

Ending the HIV Epidemic in Philadelphia: Community Engagement & Sexual Wellness

Philadelphia Department of Public Health
AIDS Activities Coordinating Office
HIPC Update, 9/23/20



City of
Philadelphia



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.





National EHE Dashboard - AHEAD

Leading Indicators	Philadelphia 2018	Target 2025
Incidence (Number of new infections in a year)	390	100
Knowledge of status (estimated percentage of people with HIV who have received an HIV diagnosis)	90.3%	95%
Diagnoses (number of people diagnosed regardless of when infection occurred)	442	125
Linkage to HIV Medical Care	86.7%	95%
PrEP Coverage (estimated percentage of individuals prescribed PrEP among those who need it)*	64.8%	50%

*National estimate is significantly different from local – PDPH is working to resolve this

By 2025, 97% of people living with HIV will know their HIV status

Diagnose the 1,958 of the estimated 2,019 PLWH who are unaware of their HIV status.

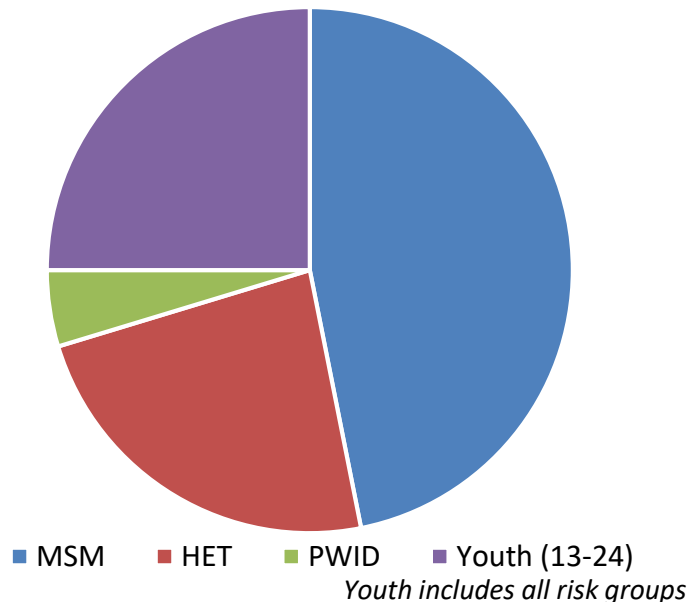
Diagnose an additional 1,325 people that, without intervention, will acquire HIV by 2025.

Total: 3283 people learn their HIV status

Estimates were made before COVID *and* underestimate effect of PWID HIV outbreak

We must increase new diagnoses to an average of 650/year

PLWH Unaware of their HIV Status (n= 1,958)





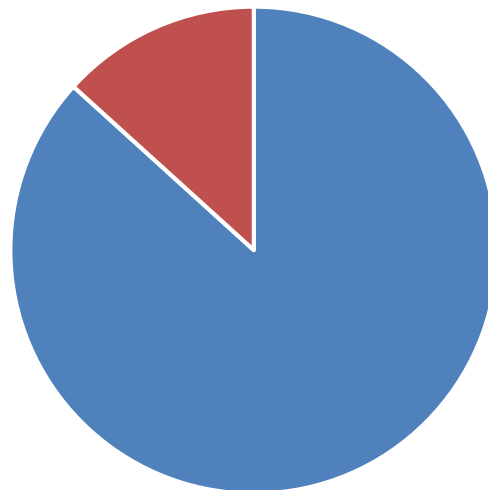
Linkage to HIV Medical Care

86.7% of newly diagnosed PLWH were linked to effective treatment in 2018

Unless this rate improves:

