Meeting Agenda

Wednesday, March 27, 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

Discussion Items:

- PrEP Workgroup Report
- Presentation Planning

Old Business

New Business

Announcements

Adjournment

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, April 24, 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

Prevention Committee

Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, February 27, 2019
2:30-4:30p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Eran Sargent, Gus Grannan, Katelyn Baron, Clint Steib, Mark Coleman, Dave Gana, Keith Carter, Janice Horan, Nhakia Outland, Erica Rand

Excused: Lorett Matus

Absent: Zora Wesley, Joseph Roderick, Jeanette Murdock

Guests: Caitlin Conyngham (AACO), Blake Rowley

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

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

Welcome/Moment of Silence/Introductions: C. Steib welcomed Prevention Committee members and guests. A moment of silence followed.

Approval of Agenda: C. Steib presented the agenda for approval. **Motion** G. Grannan moved, B. Rowley seconded to approve the agenda. **Motion passed**: All in favor.

Approval of Minutes *(January 23, 2019)*: C. Steib presented the minutes for approval. **Motion**: E. Sargent moved, G. Grannan seconded to approve the January 23, 2019 minutes. **Motion passed**: All in favor.

Report of Co-Chair:
None.

Report of Staff:
M. Ross-Russell reminded members that at the November 28th meeting they asked if Judith Peters could present. M. Ross-Russell inquired what the Committee members wanted her to present on because Judith Peters would like to get a general idea beforehand. C. Steib asked if this conversation was captured in the November 28th minutes. B. Morgan responded that the general consensus gathered was that the Committee wanted a presentation on youth.

M. Coleman expressed that he would be interested in what schools are doing with STI/STD and HIV testing and prevention. C. Steib mentioned he would be interested in the Health Resource Centers (HRC) located in the schools. M. Ross-Russell informed members that Judith Peters is mainly responsible for programs surrounding HIV education in the school district. She explained that Judith Peters has been the Division of

Adolescent and School Health (DASH) program contactor, which is under the jurisdiction of the CDC, for numerous years. She also works with Temple University when they do the Youth Behavioral Risk Surveillance Survey. She makes sure that the survey is conducted in the schools and oversees the questions. M. Ross-Russell stated that the next survey will most likely be this year as the last survey was conducted 2 years prior. C. Steib suggested that it had something to do with getting some information when the Committee was going through the plan. N. Johns stated that made sense because the plan had mentioned an activity around comprehensive sex education.

G. Grannan stated that he is interested in what she is seeing in injection drug use and how it intersects with DASH's outreach to the trans community, and to see if they have any way of offering support. G. Grannan also stated that he is interested in hearing what they know about the pharmacy law, which is that age does not matter when it comes to buying needles. He stated that he is interested in knowing if students having access to information about syringes is subject to the regulations. M. Ross-Russell responded that she will communicate further with Judith Peters on this. She informed members that there are a lot of restrictions when interacting with schools.

N. Johns stated that OHP confirmed the first location for the listening sessions that ideally would be in all 9 counties throughout this calendar year. The first listening session will be in Delaware County (Delco) in April. OHP will be focusing on the suburbs first. The sessions will be assessing the barriers in the community surrounding HIV prevention and access to care. These sessions will also be soliciting public comments to hear the concerns of the community. She asked members to let OHP staff know of any community-based locations in the suburbs that they think would be a good place for these listening sessions. OHP staff wants to avoid RW providers for any potential perceived conflicts.

C. Steib asked who the audience is and N. Johns stated that it is community members. She stated that OHP is framing the questions and demographic survey to be open to anyone. OHP specifically wants community members to be involved, but providers will be welcome there as well. M. Ross-Russell informed members that they want it in public venues, such as churches or libraries, because they want the environment to be comfortable.

M. Coleman inquired if these listening sessions will address confidentiality surrounding HIV status. N. Johns stated that everyone is asked to keep it confidential, but people have the choice as to whether or not they want to disclose that information in a public setting. She emphasized that confidential discussions will not be transcribed, but there will be general notetaking. There will be no way to track comments to a specific person.

