C. Financial and Human Resources Inventory

This section contains an inventory of the identifiable financial and service delivery resources available in the Philadelphia EMA. CDC-funded high impact prevention services, HRSA-funded core medical and support services, city funded services, and services available through other funded sources both private and public have been provided in table format. The table that follows describes funding sources, where possible the number of provider sites and services, if the total number of sites is unknown then a check mark was used to identify the provision of that service for Section I: C.a.i, ii and iv as outlined in the guidance. Another table can be found in Appendix A which includes funded service providers both public and private addressing guidance Section I: C.a.iii. A service provider database that is searchable by service type, zip code, county, insurance requirements, hours, etc. can be found at http://www.hivphilly.org/find-services/.

Section I: C. b is addressed in various forms, with the use a table (found in Appendix A) that provides a very detailed overview of the HIV workforce capacity in the jurisdiction based on the overall occupational outlook as defined by the United States Department of Labor, Bureau of Labor Statistics (BLS) for the eight-county area of Bucks, Chester, Delaware, Montgomery, Philadelphia, Burlington, Camden, and Gloucester. Data was only available for eight of the nine counties based on the Office of Management and Budget (OMB) delineation of the metropolitan statistical areas. The Bureau of Labor Statistics used OMB Bulletin 1501 the Revised Delineations of Metropolitan Statistical Areas, Micropolitan Statistical Areas and Condensed Statistical Areas. MSA 37980 includes county areas in Maryland and Delaware. The Camden NJ Metropolitan Division 15804 is collapsed and includes Burlington, Camden and Gloucester counties as single entries by occupation type. This analysis also had the single entry for the Montgomery PA Metropolitan Division 33874 (Bucks, Chester and Montgomery counties). The Philadelphia Metropolitan Division, 37964 includes Philadelphia and Delaware County, again as a single entry by occupation, was used as part of this compilation. Salem County, New Jersey was not available, because it was included in a separate Metropolitan Statistical Area (MSA) the Wilmington Metropolitan Division (48864) and could not be separated out based on the way the information was assembled by the BLS.

Designated Health Professional Shortage Area Statistics as reported by the Bureau Health Workforce Statistics, Health Resources and Services Administration are also included. Both New Jersey and Pennsylvania are designated health professional shortage areas. Data related to HPSAs and Medically Underserved Areas/Populations (MUA/P) broken out by county and census tract is provided in Appendix A. A searchable service database can be found at http://www.hivphilly.org/find-services/. The following article*, Impact of AIDS Education and Training Centers on the U.S. HIV Medical Workforce,* summarizing the national AETC analysis of HIV medical workforce can be found at this link: https://aidsetc.org/sites/default/files/resources_files/AJPH.2016.303451.pdf. Similar analysis was conducted for New Jersey by the Northeast/Caribbean AETC and completed on July 28, 2016 and the MidAtlantic AETC Pennsylvania in August of 2016 and incorporated into their respective integrated planning documents. Analysis for the nine county EMA by the local AETC was not conducted separately.

