaigns from other organizations, effective PrEP practices, and updates on new PrEP research.

Strategy 3.1.2: Increase access to biomedical prevention interventions					
Responsible parties	***Activity E***	***Target populations***	***Data indicators***	***Baseline 2016***	***Source***
▪ PDPH ▪ HIPC	Monitor population level PrEP uptake in key populations in Philadelphia	High-risk HIV-negative individuals Transgender women MSM of color Youth 13-24	▪ # of HIV-negative Philadelphians on PrEP ▪ # of HIV-negative MSM on PrEP	▪ Data to be reported in 2019	PDPH PrEP Monitoring and Evaluation Plan

PrEP Workgroup Annotations to Strategy 3.1.2 Activity E	
Key elements	▪ PDPH's PrEP Monitoring and Evaluation Plan was completed in 2018. (Note: this plan identifies transgender persons who have sex with men as a target population.) ▪ PDPH participated in the national PrEP-related HIV Technical Cooperation Group of the University of Washington's Public Health Capacity Building Center. ▪ Baseline data on PrEP uptake in Philadelphia is currently being identified and collected.
Discussion	▪ Geo-coding (1) HIV incidence data, (2) select STI incidence data, and (3) locations of providers on the PDPH roster to identify ZIP codes that indicate disparities in access to PrEP providers. ▪ Addressing PrEP access gaps identified by geo-coding through such activities as (1) building clinical community-based capacity for PrEP services, and (2) linking clinical providers with available PrEP educational programs, CME courses, and other training tools. ▪ Implementing PrEP-related lessons to be learned by 2022 in the performance of PDPH's CDC cooperative agreement project *Demonstrating Expanded Interventional Surveillance: Towards Ending the HIV Epidemic*

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

Strategy 3.1.2: Increase access to biomedical prevention interventions					
Responsible parties	***Activity D***	***Target populations***	***Data indicators***	***Baseline 2016***	***Source***
▪ PDPH ▪ Mid-Atlantic AETC ▪ AETC ▪ NJ AETC	Continue and expand clinical education about PrEP	Primary care providers	▪ # of TA units	▪ 22 trainings about PrEP by AETC	Mid-Atlantic AETC

PrEP Workgroup Annotations to Strategy 3.1.2 Activity D	
Key elements	▪ Information on formal clinical education about PrEP is available from the Philadelphia regional partner site of the Mid-Atlantic AIDS Educational and Training Center (Health Federation of Philadelphia). ▪ Clinically supported advice for healthcare providers is available by telephone from the University of California San Francisco's Clinical Consultation Center weekdays for PrEP and seven days a week for nPEP. ▪ The Philadelphia Department of Public Health maintains a hotline telephone number that any member of the public can call with questions about PrEP and PEP, and AACO's Client Service Unit refers persons to clinics that provide PrEP.
Discussion	▪ Assuring PrEP-related clinical education at reproductive health sites, STD treatment settings, behavioral health care settings, mental health care sites, medically assisted treatment programs for persons with opioid use disorder, correctional facilities, drug rehabilitation programs, and re-entry programs. ▪ Assuring PrEP-related clinical education at women's health centers, primary care provider settings, and family practices. ▪ Requiring cultural competency, trauma-informed care, and sexual health trainings for locations that are included in PDPH's PrEP roster. ▪ Monitoring PrEP prescriber trends in Philadelphia, using the PDMP where useful. ▪ Developing a set of universal PrEP protocols, incorporating patient feedback in their development. ▪ Promoting awareness of resources for clinical providers including PrEP CME-credited webinars, links to

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

Strategy 3.1.2: Increase access to biomedical prevention interventions					
Responsible parties	***Activity C***	***Target populations***	***Data indicators***	***Baseline 2016***	***Source***
PDPH	Continue and expand community education activities about PrEP	▪ MSM of color ▪ Community leaders ▪ High-risk heterosexuals ▪ Sexual and drug using partners of PLWH ▪ PWID ▪ Transgender women	▪ # of technical assistance sessions provided by PDPH Clinical Advisor	▪ 30 TA sessions	PDPH PrEP Clinical Coordination Program
			▪ # of persons reached during TA sessions	▪ 670 persons reached	

PrEP Workgroup Annotations to Strategy 3.1.2 Activity C	
Key elements	▪ In 2018, the PDPH PrEP Clinical Coordinator (1) conducted 45 technical assistance visits at clinical sites, which engaged 650 persons, (2) trained 74 certified HIV testers at 7 Testing and Linkage to Care in-service trainings, and (3) participated in 6 PrEP Workgroup meetings attended by 240 duplicated individuals.
Discussion	▪ Developing a network of Popular Opinion Leaders (POLs) who can inform the community on the benefits of PrEP and PEP, how and where to access PrEP and PEP services, and the role of adherence to PrEP.

