

# Brainstorming Session for Prevention Planning Year



# Diagnose

## Goal 1: Diagnose 95% of persons living with HIV by 2026

**OBJECTIVE 1:** Promote routine opt-out HIV screenings and diagnostic testing in at least **50** healthcare and other institutional settings.

### STRATEGIES

- 1.1 Expand opt-out testing in PDPH DHH emergency depts.
- 1.2 Continue opt-out testing in Philadelphia Dept of Prisons
- 1.3 Increase efforts to educate medical providers about conducting opt-out HIV testing.
- 1.4 Educate clinical providers on bio-social HIV screening in clinical settings where opt out testing is not achievable
- 1.5 Promote opt-out HIV testing for all PDPH DHH funded providers

### PREVENTION CONCERNS SURVEY RESPONSES:

- meeting marginalized members of the community where they access services (E.R. City Hlth depts/ shelters etc)

# Diagnose

## Goal 1: Diagnose 95% of persons living with HIV by 2026

**OBJECTIVE 2:** Maintain HIV testing services in non-clinical settings using rapid point of care testing or 4th generation laboratory testing

### STRATEGIES

2.1 Increase status neutral testing in priority populations

2.2. Support HIV self testing through a telehealth program.

2.3 Build capacity for non-clinical HIV testing.

### PREVENTION CONCERNS SURVEY

#### RESPONSES:

- **Accessibility.** Most HIV prevention programs have an expectation for insurance coverage in order for an individual to be seen. There is not always access to a navigator to help folks figure out their insurance deductibles, or apply for Medicaid. These systems are hard to understand and very complicated to navigate. This leaves people with bills and an inability to follow up with prevention services sometimes.

# Diagnose

## Goal 1: Diagnose 95% of persons living with HIV by 2026

**OBJECTIVE 3.** Implement Novel HIV testing initiatives

### **STRATEGIES**

3.1 Implement routine opt-out testing at intake to substance use Tx facilities.

3.2 Promote testing in primary care facilities

3.3 Implement testing in pharmacies in priority zip codes?

3.4 Support capacity building in novel settings.

PREVENTION CONCERNS SURVEY  
RESPONSES:

- none specifically identified

# Diagnose

## Goal 2: Eliminate disparities in non-clinical HIV testing

**OBJECTIVE 1:** Increase the number of partners to address syndemics to reduce new HIV diagnoses

### **STRATEGIES**

1.1 Implement HIV/Viral Hepatitis Service Integration

1.2 Collaborate with substance use facilities

1.3 Work with PA and NJ DOH to address interrelated factors exacerbating HIV?

PREVENTION CONCERNS SURVEY  
RESPONSES:

- none specifically identified

# Diagnose

## Goal 2: Eliminate disparities in non-clinical HIV testing

**OBJECTIVE 2:** Enhance health equity efforts through policy and process improvements

### **STRATEGIES**

2.1 Implement and coordinate health equity efforts with the PA and NJ DOH

2.2 Extend current health equity efforts to PDPH DHH funded prevention providers

PREVENTION CONCERNS SURVEY  
RESPONSES:

- none specifically identified

# Diagnose

## Goal 2: Eliminate disparities in non-clinical HIV testing

**OBJECTIVE 3.** Evaluate HIV testing programs to address disparities in priority populations on an annual basis.

### **STRATEGIES**

3.1 Use public health data to identify disparities in non-clinical HIV diagnoses.

3.2 Provide feedback to funded providers.

3.3 Implement CQI processes to address disparities

### PREVENTION CONCERNS SURVEY RESPONSES:

- none specifically identified

# Prevent

## Goal 1: Use biomedical interventions to reduce new HIV diagnoses by 75%

**OBJECTIVE 1:** 50% of people with a PrEP indication with be prescribed PrEP

### STRATEGIES

1.1 Expand current network of low threshold sexual wellness clinics to provide HIV, STI, and HCV testing, PrEP, PEP, and linkage to HIV, STI, and HCV tx in Philadelphia

