



ENDING THE HIV EPIDEMIC IN PHILADELPHIA

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Presidential Advisory Council on HIV/AIDS
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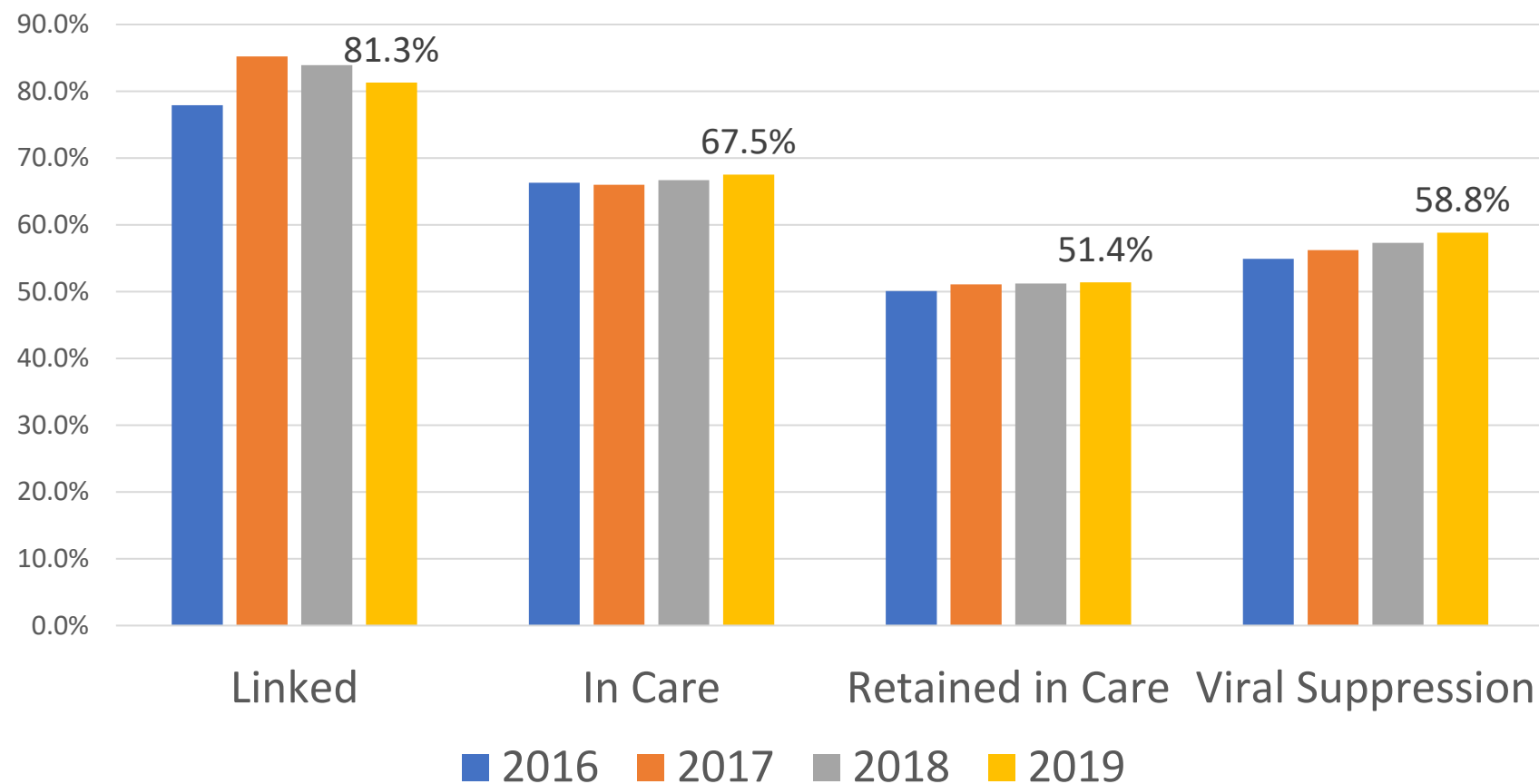
OVERVIEW