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

Strategy 3.1.2: Increase access to biomedical prevention interventions					
Responsible parties	***Activity B***	***Target populations***	***Data indicators***	***Baseline 2016***	***Source***
PDPH	Provide prevention navigation services that link MSM of color to PrEP and provide ongoing adherence support	MSM of color	▪ # of linkages to PrEP	▪ 10 linkages to PrEP in Club 1509	Provider data exports (CAREWare)

PrEP Workgroup Annotations to Strategy 3.1.2 Activity B	
Key elements	▪ Same as Strategy 3.1.2 Activity A, above.
Discussion	▪ Expanding navigation to include PrEP services in community-based clinical settings serving PrEP target populations, through tele-medicine technologies, and in 340b pharmacies. ▪ Exploring the development of mobile PrEP services that include PrEP information and services alongside of HIV testing targeting neighborhoods with gaps in access to PrEP.

PrEP Workgroup Annotations to Strategy 3.1.2 Activity A	
Key elements	▪ PDPH funds PrEP/PEP navigation projects in five community-based clinical settings. ▪ As of January 1, 2019, all five navigation projects have received the common data variables required by PDPH for individual projects to measure and report PrEP/PEP navigation outcomes. ▪ As of March 2019, 45 ~~individual~~ provider sites are included in PDPH's PrEP provider list. (Suggestion: add hours to provider document.)
Discussion	▪ Addressing barriers to accessing PrEP and PEP among uninsured and under-insured persons through initiatives that pay for uncovered costs of PrEP-related visits and labs at community medical provider sites. ▪ Supporting PrEP programs providing developmentally appropriate services to persons under the age of 25, particularly teens. ▪ Developing programs that provide evening and weekend hours to expand accessibility to PrEP services. ▪ Expanding access to PrEP and PEP "starter packs" for special circumstances that may occur in settings such as emergency departments with immediate linkage to PrEP providers. ▪ Engaging pharmacists and physicians in expanding access to PrEP and PEP, and in supporting PrEP adherence. ▪ Exploring possible role of 340b program financing to fill gaps in insurance coverage such as co-pays for PrEP clinic visits and laboratory costs. ▪ Exploring the use of telehealth to expand access to PrEP.

PrEP Workgroup Annotations to Strategy 3.1.1	
	▪ Assessing how PDPH-funded navigator providers advertise and recruit HIV-negative MSM of color for their programs. ▪ Identifying lessons learned through the 1509 program and assessing its impact on the system.

Strategy 3.1.2: Increase access to biomedical prevention interventions					
Responsible parties	***Activity A***	***Target populations***	***Data indicators***	***Baseline 2016***	***Source***
▪ PDPH ▪ PADOH ▪ NJDOH	Ensure the provision of PrEP and nPEP to at-risk populations	NHAS populations	▪ # of providers prescribing PrEP ▪ NHBS data on PrEP use ▪ # of providers prescribing PEP. ▪ # of accessible medical facilities that provide PEP in a timely fashion without barriers.	▪ Data to be reported as of 2017 ▪ MSM (2017) 35% had discussed PrEP with their provider and 26.5% had taken PrEP ▪ HET (2016) <1% had discussed PrEP with their provider and <1% had taken PrEP ▪ PWID (2015) 4% had discussed PrEP with their provider and <1% had taken PrEP	PDPH PrEP provider list National HIV Behavioral Surveillance (CDC)

Goal 3: Reduce HIV-related disparities and health inequities Objective 3.1: Reduce HIV-related disparities in new diagnoses among high-risk populations					
Strategy 3.1.1.: Increase access to services for MSM of color that address social determinants of HIV risk					
Responsible parties	***Activity***	***Target populations***	***Data indicators***	***Baseline 2016***	***Source***
▪ PDPH ▪ Navigation services providers	Provide prevention navigation services that link MSM of color to PrEP and provide ongoing adherence support	HIV-negative MSM of color	▪ # of navigation clients ▪ # of linkages to behavioral health and social services ▪ # of linkages to PrEP in PDPH-funded programs	▪ 83 Club 1509 clients ▪ 34 linkages to supportive services ▪ 10 linkages (4th quarter 2016 only)	Club 1509 provider data exports (CAREWare)

