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## **Collaborations, Partnerships, and Stakeholder Involvement/PLWH and Community Engagement**

### ***Philadelphia EMA Integrated HIV Prevention and Care Plan***

REGION	Northeast
PLAN TYPE	EMA, Integrated city/county-only prevention and care plan
JURISDICTIONS	Philadelphia EMA
HIV PREVALENCE	High

The Philadelphia EMA provided a brief, but adequate description of the different stakeholder groups that contributed to the Plan development as well as how the different groups contributed to the development of the Integrated HIV Prevention and Care Plan and where there were gaps in stakeholder participation. The section on PLWH/community engagement section was brief, but did report that membership of Planning Council, HIV Planning Group and committees reflected the demographics of the local HIV/AIDS epidemic.

#### **SELECTION CRITERIA: COLLABORATIONS, PARTNERSHIPS, AND STAKEHOLDER INVOLVEMENT/PLWH AND COMMUNITY ENGAGEMENT**

Exemplary collaboration, partnerships, stakeholder involvement/PLWH and community engagement sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- Description of the specific contributions of those involved with plan development
- Description of stakeholders and partners not involved in the planning process, but who are needed to more effectively improve outcomes along the HIV Care Continuum
- Significant involvement of PLWH in plan development
- Involvement of those at risk in plan development



Additional exemplary plan sections are available online:  
[www.targetHIV.org/exemplary-integrated-plans](http://www.targetHIV.org/exemplary-integrated-plans)

## B: Collaborations, Partnerships and Stakeholder Involvement

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### a. Stakeholder Contributions

The Philadelphia EMA Ryan White Planning Council and the HIV Prevention Planning Group are both comprised of consumers and providers of services, including many PLWH. The members of these planning groups reflect the community that they serve to ensure that the decisions made by the planning bodies are in the best interest of individuals receiving HIV prevention and care services. The planning activities of both groups 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 Planning Council 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 and that of the Needs Assessment Committee, in conjunction with other community stakeholders, HPG, OHP, and PDPH.

The Needs Assessment Committee of the RWPC reviews epidemiological data and research, in addition to developing needs assessment activities and tools. The Needs Assessment Committee collaborates with PDPH, medical providers, and consumers to develop surveys about service needs, barriers, linkage and retention to care, and service provision.

The Philadelphia HIV Prevention Group (HPG) is composed of HIV prevention providers, PLWH, community members, and other stakeholders. Over the last year, the HPG provided feedback to the PDPH on PrEP implementation, as well as helped to develop a list of providers prescribing PrEP to patients. The HPG hosted a panel of young men who were currently taking PrEP. The panel provided the HPG members and prevention providers in attendance an opportunity to engage with the young men about their experiences taking the medication, the reactions from their friends and families, and their experiences with paying for PrEP.

The Office of HIV Planning (OHP) provides the administrative and technical support for the HIV Prevention Planning Group and RWPC. OHP responsibilities include: assessing community needs through a variety of methods, including qualitative and quantitative research activities, conducting community outreach and educational activities, writing comprehensive plans, 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 planning bodies. The OHP maintains an active presence at community meetings, 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, the Suburban HIV/AIDS Coalition (SHAC), 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 and New Jersey and Pennsylvania Medicaid departments. 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 RWPC and HPG, as well as continue to find ways for these stakeholders to provide valuable input into service planning and delivery.

The RWPC and HPG are reflective of the EMA's epidemic and the communities most at risk. The groups strive to be inclusive and representative of the varied and diverse communities they serve. Recently, the groups have been working to incorporate the participation and feedback from youth and young adults into their work through participation of youth stakeholders in meetings, as well as through means like focus groups and surveys. At the time of this plan, there are plans to increase youth participation in the Positive Committee and HPG through establishing relationships with trusted providers of youth services to help identify and recruit young people to become attendees or members of these groups.

#### c. Letter of Concurrence

See attachment for Letters of Concurrence to the goals and objectives of this plan from the co-chairs of the Philadelphia Ryan White Planning Council and the Philadelphia HIV Prevention Planning Group in Appendix B: Letters of Concurrence.

## 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 Council, HPG, and their respective committees 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 hotlines.

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

Approximately half of the members of RWPC are PLWH. PLWH members and non-members of RWPC participate in the decision-making processes and regularly attend RWPC meetings. RWPC and HPG share the Positive Committee, which has supported the engaged and informed participation of PLWH in all community planning activities for over a decade. The committee meets monthly on 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 RWPC and HPG.

In 2015 a group of Spanish-speaking PLWH began participating in Positive Committee meetings. Positive Committee meeting minutes are translated in Spanish and distributed at meetings and posted on the OHP website (along with the meeting materials in English). Interpretation services are available for any RWPC and HPG meeting, provided adequate notice is provided. Spanish interpretation services are regularly provided at the Positive Committee.

### c. Methods for community engagement

The RWPC, HPG, PDPH and OHP work together to design mechanisms to collect community and consumer needs and challenges. These mechanisms include regular monthly meetings of the community planning bodies 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 RWPC and HPG, 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. In 2015, the topic of transportation as a barrier to HIV medical care was brought to the attention of RWPC during allocations deliberations by Positive Committee members. OHP conducted a survey for providers to assess barriers related to transportation services, including Medicaid transportation as a result (see Section I.D for a more detailed discussion). In 2014, OHP conducted focus groups with YMSM and heterosexuals of low socio-economic status to learn more about their healthcare and HIV testing experiences and preferences. PLWH and those at risk for HIV participated in those focus groups, 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 to address their individual and community-level barriers to health information and needed services.