a. Funding Sources and Services, Actual for 2016 and Anticipated for 2017

Funding Sources and Services

	Funding Source	Part A	Part B-NJ, PA	Part C	Part D	Part F	CDC	SAMHSA
2017	Dollar Amount	22,879,336	5,254,540	5,148,591	2,257,406	144,927	13,581,440	1,657,117
	%	11.2%	2.5%	2.5%	1.1%	0.07%	6.56%	.8%
2018	Dollar Amount	22,540,627	5,254,540	6,980,625	4,653,215	554,877	13,581,440	1,657,117
	%	10.1%	2.4%	3.1%	2.1%	0.2%	6.1%	.7%
Core Services	Outpatient/Ambulatory Medical Care	25	3	8	5			
	AIDS Drug Assistance Program							
	AIDS Pharmaceutical Assist.	1						
	Oral Health Care	6	1	8	5	2		
	Early Intervention Services-MCM							
	Health Insurance Premium/ Cost-Sharing Assistance		✓					
	Home Health Care		1					
	Home & Community-based Health Services		✓					
	Hospice Services		1					
	Mental Health Services	9	1	8	5			✓
	Medical Nutrition Therapy	2	1	✓				
	Medical Case Management	22	6		5			
	Substance Abuse Services – Outpatient	4		✓	8			1
Supportive Services	Non-medical Case Management							
	Child Care Services							
	Emergency Financial Assistance	2	1					
	Food Bank/Home-delivered Meals	9	8					
	Health Education/Risk Reduction							
	Housing Services	5						
	Other Professional Services	1	1					
	Linguistic Services		1					
	Medical Transportation Services	5	4					
	Outreach Services							
	Psychosocial Support Services		7					
	Referral for Health Care/ Supportive Services	3						
	Rehabilitation Services							
	Respite Care		1					
	Substance Abuse Services – Residential							
	Treatment Adherence Counseling							
	Other HIV Related Services					1		
	HIV Testing						23	

Funding Sources and Services, Actual for 2016 and Anticipated for 2017 Continued

Funding Sources and Services

	Funding Source	HOPWA	Other HUD-HOME-ESG	State PA, NJ Incl. ADAP	Local	3rd Party Reimbursements and Rebates	Total All Funding
2017	Dollar Amount	8,187,997	2,435,519	66,233,134	1,988,161	76,814,351	206,982,539
	%	3.9%	1.2%	32%	.9%	37.1%	100%
2018	Dollar Amount	7,375,786	14,731,996	66,233,134	1,988,161	77,815,563	223,367,081
	%	3.3%	6.6%	29.7%	.9%	34.8%	100%
Core Services	Outpatient/Ambulatory Medical Care			✓	2	23	
	AIDS Drug Assistance Program			✓		✓	
	AIDS Pharmaceutical Assist.						
	Oral Health Care			✓	✓	4	
	Early Intervention Services-MCM			✓	✓		
	Health Insurance Premium/ Cost-Sharing Assistance			✓			
	Home Health Care				1		
	Home & Community-based Health Services						
	Hospice Services			✓		✓	
	Mental Health Services			✓		6	
	Medical Nutrition Therapy			✓		1	
	Medical Case Management			✓	1	12	
	Substance Abuse Services – Outpatient					✓	
Supportive Services	Non-medical Case Management						
	Child Care Services						
	Emergency Financial Assistance	✓		✓			
	Food Bank/Home-delivered Meals			✓	2		
	Health Education/Risk Reduction			✓			
	Housing Services	4	4	✓			
	Other Professional Services			✓	1		
	Linguistic Services			✓			
	Medical Transportation Services			✓			
	Outreach Services						
	Psychosocial Support Services						
	Referral for Health Care/ Supportive Services			✓			
	Rehabilitation Services						
	Respite Care						
	Substance Abuse Services – Residential				1		
	Treatment Adherence Counseling						
	Other HIV Related Services						
	HIV Testing			13	5		

b. Work Force Capacity

Information related to the estimated number of health care professionals in the Philadelphia EMA is shown in the table below. This information was obtained from the United States Department of Labor, Bureau of Labor Statistics and is an estimated count of the health care professionals shown that provide services in the EMA. For a more complete picture of the various health care occupations, estimated number of positions and shortages please see Appendix A.

Philadelphia EMA Health Care Professions (May 2016)