PrEP Workgroup Annotations to Strategy 3.1.1	
Key elements	▪ PDPH provides grants to seven projects funded by AACO's CDC-funded PS15-1509 cooperative agreement to conduct prevention navigation services for eligible clients. ▪ As of Year 3 of PS15-1509, 704 clients have been screened for PrEP, 545 referred to PrEP, 438 linked to PrEP, and 357 prescribed PrEP. ▪ Note: PS15-1509 ends in 2019. Plans for current clients after the end of the grant are unclear. Clarification on next steps is needed from AACO.
Discussion	▪ Developing formal relationships among PDPH-funded navigation services, community medical providers, pharmacists, and mental health/substance abuse treatment services and plans in neighborhoods with high prevalence of HIV and STDs.

PrEP Workgroup Annotations to Strategy 1.2.7	
	▪ Broadening messaging to include LGBTQ youth. ▪ Ensuring that organizations that serve LGBTQ youth have access to Do You Philly materials.

Goal 1: Reduce new HIV infections Objective 1.2: Reduce the number of new infection					
Strategy 1.2.7: Reduce the percentage of youth, including gay and bisexual men who engage in HIV risk behaviors					
Responsible parties	***Activity***	***Target populations***	***Data indicators***	***Baseline 2016***	***Source***
PDPH	Create online campaign *Do You Philly* to encourage condom use, HIV testing, and PrEP uptake in Philadelphia	Young MSM of color	▪ # of condom requests ▪ Social media website analytics	▪ 2,500 condoms distributed ▪ 9,636 views at *Do You Philly* website ▪ 103,353 social media views for *Take Control Philly*	PDPH STD Control

PrEP Workgroup Annotations to Strategy 1.2.7	
Key elements	▪ *Do You Philly* campaign was launched in the summer of 2016 to facilitate consistent condom use, HIV testing, and PrEP uptake in Philadelphia. ▪ In addition to the outcomes shown in the baseline data column above, 25 test kits for in-home STI testing were distributed by mail through the *Do You Philly* website.
Discussion	▪ Reaching PrEP-eligible populations including young gay men and transgender persons with information and access to HIV testing and PrEP through local resources such as *Do You Philly* and linking ~~it~~ to the *Philly Keep on Loving* public media campaign. ▪ Assuring the online availability of the most current version of the PDPH PrEP provider roster. ▪ Using *Do You Philly* to promote other PrEP activities such as town halls and health fairs. ▪ Highlighting PDPH partnerships with YMSM organizations.

PrEP Workgroup Annotations to Strategy 1.2.2 Activity B	
	client services, and community engagement resources/events.
Discussion	▪ Developing and promoting PrEP campaign talking points for navigators, hotline personnel, educators, clinical staff, and other parties who interact directly with members of the target population that reinforces and leverages the campaign's information and call to action, including information on payment information.~~.~~ ▪ Providing more information in doctors' offices and spaces where labs are drawn. ▪ Providing posters and waiting room materials to PrEP providers and emergency rooms, and notifying providers that these materials are available. ▪ Engaging support of the PrEP campaign by popular opinion leaders, public personalities, and social influencers. ▪ Collaborating on PrEP campaign-related educational activities with community partners such as churches, mosques, libraries, barbershops, beauty salons, school settings, health fairs, college campuses, and faith-based institutions. ▪ Expanding access to on-demand STI services expanded to include PrEP and PEP in order to reach under-served persons for whom PrEP and PEP are indicated (modeled on New York City's program of eight Sexual Health Clinics). ▪ Assuring HIV testers facilitate access to PrEP and PEP. ▪ Expanding access to the PrEP Dropbox folder.