Discussion Items:
PDPH PrEP Campaign
C. Conyngham projected Philadelphia Department of Public Health's (PDPH) website called "Philly Keep on Loving" in the front of the room. She informed members on February 14th, PDPH launched this campaign PrEP campaign. It will appear across a

variety of platforms including busses, shelters, social media (i.e. Facebook, Instagram, Youtube), and geo-spatial sex-seeking apps. C. Conyngham read members the content of the website which explains more information on PrEP[1]. She explained to members that the website also provides a quiz for people to take, and based on the answers, they may get recommended for PrEP. AACO will be monitoring the success of this campaign and will be looking at the engagement on the website and which features are specifically are being used.

B. Rowley inquired about putting the PDPH logo at the top as opposed at the bottom. He raised the concern that it may produce a negative reaction in a user. C. Conyngham responded that they had a media company help with the placement of the logo on the website. C. Steib asked a question about what the quiz entails and if it addresses different subsets of populations. He stated that it seemed to be more MSM-focused. C. Conyngham stated that AACO tried to keep the quiz short and they had to decide how to split the difference between a comprehensive sexual history and users only staying on websites for short amounts of time. C. Conyngham responded that two questions on the quiz are more directed towards subsets of populations. The questions she referred to are "Do you or your partner(s) ever inject drugs?" and "Do you ever bottom?" She explained to members that all the questions are applicable to everyone. She stated that AACO does not want the quiz to function as a way of ruling out prevention tools, but as a guide to how they should continue their care. She agreed with C. Steib that the quiz could have covered more comprehensive questions such as transactional sex work or intimate partner violence. She explained that it was a decision based on possible discomfort individuals may feel from answering such a detailed quiz on the website and that users tend not to stay on a site for long.

M. Coleman inquired about the differences in agency recommendations on the frequency of STD/STI and HIV testing. He stated that some agencies may inform someone they should get tested every 3 to 6 months, but he expressed concern over telling someone to wait a certain amount of time. C. Conyngham responded that how frequently one gets tested depends on what their practices are like. In terms of recommendations, PDPH recommended at least once a year, but depending on the individual's situation, that individual may get recommended to test more frequently. C. Conyngham stated that AACO really wants people to be engaged with HIV testing. So if people want to get tested more frequently, they should be able to do so.

G. Grannan inquired about how the quiz functions because when he answered "yes" to one question, it automatically recommended PrEP. Members expressed confusion over this because they were under the impression that users would take the whole quiz in order to determine their results. C. Conyngham affirmed that if anyone answers "yes" to any question that it circumvents to strongly recommending PrEP. She stated that PDPH worked with a developer to shorten the length of time that individuals are spending with the quiz.

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[1] Please refer to the following link for more information: https://www.phillykeeponloving.com/.

G. Grannan raised concern for the at-risk populations, who for rational reasons, do not get tested and inquired how they would reach those populations. C. Conyngham explained that a documented negative HIV status is required in order to start PrEP. She stated that it would be irresponsible to provide someone with PrEP without documentation of a HIV negative status. She agreed with G. Grannan that HIV criminalization laws may affect whether individuals have documented testing done or not. G. Grannan stated that if he were coming to the website with no background in public health, there is nothing to suggest that access to PrEP is based on testing. He expressed that recommending testing for people without considering the risks is problematic. C. Conyngham understood his concern, but stated that speaking from a campaign perspective, single messaging is what advertisers recommend. She stated that PrEP is really effective at engaging folks with their medical providers and they can discuss with them what they may be involved in such as transactional sex, injection drug use, etc. She stated that the best answer she can offer is that the committees like this can advocate for policy changes. J. Horan asked if people are made aware that Truvada can affect the kidneys of long term users. C. Conyngham stated that there is not much data, but PDPH does have the most common side effects listed in their FAQs. She stated that it highlights that there could be rare kidney problems, but people taking PrEP are monitored by their providers. J. Horan inquired if it was mainly those who are positive that it may be affecting. C. Conyngham stated that the data suggests that this is true. C. Steib clarified that if people stop using Truvada that their kidney function usually returns to normal. C. Conyngham stated that hopefully members start seeing the campaign around on buses or their social media.

