|  |
| --- |
| **Ending the HIV Epidemic Pillar: Prevent**  |
| *Goal:* Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).  |
| **#** | **Activity** | **Need/Gap/Barrier and/or Priority Population** | **Responsible Party & Partnerships** | **Data Baseline** | **Target Goals/ Outcomes** |
| **Strategy 1A: Implement Data-to-Care (D2C) approaches to reengage People Living With HIV (PLWH) into care** |
| 1 | Identify persons with previously diagnosed HIV who are not in care. | *Gap:* All people living with HIV (PLWH) not in care/lost to care*Priority:* black, Indigenous and People of Color (BIPOC) and Sexual & Gender Minorities (SGM) communities | Division; *Partner*: HIV Surveillance  | An estimated 105 PLWH identified as not in care by nine providers | Implement Central Output Model to engage individuals statewide in D2C Increase # identified as not in care to include entire state |
| Strategy 1A: Data Sets informing this objective: Stakeholder Input Data # 11, 13; Epidemiological data  | Key Disparity metrics: testing and linkage outcomes by race, ethnicity, and SGM status |
| **Ending the HIV Epidemic Pillar: Diagnose**  |
| Diagnose all people living with HIV as early as possible |
| **#** | **Activity** | **Need/Gap/Barrier & Priority Population** | **Responsible Party & Partnerships** | **Data Baseline** | **Target Goals/ Outcomes** |
| **Strategy 2A: Continue and expand HIV** **Testing** |
|  | Increase efforts to support private providers conducting HIV testing. | *Need*: increased testing among priority populations, esp. BIPOC and SGM communities and youth | Division;*Partners*: testing providers,Pa. Expanded HIV Testing Initiative (PEHTI), MAAETC, HPCP | 45 private providers in 2021 | 25 % increase |
| Strategy 2A: Data Sets informing this objective: Epidemiological data, PA-NEDSSStakeholder Input Data  | Key Disparity metrics:HIV testing rates for, and provider engagement among, BIPOC, SGM and disability communities, as well as youth |
| **Ending the HIV Epidemic Pillar: Treat** |  |
| Treat people with HIV rapidly and effectively to reach sustained viral suppression |  |
| **#** | **Activity** | **Need/Gap/Barrier & Priority Population** | **Responsible Party & Partnerships** | **Data Baseline** | **Target Goals/ Outcomes** |
| **Strategy 3A: Continue and enhance the Ryan White (RW) Clinical Quality Management (CQM) Plan** |
|  | Improve viral load (VL) suppression. | *Need*: improve VL suppression*Priority pop*: PLWH | Division field staff, SPBP staff;*Partners*: Ryan White Part B (RWPB) Grantees, RW Parts C-D, RW subrecipients | See current approved CQM plan for detailed measurements recent HIV viral load test | Baseline- 93%Benchmark- 90% |
| Strategy 3A: Data Sets informing this objective: PA-NEDDS, CAREWare, Special Pharmaceutical Benefits Program (SPBP) data, Epidemiological data,Stakeholder Input Data #1 | Key Disparity metrics:Rates of linkage to care and retention in care among BIPOC and SGM |
| **Ending the HIV Epidemic Pillar: Respond**  |  |
| Monitor HIV incidence and respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them  |  |
| **#** | **Activity** | **Need/Gap/Barrier & Priority Population** | **Responsible Party & Partnerships** | **Data Baseline** | **Target Goals/ Outcomes** |
| **Strategy 4A: Maintain the Pa. Cluster Detection and Response (CDR) Plan** |
|  | Initiate an Outbreak Response Plan (ORP) within 72 Hours of an outbreak declaration. | *Need*: Maintain ORP readiness*Priority pop*: PLWH, people who don’t know their status | HIV Epidemiology, Division staff | 0 detected outbreaks as of 2021 | 95% of identified outbreaks have an ORP initiated within 72 hours of the outbreak declaration |
| Strategy 4A: Data Sets informing this objective: ORP, Epidemiological monitoring | Key Disparity metrics: unique to each case. Monitoring will be required to ensure that no correlative patterns of plan failure emerge relative to any outbreaks in marginalized communities |
| **Pa. IHPCP Pillar: Support** |
| To facilitate the success of the above Pillars, and reflective of the most recent National HIV/AIDS Strategy (NHAS) and the Philadelphia IHPCP, this goal promotes collaborative efforts to address the full breadth of the HIV epidemic so that every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life extending HIV care that is free from stigma and discrimination. |
| **Strategy 5A: Expand capacity and educational messaging addressing HIV, comorbidities, and social determinants of health**  |
|  | Include/partner with representatives from Viral Hepatitis and STD in outreach efforts to affiliates or when establishing/building new working relationships. | *Need*: greater synchronicity of comorbidity testing and education services | Division staff, field staff, Vital Hepatitis Staff staff,  | n/a | # of desired/projected new partnerships |
| Strategy 5A: Data Sets informing this objective: Stakeholder Input Data  | Key Disparity metrics: Unique to each activity; activities should be assessed based on their engagement success of their specific priority populations, such as aging populations, members at risk in disability communities, young MSM of color, rural communities, etc. |

|  |  |
| --- | --- |
|  |  |