c. Occupation Title[1]	Area[2]	Estimated Number of Positions[3]
Community and Social Service Occupations	Burlington, Camden and Gloucester Co.	10,100
	Bucks, Chester, and Montgomery Co.	14,220
	Delaware and Philadelphia Co.	24,560
Dentists, General	Burlington, Camden and Gloucester Co.	630
	Bucks, Chester, and Montgomery Co.	1,120
	Delaware and Philadelphia Co.	550
Family and General Practitioners	Burlington, Camden and Gloucester Co.	450
	Bucks, Chester, and Montgomery Co.	810
	Delaware and Philadelphia Co.	1,180
Nurse Practitioners	Burlington, Camden and Gloucester Co.	540
	Bucks, Chester, and Montgomery Co.	720
	Delaware and Philadelphia Co.	1,030
Physician Assistants	Burlington, Camden and Gloucester Co.	330
	Bucks, Chester, and Montgomery Co.	800
	Delaware and Philadelphia Co.	870
Physicians and Surgeons, All Other	Burlington, Camden and Gloucester Co.	2,030
	Bucks, Chester, and Montgomery Co.	2,630
	Delaware and Philadelphia Co.	3,610
Psychiatrists	Burlington, Camden and Gloucester Co.	70
	Bucks, Chester, and Montgomery Co.	120
	Delaware and Philadelphia Co.	320
Registered Nurses	Burlington, Camden and Gloucester Co.	12,520
	Bucks, Chester, and Montgomery Co.	20,260
	Delaware and Philadelphia Co.	28,870
Social Workers-Health Care	Burlington, Camden and Gloucester Co.	420
	Bucks, Chester, and Montgomery Co.	1,010
	Delaware and Philadelphia Co.	1,750

[1] Occupation Title- All the information was obtained from the United States Department of Labor, Bureau of Labor Statistics, http://www.bls.gov/ooh/occupation-finder.htm

[2] Area-Metropolitan Statistical Area. For this table three areas were used Camden, NJ Metropolitan Division (15804), the Montgomery Metropolitan Division (33874) and the Philadelphia, PA Metropolitan Division (37964). Salem County is NOT included in these divisions.

[3] Estimated number of positions-Estimated total employment rounded to the nearest 10 (excludes self-employed)

The work force capacity table found in Appendix A is an overview of the area's workforce. Federal data was used to estimate the HIV workforce because more specific data regarding the local HIV service workforce are not available. [4] Many public and private health systems serve the region's PLWH and those individuals most at risk.

According to federal labor statistics, key workforce shortages for the EMA include:

- Community and Social Service Occupations
- Community health workers
- Counselors
- Dentists, Dental Hygienists, Dental Assistants
- Dieticians
- Emergency Medical Technicians and Paramedics
- Epidemiologists
- Family and General Practitioners
- Health Educators
- Healthcare support workers, Healthcare Social Workers
- Internists (general)
- Mental Health and Substance Abuse Social Workers
- Obstetricians and gynecologists
- Opticians
- Pediatricians
- Psychiatric Aides and Technicians
- Social scientists
- Social Workers

To further illustrate workforce capacity issues, data from the Bureau of Bureau of Health Workforce Statistics, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services is provided on the next page. This analysis looks at the shortages of medical professionals in various geographic areas. Health Professional Shortage Area (HPSA) designations have been used to identify areas and population groups within the United States that are experiencing a shortage of health professionals (expanded information is provided in Appendix A). "There are three categories of HPSA designation based on the health discipline that is experiencing a shortage: 1) primary medical; 2) dental; and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. Federal regulations stipulate that, in order to be considered as having a shortage of providers, an area must have a population-to-provider ratio of a certain threshold. For primary medical care, the population to provider ratio must be at least 3,500 to 1 (3,000 to 1 if there are unusually high needs in the community)."[5]

[4] The data is from the United States Department of Labor, Bureau of Labor Statistics, Occupation Outlook Handbook, May 2016. The areas contained in this table represent Metropolitan Divisions 15804 (Burlington, Camden, and Gloucester counties) the Montgomery Metropolitan Division (33874) and the Philadelphia, PA Metropolitan Division (37964). Salem County is NOT included in these divisions.