PrEP Workgroup Draft Report

B. Morgan informed members that this is the draft version of what was presented to the PrEP Workgroup and at the last meeting, the group suggested going through it more this month. C. Steib informed members that there was a comment period for PrEP Workgroup members. B. Morgan stated that once the PrEP Workgroup approves the Report, it goes to Prevention Committee, and then the Committee makes the decision to amend it or approve it. Then it will be presented to the HIPC for final adoption.

E. Sargent asked what exactly was the plan going to change. M. Ross-Russell stated that once the Report is complete and passes through the HIPC, it will go in as an addendum to the Integrated Plan. She stated that this will symbolize that this is something that the HIPC needs to do. N. Johns stated the goals and activities listed in the PrEP Workgroup report are already listed on the Integrated Plan. M. Ross-Russell stated that at the time they wrote the Integrated Plan, discussions around End the Epidemic were starting to emerge. She noted that the HIPC does not have End the Epidemic language reflected in their goals and objectives of the Integrated Plan because it did not happen at the time the Integrated Plan was written. She stated that now there is an initiative coming from Washington, D.C. She explained that these are things that the HIPC needs to consider on how to incorporate it into the Plan. She explained that the Integrated Plan is supposed to inform the provision of services EMA wide; the prevention specific things are for Philadelphia. E. Sargent was still confused about what change this would produce from the conversations they have had in the PrEP Workgroup. She specifically wanted to know

more about accountability and usability for organizations. She asked if there were going to be benchmarks for these organizations. N. Johns answered that there is accountability for the responsible parties in the plan such as PDPH, HIPC, and various entities to report back on the progress. Overtime, the HIPC will see if they are working towards those goals. M. Ross-Russell stated the goals and plans that they have would ultimately trickle down to the providers in the RW system, but are written for the system, not the providers.

K. Carter asked about the federal End the Epidemic initiative and if it will be in the draft. B. Morgan responded that there is not enough information from the federal level to make any official changes. M. Ross-Russell explained that somewhere in the Integrated Plan it has to acknowledge the existence of End the Epidemic. E. Sargent asked if there was any word for new funding to End the Epidemic initiative because the sheet says new funds will be directed. B. Morgan emphasized it was not "directed", but instead that the President is requesting funds. M. Ross-Russell explained existing funds may be allocated to this. She does not know if any new funds will be coming.

C. Steib returned to the PrEP Draft Report and asked if members wanted to go over it as a whole. The general consensus was that members are going to go home and look it over for the Prevention Committee March 27th meeting. C. Steib suggested that members put aside an hour to go through it thoroughly.

End the Epidemic

B. Morgan stated that the 3 sheets in the handout are all the information on End the Epidemic. She stated that the editorial is the most official word from the government. B. Morgan went over the 4 pillars of the strategic initiative on the Ending the HIV Epidemic handout, which are:

- Diagnose
- Treat
- Protect
- Respond

She informed members that this is gaining popularity and that New Jersey is working on its own End the Epidemic plan and may have something to present to the Governor by June. She stated that she does not know how exactly how it will impact us. B. Rowley stated that New York and San Francisco have already implemented End the Epidemic plans and they have seen a reduction in HIV diagnosis rates yearly. B. Rowley suggested for members to really think about putting this plan into motion and that he would not expect any additional funding.

Priority Setting

B. Morgan reminded members of what they discussed in the last meeting and how Comprehensive Planning Committee is working on the priority setting process. B. Morgan explained that the RW Services Along the Care Continuum 2015 handout is a visual representation of how the different stages of care, which are "Diagnosed", "Linked to Care", "Retained to Care", and "Viral Suppression/Prescribed ART" are associated with different RW services. N. Johns informed members that Comprehensive Planning Committee met on February 21st. She explained that they are looking at how services

engage and impact engagement, retention, and suppression of viral load by using some local data. N. Johns explained to members that the Comprehensive Planning Committee made the decision to no longer use the Care Continuum factor because of its subjectivity. She stated that they are going to finalize what information they will use to make their decisions at the next meeting.

