Recommendations from HIPC Needs Assessments to be Considered for Allocations Decisions

These recommendations are presented to inform any recommendation and decisions around allocations and directive to the recipient about how Ryan White services should be provided. Directives can include instructions on specific populations to receive services, geographic considerations and how services should be provided (hours, interventions, training, etc.). These recommendations are informed by community feedback, current research, and other local research/data.

From Consumer Survey (pg 33-41):

The Philadelphia EMA HIV Integrated Planning Council should ease the burdens of poverty for vulnerable PLWH in the EMA by **ensuring access to food, housing, emergency financial assistance, and help with health insurance co-pays and deductibles**.

RW Providers should use **targeted risk assessments to predict which patients are at risk for poor retention.** PLWH should receive appropriate support and interventions before they are lost to care rather than interventions after they have missed appointments or are no longer adherent to ART.

The HIPC and AACO should explore ways for **Ryan White Medical transportation to provide transportation for PLWH who experience barriers due to Medicaid or Medicare transportation**.

The EMA can help PLWH manage and navigate these common barriers to retention and adherence through **direct material services like transitional and short-term housing, food banks and home-delivered meals, alternatives to unreliable transportation like on-demand and ride-sharing services, and financial assistance for health insurance costs** like premiums, cost-sharing, and deductibles.

The HIV Integrated Planning Council should explore how Ryan White funds can best be leveraged to prevent homelessness and provide housing for PLWH. **The HIPC should consider options which include Housing First models, emergency financial assistance, and other interventions to prevent homelessness**. Such efforts may require reallocating resources and adjusting service priorities.

The EMA's service system has to adjust to meet the **needs of our aging population**. Examples of possible changes in the RW delivery system include **home visits by case managers, enhanced personal contact like follow-up phone calls and check-ins about current needs,support groups for older PLWH, and a focus on holistic care**.

Educational campaigns for PLWH to assist with health literacy, access, and adherence to treatment are recommended to help PLWH manage complex treatments.

The **HIPC should assess access to and the quality of linkage programs and release planning for PLWH who are incarcerated in the EMA's county jails and New Jersey and Pennsylvania state correctional institutions**. Recently incarcerated PLWH are vulnerable to falling out of care and having worsened health outcomes. **Pre-enrollment in health insurance and other benefits should be a part of release planning for all incarcerated PLWH regardless of correctional institution. The EMA should work with the correctional systems to get needed services and support to PLWH, including telehealth when necessary**.

At a minimum, our results speak to a **need for training and technical assistance about discussing sexuality, STIs and PrEP for Ryan White clinical providers**. Further evaluation about how sexuality and sexual risk is addressed by Ryan White clinical providers is required to fully understand training needs and provider-patient interactions.

Selected recommendations from focus groups with YMSM (pg. 19):
Increasing access to and engagement with primary care for YMSM is essential. **Programs that engage YMSM in healthcare should address their complex needs, including mental health, substance use, chronic health conditions, and social needs, in developmentally appropriate ways.**

Special attention should be paid to **creating welcoming and accepting organizational cultures.** Healthcare organizations need to prioritize the barriers, challenges and concerns of YMSM. YMSM want to go to providers who can relate to their experiences and accept them as they are.

Relevant information about local services, sexual health, and HIV/STD testing should be online in the places YMSM are likely to find it. Reliable online content will help many YMSM, especially those who are reluctant or unable to access services in the "gay" community. More local research is needed to better understand how Philadelphia's youth access online health information.

Community level efforts are needed to address HIV stigma and discrimination of LGBTQ individuals, which persist and act as a barrier to open communication about the sexual health needs of YMSM.

Public health programs and healthcare organizations must be sensitive to the effects of stigma and discrimination on YMSM; especially minority YMSM who face not only stigma because of their sexuality and/or gender expression, but also live in a society with pervasive structural racism.

Relevant recommendations from focus groups with High-risk heterosexuals (pg 19):

Trauma-informed care should be the standard of care. Considering the pervasive experiences of trauma for men and women of low socio-economic status (childhood and adult), all healthcare settings should work towards a trauma-informed culture.

Sexual and reproductive health care must be trauma-informed. All women should be screened for current intimate partner violence, as well as childhood and past sexual and emotional abuse. Appropriate referrals should be made for mental health and social support services.

Honor and maintain a patient's dignity in all care settings. Patients who feel they are treated with dignity and are active participants in healthcare decision-making are more likely to adhere to treatment and trust their medical provider.

Holistic care that includes services for mental and physical health is essential for long term health and continued engagement in primary and HIV care. Social support should be integrated into all healthcare settings, whether through case management, navigations services or peer support. Service providers should consider incorporation of childcare and respite services in services targeted to women, considering their caregiving responsibilities.

Provide adult health education in community settings to raise health literacy to decrease health disparities. Programs should include information about sexual health and HIV/STI prevention, hygiene, nutrition, sleep, and the importance of health screenings. Specific interventions should focus on the health needs of Black men.