436 PLWH who know their HIV status will not be linked to care over 5 years

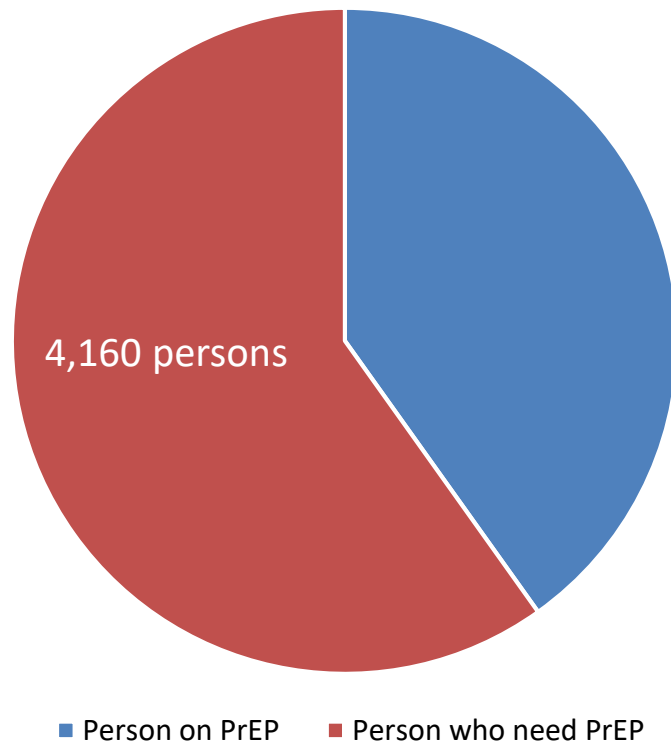
Diagnosed PLWH over 5 years



■ Linked to Care ■ Not Linked

By 2025, 50% of people with a PrEP indication will be prescribed PrEP, and 100% of people seeking nPEP will be prescribed treatment

PrEP Coverage to Meet EHE Goal

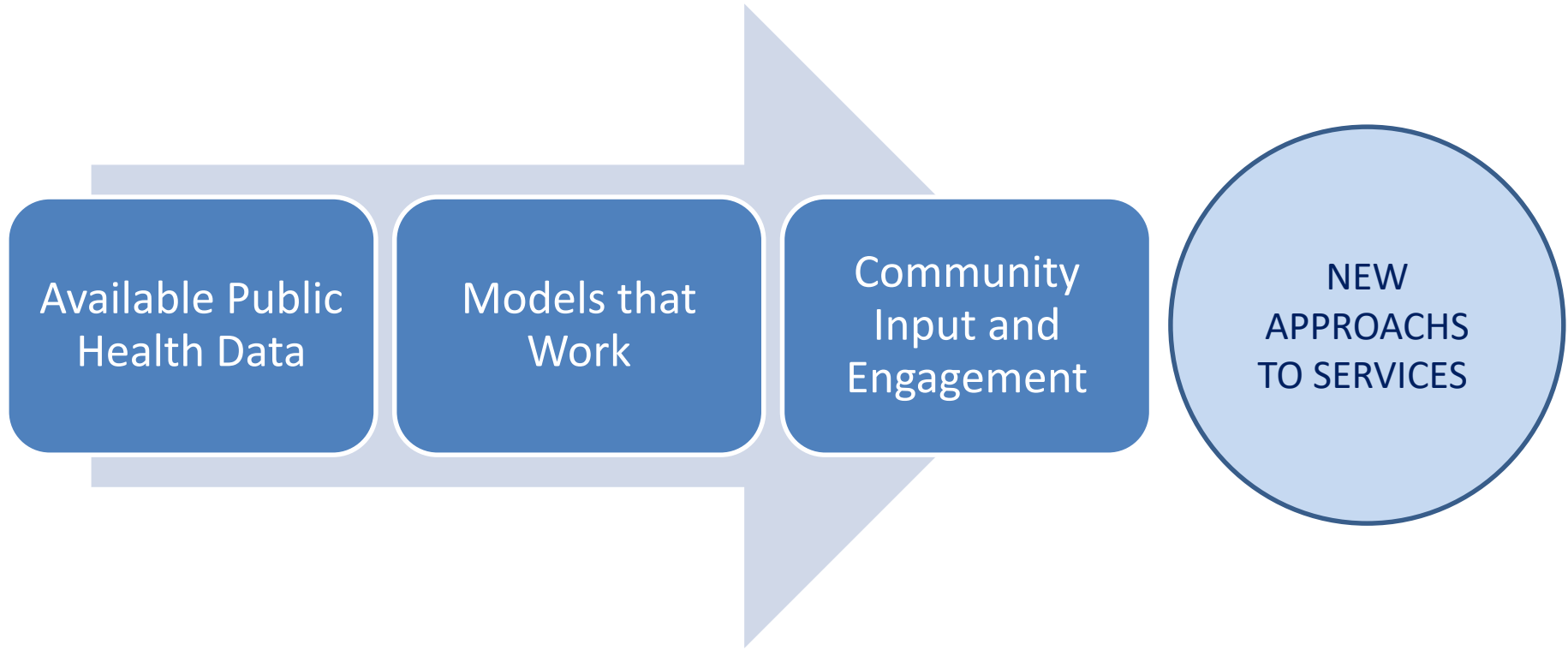


PrEP-Related 5-Year Goals by Population

Population	Percent of population with PrEP indication on PrEP	Number on PrEP
Overall	50%	6,950
Transgender persons	75%	TBD
MSM with recent syphilis	75%	TBD
Black MSM	50%	2,440
Cis-gender women	50%	1,565
PWID	50%	1,240
Latino MSM	50%	840
Young MSM	50%	TBD




Disrupt and Innovate





Ending the HIV Epidemic

- Philadelphia is developing a City-wide EHE Plan
 - Plan is influenced by:
 - Working with the HIPC
 - Listening to communities
 - Hosting town halls
 - PDPH is reviewing available public health and program data
 - Revisions to EHE Plan are on-going
- 



The EHE Plan and *NEW* Updates

PILLAR 1: Diagnose

Strategy 1.1: Increase access to HIV testing through bio-social screening in medical settings, including primary and urgent care settings, emergency departments, and at prison intake.