N. Johns informed members that if they are interested they should come to the next Comprehensive Planning Committee meeting on March 21st, but priority decisions will not be made until April or May. She informed members that the April meeting may change from April 18th to April 25th at the same time from 2 – 4 PM. She stated that Comprehensive Planning wants to talk about disparities and what services can help sub populations get to engagement, retention, and suppression. She gave the example of how child care and substance abuse may not affect everyone in the RW system, but they are important to those populations that utilize them. M. Ross-Russell stated engagement, retention, and suppression brings the prevention component into the priority setting. K. Baron asked who makes these decisions and N. Johns stated that it is only a vote at the committee level and then brought to the full HIPC for approval.

Allocations
M. Ross-Russell explained that the allocations process is how the HIPC decides how much money is spent on each RW service. M. Ross-Russell stated it is an intense process, but trainings at HIPC meetings should help build people's understanding to make an informed decision about the priority setting and the allocations processes. Trainings should help provide the necessary materials they need to make decisions on funding specific services. These trainings will begin in April and carry through July.

Conference Room Tools
B. Morgan asked the group what kind of materials would support them in their work. K. Baron asked where the priority setting list was. B. Morgan stated they will look for it or make a new one. K. Baron stated that it was helpful. C. Steib brought up that he has suggested a map of the EMA. N. Johns informed them that Comprehensive Planning members suggested artwork, murals and various things to decorate the pillars. C. Steib informed members that they should let OHP staff know their ideas.

Old Business:
None.

New Business:
K. Baron projected a UCHAPS Technical Assistance Survey for members to participate in. She stated that the questions focus on the jurisdictions' technical assistance needs. M. Ross-Russell asked about the timeline and suggested sending it to the Committee members so they can gain more background information before taking the survey. A member asked what technical assistance means. M. Ross-Russell informed this member that it means training from jurisdiction to jurisdiction on a specific topic or issue.

C. Steib stated that Project Inform submitted updates to their PrEP manual. They have some guidelines for screening HIV infection, PeP transition to PrEP, and PrEP for anal sex information.

Announcements:

M. Coleman informed members that Dr. Donald Carter, who was extremely active in the community, passed away and he will be truly missed.

Adjournment: The meeting was adjourned by general consensus at 4:28 p.m.

Respectfully submitted by,

Dustin Fitzpatrick, OHP Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from January 23, 2019
- Ending the HIV Epidemic A Plan for the United States Editorial
- PrEP Workgroup Draft Report 2018
- Ending the HIV Epidemic: A Plan for America Goal and Key Strategies
- Ryan White Services Along the Care Continuum 2015
- OHP Calendar