1.2 Expand PrEP access and provider capacity through low threshold implementation models eg same day PrEP, telePrEP, nurse extended PrEP, pharmacy administered PrEP, and PrEP in drug tx ctrs and behavioral health programs

1.3 Pursue new PrEP partnerships with PA and NJ DOH

1.4 Expand financial support for PrEP related routine laboratory work through provider and home collected specimens and adherence services

### PREVENTION CONCERNS SURVEY

#### RESPONSES:

- Offering injectable PrEP immediately & incentive for coming back.
- PrEP push for AFAB people, comprehensive sex education in schools



# Prevent

## Goal 1: Use biomedical interventions to reduce new HIV diagnoses by 75%

**OBJECTIVE 1:** 50% of people with a PrEP indication with be prescribed PrEP

### STRATEGIES

1.5 Continue to provide ongoing technical assistance for the implementation of PrEP

1.6 Expand PDPH DHH's capacity to evaluate PrEP uptake

1.7 Increase knowledge of PrEP among most impacted populations through communications and outreach

1.8 Increase number of providers trained to prescribe PrEP.

### PREVENTION CONCERNS SURVEY RESPONSES:

- PROVIDER TRAINING TO IMPROVE PrEP up take
- Access to PrEP and PrEP Uptake

# Prevent

## Goal 1: Use biomedical interventions to reduce new HIV diagnoses by 75%

**OBJECTIVE 1:** 50% of people with a PrEP indication with be prescribed PrEP

### STRATEGIES

1.9 Develop collaborations with providers to expand PrEP screening to people who inject drugs

1.10 Support research with expanding PrEP access and uptake among underserved populations

1.11 Collaborate with PA DOH Data to PrEP Initiative

1.12 Increase uptake of ART as a method of prevention (U=U)

### PREVENTION CONCERNS SURVEY RESPONSES:

- none specifically identified

# Prevent

## Goal 1: Use biomedical interventions to reduce new HIV diagnoses by 75%

**OBJECTIVE 2.** Ensure access to nonoccupational post exposure prophylaxis (nPEP or PEP).

### STRATEGIES

2.1 Establish a centralized mechanism to distribute PEP through a PEP COE

2.2 Establish new PEP partnerships with the PA and NJ DOH

2.3 Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources

### PREVENTION CONCERNS SURVEY RESPONSES:

- There seems to be a significant gap in access for individuals who are insured/have PCPs, but have providers who are uncomfortable with or unfamiliar with prescribing PrEP/nPEP. Within PDPH, we can only serve PrEP patients who list AHS as their PCP, so if a patient wants PrEP, but has a PCP who is not willing to prescribe it, we cannot serve them in our AHS health centers as per Dr. Dean.

# Prevent

## Goal 1: Use biomedical interventions to reduce new HIV diagnoses by 75%

**OBJECTIVE 3:** Support perinatal HIV prevention services for pregnant individuals

### STRATEGIES

3.1 Provide specialized case management for pregnant persons living with HIV.

3.2 Develop PrEP navigation support for pregnant HIV negative women at risk of HIV acquisition.

3.3 Conduct case surveillance for women with diagnosed with HIV infection and their infants.

3.4 Conduct perinatal HIV exposure reporting

### PREVENTION CONCERNS SURVEY RESPONSES:

- none specifically identified

# Prevent

## Goal 2: Increase the number of access points for evidence based harm reduction services.

**OBJECTIVE 1:** Expand access to harm reduction supplies through novel approaches

### STRATEGIES

1.1 Implement harm reduction vending machines intervention at pilot sites.

1.2 Ensure the availability of syringes at pharmacies by maintaining the PA DOH standing order

1.3 Provide organizational development and capacity building to expand local partnerships and establish new organizations providing SSP services and new locations of service based on need and HIV public health data

### PREVENTION CONCERNS SURVEY RESPONSES:

- none specifically identified

# Prevent

## Goal 2: Increase the number of access points for evidence based harm reduction services.

**OBJECTIVE 1:** Expand access to harm reduction supplies through novel approaches

### STRATEGIES

1.4 Expand capacity for syringe service programs to distribute and collect syringes RWHAP funded clinical sites

1.5 Pursue the expansion of distributing syringes and other harm reduction supplies in E.D. and urgent care sites

1.6 Engage with community members and stakeholders in program development and planning of harm reduction services through novel approaches to assure that it meets the needs of people who use drugs and avoid duplication of services.