[5] Bureau of Clinician Recruitment and Service, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, HRSA Data Warehouse: Designated Health Professional Shortage Areas Statistics, as of December 31, 2015. Retrieved from:

The Health Professional Shortage Area for Pennsylvania and New Jersey, as of January 1, 2018[6]

Location	Total Primary Care HPSA Designations [7]	Percent of Need Met [8]	Practitioners Needed to Remove HPSA Designation [9]
New Jersey	35	54.90%	13
Pennsylvania	166	56.05%	134
	Dental Care	**Percent of Need Met**	**Practitioners Needed to Remove HPSA Designation**
New Jersey	40	25.96%	23
Pennsylvania	167	48.97%	307
	Mental Health Care	**Percent of Need Met**	**Practitioners Needed to Remove HPSA Designation**
New Jersey	38	71.51%	4
Pennsylvania	123	38.73%	105

The city of Philadelphia has an inadequate number of primary care providers, and these providers are not evenly distributed throughout the city. A study commissioned by PDPH found six neighborhoods had high population to provider ratios.[10] As measured by adults per primary care provider, the highest access neighborhoods have ten times more access than the lowest access neighborhoods. The population-to-provider ratios ranged from 250:1 to over 2600:1. Most of the lowest access neighborhoods were also ones with concentrated poverty and a high percentage of minority

[6] https://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry_HTML&rc:Toolbar=false

[7] The number of additional primary care physicians, dental care and mental health care providers needed to achieve a population-to-primary care physician ratio below the thresholds necessary for designation in all designated primary care HPSAs that would result in their removal from designation. The formula used to designate primary care HPSAs does not take into account the availability of additional primary care services provided by nurse practitioners and physician assistants in an area. The figure reported for Practitioners Needed to Remove Designations for facility HPSAs includes correctional facilities. It excludes facilities not located in a HPSA that are designated based on providing services to the population of a geographic or population HPSA. It also excludes facilities automatically designated based on statute, including health center program grantees, Federally Qualified Health Center Look Alikes, Indian Health Service facilities, and rural health clinics that meet NHSC site requirements.

[8] The Percent of Need Met is computed by dividing the number of primary care physicians, dental care and mental health care providers available to serve the population of the area, group, or facility by the number of dentists that would be necessary to reduce the population to provider ratio below the threshold for designation so that it would eliminate the designation as a dental HPSA. Federal regulations stipulate that, in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds a certain threshold. For dental geographic designations, the ratio must be at least 5,000 to 1. For dental population designations or geographic designations in areas with unusually high needs, the threshold is 4,000 to 1. For correctional facilities, the threshold is 1,500:1 and takes into account the average length of stay, and whether or not intake examinations are routinely performed.

[9] The Percent of Need Met is computed by dividing the number of primary care physicians, dental care and mental health care providers available to serve the population of the area, group, or facility by the number of providers that would be necessary to reduce the population to provider ratio below the threshold for designation so that it would eliminate the designation as a dental HPSA. Federal regulations stipulate that, in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds a certain threshold. For dental geographic designations, the ratio must be at least 5,000 to 1. For dental population designations or geographic designations in areas with unusually high needs, the threshold is 4,000 to 1. For correctional facilities, the threshold is 1,500:1 and takes into account the average length of stay, and whether or not intake examinations are routinely performed.

[10] Brown, E., Grande, D.T., Barber, C.M., Polsky, D.E., Seymour, J.W. (May 2015). *Location Matters: Differences in Primary Care Supply by Neighborhood in Philadelphia*. Retrieved from http://ldi.upenn.edu/sites/default/files/location-matters-full-report060715.original.pdf

populations. These same factors are associated with neighborhoods with increased HIV risk[11]. More detailed information can be found in Appendix A.

c. Coordination of HIV Prevention, Care and Treatment Services and Funding Sources

All Ryan White Part A funding is coordinated through PDPH's AIDS Activities Coordinating Office (AACO). Philadelphia EMA Ryan White Part A HIV Integrated Planning Council (HIPC) plans activities in coordination with all other known public funding for HIV/AIDS and, to the extent possible, private grant programs that are implemented in partnership with Ryan White settings. Coordination of all these resources ensures that Ryan White funds are the payer of last resort, maximizes the number and accessibility of services available, and reduces duplication. Part A funding is somewhat more flexible than other public sources and is strategically allocated to necessary services and activities. This is due in large part to limitations on other resources which results in the inability to fully meet the need, e.g. funding restrictions or geographic constraints, or for which there is no other payer.