Document Feedback Worksheet – PrEP Workgroup Report

Prevention Committee

Wednesday, March 27, 2019

1. What should we highlight?

2. What should be updated or changed?

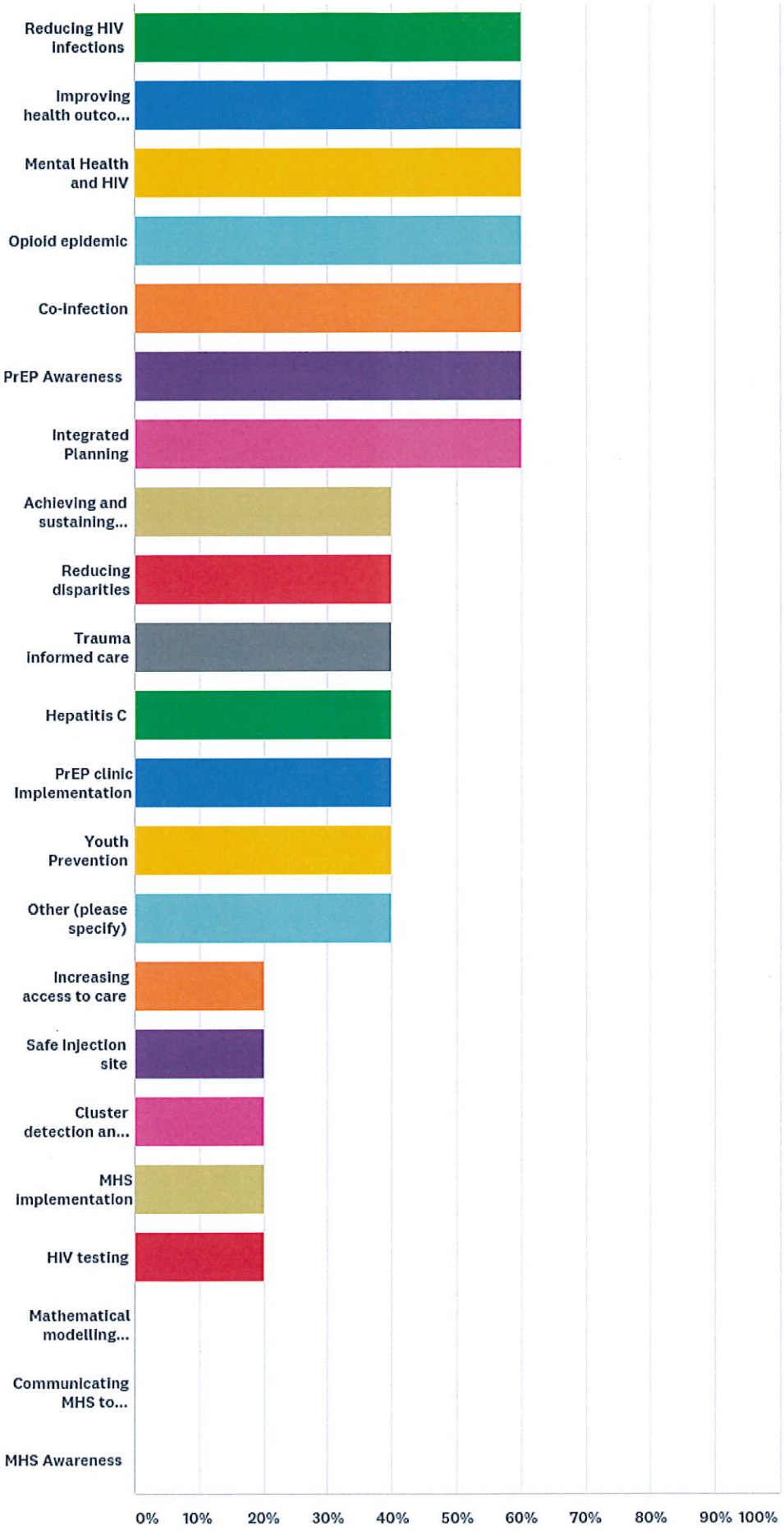
3. What should be added?

4. What should be removed?

5. What needs clarification?

6. Are there any typos?

Q3 Which areas should Philadelphia receive TA in?



PrEP Workgroup Report 2018

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 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.

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.

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 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 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. ▪ 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.
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

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. ▪ Uses language targeting the general public as well as PrEP-eligible populations disproportionately affected by HIV, gay and bisexual men, and transgender women 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, client services, and community engagement resources/events.

PrEP Workgroup Annotations to Strategy 1.2.2 Activity B	
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 reinforces and leverages the campaign's information and call to action. ▪ 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.

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.

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 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.
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.

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)

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 providers are included in PDPH's PrEP provider list.
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 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.

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.

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 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.

PrEP Workgroup Annotations to Strategy 3.1.2 Activity D	
	▪ Promoting awareness of resources for clinical providers including PrEP CME-credited webinars, links to 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. ▪ 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 (2) 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

PrEP Workgroup Annotations to Strategy 3.1.2 Activity E	
	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 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 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. ▪ Facilitating greater representation of racial/ethnic minorities, women, and transgender persons in PrEP-related research.