

Philadelphia EMA Ryan White Part A Planning Council
Reevaluating Priorities: A Yearly Process
As Part of the Priority Setting Process
December 2025

[Note: A separate process exists for the Full Priority Setting Process wherein the committee reviews every service category.]

Timeline for Reevaluating Priorities:

The Comprehensive Planning Committee recognizes that the overall needs and priorities of the EMA often remain stable from year to year. The committee has created a shortened, annual priority setting process in order to allow more time for comprehensive planning and the Planning Council's work. The shortened process involves the identification of five (5) services where the rankings should be revisited. This is to supplement the Full Priority Setting process which is to happen every three (3) years.

The Comprehensive Planning Committee Reevaluates Priorities annually, aside from the triennial Full Priority Process. The Reevaluating Priority Process occurs in March with results finalized in April.

Part One: Gathering Information

Throughout the year, the staff of the Office of HIV Planning (OHP) may conduct needs assessment activities (such as surveys, focus groups, key informant interviews) and gathers new information from outside sources (data, literature) in order to keep the Planning Council informed about consumer needs and barriers, and relevant epidemiological changes and trends. These data sources may include:

- Epidemiology data (by region and for the EMA as a whole)
- Service utilization data
- Review of the current research literature
- Results of PDPH/DHH conducted research and evaluation projects
- Other relevant local data from PDPH or other sources (PADOH, NJDHSTS, Census data, Medical Monitoring Project, etc.)
- Client Services Unit data from the MCM Central Intake
- Results of needs activities (surveys, focus groups, key informant interviews, town hall meetings, etc.)

It is highly important that community feedback is captured and considered. The information presented to the Planning Council must be broad-based, clearly providing documentation of the

community's needs as expressed by community members; many and varied opportunities for community input must be represented in the information provided. This information must be taken into account and cited directly in the Council's explanation of its priorities (described below).

Part Two: Comprehensive Planning Committee (CPC) Review of Priorities

The CPC meets to refine the priority list as determined in the last year's Full Priority Setting or Reevaluating Priorities Process and review five (5) service categories in particular.

In order to determine which five (5) services are to be reevaluated, the committee follows these steps:

1. All Ryan White Part A service categories are posted online in priority order from the previous year.
 - Members may click on the service categories with emphasis on those that are: unfamiliar, emerging, or believed to be inaccurately ranked. Upon clicking, there will be a completed data per service category, identical to that presented in the Full Priority Setting process
2. Following review, members shall complete an online survey and:
 - Select three (3) service categories for reevaluation (services can be selected for any reason, including belief that a service should be ranked higher or lower, reflects emerging need, or warrants further discussion)
 - Provide a brief written explanation (mandatory) for each selected service
3. Based on survey results, OHP staff will identify the five (5) service categories most frequently selected for reevaluation
 - In the case of a tie where there is no one (1) service in 5th place, the tied service categories shall be addressed at the beginning of the Reevaluating Priorities Process CPC meeting (outlined below)

Part Three: CPC Reevaluating Five (5) Service Category Rankings

Planning Council members shall discuss each of the identified service categories and vote on whether each service should be ranked higher, ranked lower, or remain the same. Throughout deliberations, members are reminded that priority setting decisions must be based on documented need.

1. If a tie has occurred, OHP will first present the services tied for 5th. OHP will share the anonymized responses to the survey explanation ("why") question. Then, members shall engage in limited discussion, and an anonymous vote will be conducted to determine which service category or categories advance for reevaluation

2. With exactly 5 (five) service categories identified, OHP will prepare and present relevant data, HRSA service definitions, and anonymized member explanations for each identified service
3. During the Priority Setting meeting, Planning Council members will:
 - Discuss each identified service category
 - Vote on whether each service should be ranked higher, ranked lower, or remain the same using the system in place for the Full Priority Setting Process
4. In the next CPC meeting, results will be finalized and recommended for approval by the Full HIV Integrated Planning Council (HIPC)

Part Four: Full Planning Council Priority Setting Session

The full Planning Council receives and considers for approval the Comprehensive Planning Committee's recommended priority list. The Comprehensive Planning Committee Chair/s or their designee presents the recommendations along with any accompanying justification and explanation. OHP staff assists the Committee Chair/s, as needed.

The Planning Council members then deliberate until they have arrived at a list of priorities and any instructions to the grantee. These deliberations are facilitated by the Co-Chairs of the Planning Council. Only Council members are permitted to vote, following the Council's usual process for voting.