

## B: Collaborations, Partnerships and Stakeholder Involvement

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### a. Stakeholder Contributions

In April 2017, the Philadelphia EMA Ryan White Planning Council and the Philadelphia HIV Planning Group integrated and became the Philadelphia HIV Integrated Planning Council (HIPC). The new planning body has a membership that meets the requirements of both planning councils and HPGs and has strong community and PLWH participation. The integrated body's Comprehensive Planning Committee and Prevention Committee have worked closely with the Office of HIV Planning and PDPH on the monitoring and evaluation of this plan, as well as in the development of this update.

The Philadelphia HIV Integrated Planning Council (HIPC) members are consumers and providers of HIV services, including many PLWH. The members of the planning council reflect the community that they serve to ensure that the decisions made by HIPC are in the best interest of individuals receiving HIV prevention and care services. The planning activities have benefited from PDPH representatives at committee meetings and the ongoing participation of staff of the Pennsylvania Department of Health, New Jersey Department of Public Health, Mid-Atlantic and New Jersey AIDS Education and Training Centers (AETC), and the regional HRSA office. Community members regularly attend community planning meetings, participate in needs assessment activities, and provide feedback through formal and informal methods.

Comprehensive Planning is one of five HIPC committees. The Comprehensive Planning Committee makes recommendations on integrated planning and RW service provision based on available data. The committee also sets the Ryan White Part A service priorities in accordance with local epidemiological, needs assessment, and service utilization data. The objectives, strategies, and activities in this plan are a result of the work of this committee, the Prevention Committee, and the Positive Committee (membership consists of PLWH and those who receive HIV prevention services in the EMA).

In fall of 2017, the PrEP workgroup formed under the Prevention Committee, to get stakeholder feedback and guidance on PrEP implementation. The workgroup reports to the Prevention Committee and HIPC and is jointly convened by PDPH and the HIPC. The majority of the work group membership are providers and prescribers of PrEP within Philadelphia. A few workgroup members have since become members of the HIPC and there are several HIPC members who attend PrEP workgroup meetings.

The Office of HIV Planning (OHP) provides the administrative and technical support for the HIPC. OHP responsibilities include: assessing community needs through a variety of methods, including qualitative and quantitative research activities; conducting community outreach and educational activities; writing the integrated plan and the EMA's integrated epidemiological profile; recording and monitoring official processes (including meeting minutes); collaborating with the PDPH AIDS Activities Coordinating Office (AACO) and other community and governmental organizations; and providing logistical and administrative support to the HIPC. The OHP maintains an active presence at community meetings and

events which allows information to be shared easily. OHP staff currently participates in the Pennsylvania HIV Planning Group, the EMA's quarterly Outpatient Ambulatory Care Quality Improvement meetings, Philadelphia HIV FIMR, the Philadelphia School District sexual health materials review committee, and the New Jersey HIV Planning Group. OHP staff shares information from these meetings through staff reports at community planning meetings and formal presentations from stakeholders.

#### b. Gaps in Stakeholder Participation

The EMA's planning process would benefit from the regular participation of representatives from the private insurers within the region. Over time, multiple invitations and inquiries have been made to invite participation from these important stakeholders, but without any long-term change. OHP and PDPH will continue to provide the best available information about public and private insurance coverage to the HIPC, as well as continue to find ways for these stakeholders to provide valuable input into service planning and delivery.

#### c. Letter of Concurrence

See attachment for Letters of Concurrence to the goals and objectives of this plan in the appendix.

## C: People Living with HIV and Community Engagement

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#### a. Community participation in plan development

Community input is integrated into the planning process. Memberships of the HIPC and its committees and workgroups reflect the demographics of the local HIV/AIDS epidemic, including geographical considerations. All planning activities and meetings are open to the public, inclusive, and evidence-based. Great care is taken to assure that deliberations consider the needs of historically underserved populations, persons who are unaware of their HIV status, and consumers who have been lost to care. Direct input from the community is provided by planning body members, members of the Positive Committee, various needs assessment activities, consumer surveys, and three resource allocations processes for Ryan White Part A services (one for each of the three sub-regions of the EMA: City of Philadelphia, the four Pennsylvania counties, and the four New Jersey counties). Additional input from the community augments these mechanisms, including analysis of OHP Ryan White consumer survey data, utilization reports from consumers of Ryan White services gathered by PDPH's Client Services Unit, and a formal feedback process available to consumers through the region's information and referral and Client Services phone lines.

#### b. PLWH and community participation in plan development

Approximately half of the members of HIPC are PLWH. PLWH members and non-members of HIPC participate in the decision-making processes and regularly attend HIPC meetings. The Positive Committee has supported the engaged and informed participation of PLWH in all community planning activities for two decades. The committee meets monthly to discuss relevant topics, including training on epidemiological data, service provision, and how to best participate in planning meetings. The committee also advises OHP on consumer surveys and other needs assessment activities. Members of

the committee often bring up emerging needs and other issues for further discussion and investigation by HIPC. The Positive Committee meetings regularly have attendance between 25-35 people. About half of the regular attendees of the Positive Committee are also HIPC members, this number changes over time. Positive Committee members were an integral part of the integrated plan development and have contributed meaningfully to all steps along the integrated planning process from needs assessment to development and monitoring of strategies and activities.

#### c. Methods for community engagement

The HIPC, PDPH and OHP work together to design mechanisms to collect community and consumer needs and challenges. These mechanisms include regular monthly meetings of the HIPC with time allotted for public comment and participation. Meeting times and locations are advertised on the OHP website and updated paper meeting calendars are distributed at every meeting. OHP supports community participation through transportation cost reimbursement and refreshments at meetings. OHP has taken other steps to make information about community planning and RW services available to Spanish-speaking and other non-English speaking community members, including adding Google translate to the OHP website and publishing the Positive Committee's consumer FAQ brochure in Spanish. OHP hired a bilingual receptionist in 2015 to increase access to OHP activities and meetings to Spanish-speaking community members.

#### d. Community insights and solutions

Community input is the norm in the EMA's planning activities with an active PLWH committee, diverse and reflective HIPC, and ongoing needs assessment activities. Some recent examples of how community input helped identify health problems and develop solutions are included here; however, this entire planning document is the result of the critical insights provided by the community. PLWH and those at risk for HIV participated in those focus groups and consumer survey, and their contributions are included in this plan (see Section I D). Issues related to information dissemination and knowledge of RW services among Spanish-speaking PLWH were raised in Positive Committee meetings. OHP and PDPH have worked with these consumers and providers to address their individual and community-level barriers to health information and needed services. During the FY2019 allocations process, several issues were raised about service access and OHP, HIPC, and PDPH worked together to assess the services gaps and barriers and to develop plans to ease access to needed services like food vouchers and medical transportation.