Activity 1.2.1: Develop network of low-threshold sexual wellness clinics to provide HIV, STI and HCV testing, PrEP, PEP and linkage to HIV, STI and HCV treatment.

Activity 1.2.5: Expand meaningful community engagement efforts to promote HIV testing, PrEP and treatment.

Pillar 3: Prevent

Activity 3.1.1: Develop network of low-threshold sexual wellness clinics to provide HIV, STI and HCV testing, PrEP, PEP, and linkage to HIV, STI and HCV treatment.

Activity 3.1.5: Expand financial support for PrEP-related routine laboratory work, through provider and home collected specimens, and adherence services.

Activity 3.2.3: Expand the promotion and distribution of community-specific sexual wellness and harm reduction information and supplies through innovative approaches



New Models at PDPH

- PDPH will support disruptive innovation in implementation, monitoring, and evaluation
 - PDPH has made changes to our approaches:
 - Centering health equity
 - Internal reorganization
 - Field Services Program
 - Enhancing Health Center #1
 - Addition of Communications Lead
- 



Recalibrate Efforts

- ✓ New plan to end the HIV epidemic
 - ✓ Additional Federal funding to accelerate efforts
 - Innovate service delivery in accordance with the Plan
 - Realign existing HIV funding
 - Develop new partnerships
 - Increase collaboration
- 




Engagement in Community-based HIV Testing System

	MSM	HET	PWID	TRANS	OTHER RISK
2018 Testing	22.5%	54%	14%	Data not available	Data not available
2019 Testing	24%	59%	13%	1%	3%
Goals for engagement in rapid HIV testing	64%	25%	11%	TBD	N/A



Focus on Community Engagement

- Invest in strengthening relationships with communities and individuals
 - Develop new partners and collaborators
 - Take a whole person approach to sexual health and wellness
 - Provide culturally relevant, affirming services
 - Provide easy-to-understand HIV information
- 



Community Engagement


Community Engagement

- Dedicated, compassionate staff
- Focus on whole-person sexual health
- Expanded staff and peers
- Access to relevant services
- Flexibility in approach

HIV Testing


- Rapid point of care tests
- Home, self tests

Status Neutral Care

- HIV treatment
 - PrEP
 - Primary care
- 



Expanded Sexual Health and Wellness

- Move from rapid HIV testing to whole person sexual health
 - Ensure easy to access and use service provision
 - Provide compassionate, non-judgmental care
 - Replicate models that work in our system
- 



PDPH Funded Community- based HIV Testing, 2019

Model of Service Provision	Total PDPH AACO funding	Total number of new diagnoses of HIV (2019)	Cost to diagnose and link one person to effective HIV treatment
Integrated Sexual Health Model (HIV + STD) (n= 3)	\$1,007,537	69	\$14,602
Traditional Community-based HIV testing (n= 12)	\$2,073,520	24	\$86,397