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

Goal 1: Reduce New HIV Infections					
Objective 1.2: Reduce the number of new infection					
Strategy 1.2.2: Ensure the provision of PrEP and nPEP to at-risk populations					
Responsible parties	***Activity B***	***Target populations***	***Data indicators***	***Baseline 2016***	***Source***
PDPH	Develop and implement a plan to inform the public about the availability of PrEP and nPEP	▪ High-risk HIV-negative individuals ▪ PWID ▪ Transgender women ▪ Black women ▪ Latinas ▪ MSM of color ▪ Youth 13-24	▪ NHBS survey data	▪ MSM (2017) 73.5% had heard about PrEP ▪ HET (2016) 4.5% had heard about PrEP ▪ PWID (2015) 12% had heard about PrEP	▪ National HIV Behavioral Surveillance (CDC)

PrEP Workgroup Annotations to Strategy 1.2.2 Activity B	
Key elements	▪ PDPH launched in February 2019 a PrEP public media campaign in English and Spanish through CDC cooperative agreement funding for HIV prevention activities in the City of Philadelphia. (Suggestion: consider adding languages) ▪ This campaign ~~U~~uses language targeting the general public as well as PrEP-eligible populations disproportionately affected by HIV, including gay and bisexual men~~,~~ and transgender ~~women~~ people. The campaign~~that~~ promotes healthy behaviors to reduce new HIV infections. ▪ PDPH is updating its public website to provide a comprehensive HIV prevention "dashboard" targeting both consumers and providers. It will include: (1) relevant information from AACO's surveillance reports as well as National HIV Behavioral Health Surveillance and Behavioral Risk Factor Surveillance System datasets; and (2) resources for consumers on locating care, PDPH's current list of PrEP prescribers, LGBTQ-competent providers,

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

PrEP Workgroup Annotations to Strategy 1.2.2 Activity A	
Key elements	▪ Of the approximately 13,000 individuals with PrEP indications in Philadelphia, 12,000 are not on PrEP. (Note: this figure does not include people with PrEP indications in the surrounding counties.) ▪ PDPH estimates between 870 and 1,218 individuals in Philadelphia were on PrEP in 2016. ▪ Between 7% to 9% of the total population of persons with PrEP indications in the City of Philadelphia were on PrEP in 2016. ▪ Culturally appropriate PrEP and PEP services are available and accessible to target populations including PWID and transgender persons. ▪ As of March 2019, 45 individual providers are included in PDPH's PrEP provider list. (Add: link to PrEP provider list within document.)
Discussion	▪ Assuring access to PrEP training curricula to community medical practices with evidence of PrEP capacity in ZIP codes with high HIV and STD prevalence. ▪ Facilitating culturally appropriate PrEP-themed town halls, community events, and health fairs. ▪ Promoting coordination and collaboration regarding the individual-level and public health benefits of PrEP and PEP among community based clinical programs and local community and faith-based leaders. ▪ Integrating PrEP screenings with HIV testing and Hepatitis C testing.

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

Section 3. Annotations to PrEP-Related Activities in the Updated *Integrated HIV Prevention and Care Plan 2017-2021*

Goal 1: Reduce New HIV Infections					
Objective 1.2: Reduce the number of new infections					
Strategy 1.2.2: Ensure the provision of PrEP and nPEP to at-risk populations					
Responsible parties	***Activity A***	***Target populations***	***Data indicators***	***Baseline 2016***	***Source***
▪ PDPH ▪ PDPH-funded providers ▪ NJDPH ▪ PADOH	Coordinate provision of PrEP and nPEP	▪ High risk HIV-negative individuals ▪ PWID ▪ Transgender women ▪ Black women ▪ Latinas ▪ MSM of color ▪ Youth 13-24	▪ NHBS survey data	▪ MSM (2017) 35% had discussed PrEP with provider and 26.5% had taken PrEP ▪ HET (2016) <1% had discussed PrEP with provider and <1% had taken PrEP	▪ National HIV Behavioral Surveillance (CDC) ▪ PDPD PrEP provider list ▪ Philadelphia Ambulatory Health Services
			▪ # of PrEP providers on PDPH PrEP provider list	▪ PWID (2015) 4% had discussed PrEP with provider and <1% had taken PrEP	
			▪ # of people accessing PrEP and nPEP at the publicly funded Philadelphia City Health Centers	▪ Data to be reported as of 2017	

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

Section 2. Summary List of PrEP-Specific Activities in the 2018 Update of the Integrated HIV Prevention and Care Plan 2017-2021