The EMA maintains a comprehensive HIV testing program that leverages city, state, federal, and private resources in a coordinated system that integrates routine testing in healthcare settings and supports targeted testing in community-based settings. As the recipient for CDC HIV funding in Philadelphia, PDPH is able to implement full coordination among HIV surveillance, prevention, and care services as well as engage a broad range of partners in the Continuum, including the New Jersey and Pennsylvania Departments of Health, the Philadelphia Prison System, emergency shelters, and other PDPH divisions, including Ambulatory Health Services, Division of Disease Control, STD Control. PDPH coordinates efforts with a large number of private sector entities, including community health care providers, hospitals/emergency departments, Federally Qualified Health Centers, maternal home visiting programs, HIV/AIDS services organizations, and several HIV service demonstrations projects.

d. Efforts to Identify and Secure Needed Services

Housing

EMA resources are unable to meet current housing needs of PLWH. The waiting list for HOPWA housing was approximately 350 people in January 2016. As of this plan, there were about sixty people on that waiting list for the HOPWA program in the New Jersey counties. Philadelphia's Division of Housing and Community Development estimates that it would need approximately $3.85 - 4 million in additional funding per year, as well as increased capacity, to end its HOPWA waiting list. The waiting list for the Housing Choice Voucher Program (formerly known as Section 8) has not been open in Philadelphia since 2010, and the waiting list will not reopen until the majority of those applications are served.[12] The current wait list has 100,000 people. The wait is estimated to be ten years.[13]

In an effort to mitigate some of the unmet housing need of PLWH, the HIPC is assessing the feasibility of using Ryan White Part A funds to provide for short term transitional housing. Priority would be given to

[11] The findings of a geographic analysis of social determinants of HIV risk was completed in 2011 by OHP. The results of this analysis found that neighborhoods with the highest rates of PLWH were also neighborhoods with low socio-economic status, high concentrations of Black residents, high death rates, high birth risk, low neighborhood stability, and high crime rates of multiple types. The full analysis can be downloaded: http://hivphilly.org/Documents/2011GeoReport.pdf

[12] Philadelphia Housing Authority (2015). *Housing Choice Voucher Waiting List Update*. Retrieved from http://www.pha.phila.gov/pha-news/pha-news/2015/hcv-waiting-list-application-update.aspx.

[13] *Long wait, high demand for PHA housing*. Philadelphia Tribune. May 16, 2016. Retrieved from: http://www.phillytrib.com/metros/long-wait-high-demand-for-pha-housing/article_d7cde3e7-afde-5026-ba57-aab2b80304f4.html

individuals experiencing homelessness. The HIPC will also explore the feasibility and impact of a Housing First program. The HIPC allocated Part A funds to rental vouchers (for Philadelphia only) in the 2017-2018 fiscal year, should the EMA receive a significant increase in Part A funds.

Health Insurance Cost-Sharing

The HIPC has identified health insurance cost-sharing as a possible barrier for privately insured PLWH. Pennsylvania is one of a few states not to cover health insurance premiums and cost-sharing assistance for Ryan White-eligible PLWH. At this time, Pennsylvania's ADAP program does not provide cost-sharing assistance for HIV-related healthcare and laboratory tests, only for prescription drugs. The HIPC allocated Part A resources for fiscal year 2017-2018 to fund a pilot program to provide cost-sharing assistance for privately insured PLWH in Philadelphia. At the time of this plan, the HIPC was working with PDPH to develop the reimbursement/payment mechanisms and eligibility requirements for the program. As of July 1, 2016, New Jersey funded organizations in the EMA to support co-pays and cost-sharing dependent on a detailed policy indicating a knowledge of insurance plans and a detailed tracking system to monitor true out of pocket costs (TROOP). The New Jersey Department of HIV, STD, and Tuberculosis Services (DHSTS) supports only Silver marketplace plans with a 70% actuarial value.