- Philadelphia has accepted the challenge of the EHE initiative to move beyond our current successes and overcome inertia to achieve EHE goals.
- The EHE planning process involved using data, engaging communities and learning from other jurisdictions. Program needs were assessed through:
 - ✓ Interviews and needs assessments with over 8000 people receiving services or involved in Health Department studies in the past 3 years
 - ✓ Provider meetings
 - ✓ Community meetings
 - ✓ Consultation with agencies serving key populations
 - ✓ Engaging local activist groups
 - ✓ Collaboration with the Philadelphia HIV Integrated Planning Council

PHILADELPHIA EHE PLAN: FACTORS FOR SUCCESS

- The Philadelphia plan provides strategies to diagnose, treat, prevent and respond to HIV but the planning process has emphasized the following critical factors for success:
 - Embedding a **health equity approach** in all planning, implementation and evaluation
 - **Using public health data to drive decisions**
 - Focusing efforts on **addressing structural barriers**
- **Pillar Zero** – Philadelphia included four foundational approaches for all EHE work.

PHILADELPHIA CARE CONTINUUM 2016 - 2019



Note:
Limited
progress →
stagnant over the
years

ENGAGEMENT IN COMMUNITY- BASED HIV TESTING SYSTEM

	MSM	HET	PWID	TRANS	OTHER RISK
2018 Testing	23%	54%	14%	Data not available	Data not available
2019 Testing	24%	59%	13%	1%	3%
Goals for engagement in rapid HIV testing	60%	22%	18%	TBD	N/A

DISPARITIES IN KEY POPULATIONS

- Disparities exist among key populations in the acquisition of HIV and the receipt of HIV services.
- The programs are not effectively reaching these populations.
- There needs to be a bigger focus on **health equity**.

HEALTH EQUITY

- Significant health inequities exist, especially in HIV prevention services, despite years of efforts to realign and refocus prevention efforts
- Provided resources for HIV Programs to focus on health equity:
 - ✓ Dedicated Health Equity Advisor
 - ✓ HIV Division specific Health Equity policy
 - ✓ HIV Division Health Equity Assessment and goals, development of strategies for improvement
- Redirection of prevention funds:
 - Six newly-funded Low Threshold Sexual Health Service programs
 - Key populations: LGBTQ+, Black/African American; Latinx; Southwest Philadelphia
- Requirements for demonstrated community engagement
- Health equity assessments and plans required for funded providers

BARRIERS TO RETENTION: DO WE NEED NAVIGATORS OR LOW THRESHOLD ACCESS?

Most Frequently Reported Barrier Categories Among Data to Care Participants, Philadelphia	% Reporting (n=400)
Patient Rights	79%
Provider Barriers	74%
Behavioral Health Barriers	23%
Supportive Services/SES	35%

- Systems of HIV care create unneeded barriers.
- Accessibility and harm-reduction centered care needs to be improved.
- PLWH need to know their rights, how to exercise them and what to do if they are violated.
- A need for non-medical/ supportive services- food, housing, employment

ADDRESS STRUCTURAL BARRIERS AND OVERCOME SILOS

IMPLEMENT

- Implement programs **that** address provider barriers.
- Do not try to fix patients or solve access issues with complex chains of navigation.

ENFORCE

- Enforce collaboration, coordination, and integration of services within local health systems across multiple HIV care clinics, emergency departments, and primary care locations providing HIV testing, PrEP, and HIV care.

EVALUATE

- Evaluate outcomes across health systems and across the jurisdiction, not just by program and funding stream.

PHILADELPHIA EHE PLAN-

THE LAST UPDATE BEFORE SUBMISSION: PILLAR ZERO

Community conversations and Health Department implementation plans found these items to be foundational:

- **Provide radical customer service at all levels:** create meaningful relationships with those we serve, and lower barriers to engaging in prevention and treatment services.
- **Reduce stigma** through policies and procedure changes, education, anti-bias programs.
- **Provide safe and secure housing** – this will require efforts beyond public health funding; public health programs must be accessible and provide the supports needed by people living in poverty and with insecure housing.
- **Admit the health care system is broken and fix systems and structures:** people are not broken. We must center our work on the needs of those we serve.

THANK YOU

Philadelphia's Ending the HIV Epidemic Plan: EHE.HIVPHILLY.ORG

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