#	Activity	Goal	Objective	Strategy	Plan Location
1	Coordinate provision of PrEP and PEP	Goal 1: Reduce new HIV infections	Obj. 1.2: Reduce the number of new infections	Strategy 1.2.2: Ensure the provision of PrEP and nPEP to at-risk populations	Page 6
2	Develop and implement a plan to inform the public about the availability of PrEP and nPEP				
3	Create online campaign Do You Philly to encourage condom use, HIV testing, and PrEP uptake in Philadelphia			Strategy 1.2.7: Reduce the percentage of youth, including gay and bisexual men who engage in HIV risk behaviors	Page 10
4	Provide prevention navigation services that link MSM of color to PrEP and provide ongoing adherence support	Goal 3: Reduce HIV-related disparities and health inequities	Obj. 3.1: Reduce HIV-related disparities in new diagnoses among high-risk populations	Strategy 3.1.1: Increase access to services for MSM of color that address social determinants of HIV risk	Page 17
5	Ensure the provision of PrEP and nPEP to at-risk populations			Strategy 3.1.2: Increase access to biomedical prevention interventions	Page 18
6	Provide prevention navigations services that link MSM of color to PrEP and provide ongoing adherence support				
7	Continue and expand community education activities about PrEP				
8	Continue and expand clinical education about PrEP				
9	Monitor population level PrEP uptake in key populations in Philadelphia				
10	Educate and update clinical providers throughout the EMA on the most current evidence-based guidelines and protocols, including but not limited to routine screening and PrEP provision	Goal 4: Achieve a more coordinated response to the HIV epidemic	Obj. 4.1: Support collaboration, communication, and coordination across all sectors	Strategy 4.1.2: Continue outreach and education to clinical providers outside the Ryan White system.	Page 23

Section 1. PrEP Workgroup's Guiding Principles for Expanding Access to PrEP and PEP Services in Philadelphia

- Build a health care workforce prepared to prevent HIV and provide prevention tools including PrEP and PEP to persons vulnerable to HIV.
- Decrease health disparities by educating communities about the benefits of HIV prevention, HIV testing, and care and treatment for HIV-positive persons.
- Improve access to and reduce barriers to culturally sensitive HIV prevention services, including PrEP and PEP.
- Monitor provision of PrEP and PEP care.
- Ensure that persons who inject drugs, transgender persons, and persons who are sex workers have access to culturally sensitive HIV prevention services including PrEP and PEP.
- Expand access to and delivery of PrEP and PEP care in correctional settings, mental health settings, as well as medication assisted treatment for opioid use disorder and other drug treatment programs.

PrEP Workgroup Report ~~2018~~2019

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

Introduction

The PrEP Workgroup is a ~~subcommittee~~ workgroup of the Prevention Committee of the Philadelphia EMA HIV Integrated Planning Council.

In compliance with the Planning Council's federally mandated bylaws, the PrEP Workgroup advises the Planning Council, through its Prevention Committee, on awareness of, access to, and uptake of pre-exposure prophylaxis (PrEP) in Philadelphia, particularly among people disproportionately affected by HIV. Members of the PrEP Workgroup include PrEP advocates, providers, and community members.

This report summarizes the PrEP Workgroup's deliberations as of its March 2019 meeting. It consists of three sections, as follows:

1. General principles for expanding access to PrEP and PEP services in Philadelphia that guided the Workgroup's discussions. *See page 2, below.*

2. A list of all 10 of the PrEP-specific activities included in the 2018 update of the Planning Council's *Integrated HIV Prevention and Care Plan, 2017-2021* by goal, objective, strategy, and page number. *See page 3, below.*

   - See Section I of the 2018 update to the **Philadelphia EMA Integrated HIV Prevention and Care Plan** for an up-to-date epidemiologic overview including detailed descriptions of emerging and special populations referenced in this report.

3. Annotations by the PrEP Workgroup for PrEP-related activities in the 2018 update of the *Integrated HIV Prevention and Care Plan 2017-2021*. *See pages 4-16, below.*

   - This section provides the context for each PrEP-related activity (labeled "Key Elements") in the *Integrated Plan*, along with a summary of the PrEP Workgroup's discussions that most closely align with the activity (labeled "Discussion").

Upon completion of this report, the Workgroup will refer the document to the Prevention Committee of the Planning Council. Workgroup participants, some of whom are also members of the Prevention Committee, will be available to provide additional input directly to the Committee. The PrEP Workgroup hopes this report will be attached to the next update of the **Integrated Plan**.

For more information about the PrEP Workgroup, including meeting minutes, visit its page on the Planning Council's website, www.hivphilly.org.