### PREVENTION CONCERNS SURVEY

#### RESPONSES:

- Stable housing, untreated MH and SUD, low barrier services, transportation, being able to keep medication safe from others, and themselves (i.e. hiv + selling their own medications for financial gain-usually SUD related), providers without stigmatized views and without lived experiences, fear of judgement).

# Prevent

## Goal 2: Increase the number of access points for evidence based harm reduction services.

**OBJECTIVE 2:** Expand access to syringe service programs

### STRATEGIES

2.1 Enhance linkage to substance use disorder tx in SSPs.

2.2 Implement quality improvement plans as needed.

2.3 Provide more equitable SSP services geographically in Philadelphia.

2.4 Advocate for implementation of SSPs in the counties in the jurisdiction outside of Philadelphia and in NJ counties in the EMA

### PREVENTION CONCERNS SURVEY

#### RESPONSES:

- political opposition to and citation of harm reduction
- Stigma based interventions [especially LE] around drug use and sex work
- The lack of Overdose Prevention Centers in Philadelphia for homeless injection drug users that are injecting hastily and sharing syringes publicly. HIV injections have spiked in the community

# Prevent

## Goal 3: Reduce disparities in HIV related prevention services in priority populations

**OBJECTIVE 1:** Monitor local disparities along status neutral HIV Continuum.

### STRATEGIES

1.1 Continue reporting data by demographics and risk groups in the PDPH DHH HIV Surveillance Report.

1.2 Maintain bi-annual update of the EHE dashboard, which includes HIV care metrics by demographics and risk groups.

1.3 Measure MSM/TSM perspectives on HIV testing and PrEP access to monitor disparities in access to testing/ PrEP among these groups

### PREVENTION CONCERNS SURVEY

#### RESPONSES:

- Trans men are not generally brought to the table to talk about the concerns and risks factors that happen along with transition.
- There are some bias about how trans men/ trans masculine folks engage with partners sexually.
- There is very little information drug use, homelessness, and other things that people living with HIV experience



# Prevent

## Goal 3: Reduce disparities in HIV related prevention services in priority populations

**OBJECTIVE 2:** Reduce HIV-related disparities in new diagnoses among priority populations.

### STRATEGIES

2.1 Expand new PrEP clinical-community partnerships to engage focus populations

2.2 Continue city-wide distribution of free condoms, including in high schools, locations-accessed by youth, and syringe service programs.

2.3 Expand capacity for HIV prevention workforce to provide primary HIV related education

2.4 Expand promotion and distribution of community specific sexual wellness and harm reduction information and supplies through innovative approaches

### PREVENTION CONCERNS SURVEY RESPONSES:

- Youth and HIV Prevention
- The youth/adolescents, access to free prevention services in low income communities

# Prevent

## Goal 3: Reduce disparities in HIV related prevention services in priority populations

**OBJECTIVE 3:** Increase and support health promotion activities for HIV prevention in the communities where HIV is most heavily concentrated.

### STRATEGIES

3.1 Continue the distribution of condoms in the jurisdiction.

3.2 Support media campaigns that advance HIV prevention and health promotion behaviors.

3.3 Encourage the provision of trauma informed services that provide affirming and culturally competent care for transgender women, women of color, MSM of color, PWID, and people experiencing homelessness.

### PREVENTION CONCERNS SURVEY

#### RESPONSES:

- Missed messaging and prevention campaigns targeted to AFAB folks (People assigned female at birth.) Without messaging that is both reflective visually and informatively we miss the community next in line to become the emerging population.
- There is also a lack of health literacy in sexual and reproductive health to aid in prevention. The lack of sexual education has shown a spike in STI and HIV rates nationally.
- Not enough awareness regarding prevention services in Philadelphia. Especially billboards, social media campaigns, etc. Another concern is a lack of health insurance understanding across communities and language barriers (Spanish, etc.).