Why the Sexual Health Clinics? NYC Experience

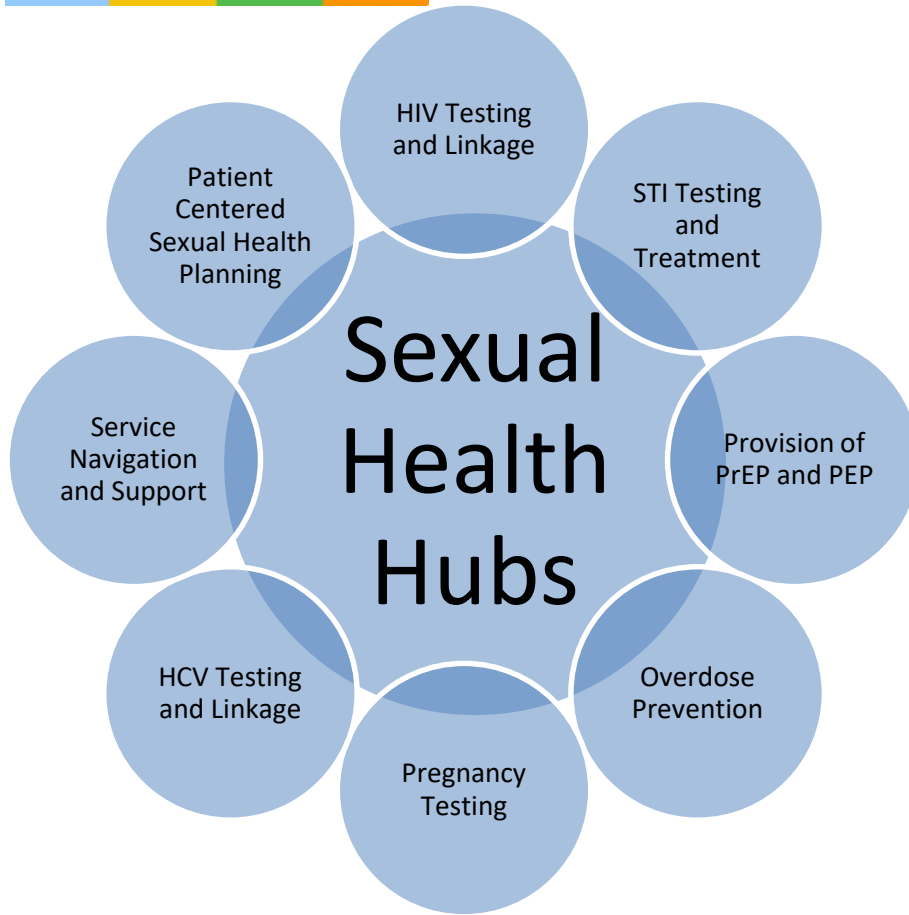


- 1 in 42 MSM attending NYC STD Clinics were diagnosed with HIV within a year¹
- 1 in 20 MSM diagnosed with P&S Syphilis in NYC were diagnosed with HIV within a year²
- 1 in 15 MSM (1 in 7 Black MSM) diagnosed w/ anorectal chlamydia/gonorrhea in NYC STD Clinics were diagnosed with HIV within a year³

1 Pathela P, Jamison K, Braunstein SL, Schillinger JA, Varma JK, Blank S. AIDS Behav. 2016 [Epub ahead of print]

2 Pathela P, Braunstein SL, Blank S, Shepard C, Schillinger JA. Clin Infect Dis 2015; 61(2)281-7.

3 Pathela P, Braunstein SL, Blank S, Schillinger JA. Clin Infect Dis 2013; 57(8) 1203-9.



Low-barrier, harm reduction centered one stop shops



Compassionate, non-judgmental care



Culturally competent and affirming



Changes to PDPH

Health Center 1

- Routine MD Exams
- Limited express visits
- Limited PrEP capacity
- 30d supply of PEP
- STI Testing/Labs
- Limited stat testing
- On-site Treatment

2019



- Increased availability of express visits
- Self-assessments
- Oral & Self-collected Anal GC/CT NAAT
- Expanded home testing
- Increased PrEP capacity
- Viral load testing
- HCV testing and linkage to care

2020- 2025

Changes to partner organizations

CBO Partners

- Rapid HIV testing
- Linkage to Care
- PEP Referrals
- PrEP Referrals
- Risk Reduction Counseling

2019




- Rapid and lab-based HIV testing
- Immediate linkage to HIV care (0-96hr)
- PrEP and PEP initiation and follow up
- HCV testing and linkage
- STI testing and treatment
- Pregnancy testing
- Overdose prevention
- Harm reduction information and referrals
- Sexual Health Education
- Patient Navigation

2021- 2025




What this means for Philadelphia

- Let the EHE plan guide our efforts
 - Think differently, be innovative
 - Let the data lead
 - Listen to communities
 - Develop programs that are easier to access
 - Engage communities in meaningful ways
- 




What this means for the system

- Change our approaches are necessary
 - Leverage new and existing funds
 - Develop new partnerships
 - Stronger collaboration across the network of HIV care and prevention programs
 - RFP for capacity building and development for small agencies both in and out of AACO's existing network
 - Future RFPs to promote EHE strategies and activities
- 




What this means for recipients of PDPH funds

- More collaboration and coordination across the City
 - New partnerships between agencies
 - Publicly available outcome data
 - Performance based contracting
- 




What this means for the workforce

- Review Ending the HIV Epidemic
 - Shift in duties and workflow to meet community needs
 - Increased support for skills development, capacity building, and career advancement
 - Equitable compensation for frontline prevention staff
 - Duties and workflow will be shifting
- 




What this means for people accessing services

- Treated as whole people with needs beyond HIV
 - Status neutral approach to HIV
 - Services that meet people where they're at
 - More available services in one location
 - Engagement not outreach
 - Compassionate, non-judgmental services
- 



Next Steps

- Read the Plan
 - Give us feedback!
 - Examine your programs, assess good partners, start those conversations
 - Focus on collaboration, one stop shops, and 'red carpet' referral networks
 - Be on the look out for funding announcements
- 

Questions

