

IHPCP Goal Evaluation Worksheet

Date: January 15, 2025

Ending the HIV Epidemic Pillar: Prevention

Goal: 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: 1D: Expand sexually transmitted diseases (STD) Data-to-PrEP Initiative

Data Sets informing this objective: Epidemiological data, STD Data, Stakeholder Input Data #8

Key Disparity metrics: ensuring STD Data to-PrEP is equitably implemented in marginalized communities, esp. BIPOC communities and among SGM

Priority Setting:

The HPG voted these as their top priorities for 2022-2027

1. SPBP/ADAP (collapsed because SPBP serves this purpose in PA)	6. Emergency Financial Assistance
2. Housing	7. Health Insurance Premiums
3. Medical Case Management	8. Outreach Services
4. Early Intervention Services	9. Home and Community Based Care
5. Outpatient/Ambulatory Care	10. Oral Health Care

HPCP Activity(s):

#	Activity	Need/Gap/ Barrier & Priority Pop.	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes
12	Enhance current use of STD Data-to-PrEP to identify clients for PrEP referrals.	<i>Need:</i> linking repeat STD testers to PrEP; Priority pop: people frequenting STD testing	Division; Partner: Division of STD	555 individuals or 32% of those identified	25% increase in individuals identified through STD Data to PrEP

				through STD Data to PrEP frequency of successful program connection to PrEP in 2021	that are successfully linked to PrEP

Please describe the program as a whole.

The STD Data to PrEP program is a means to increase PrEP referrals to individuals with repeat STD infections. The current algorithm identifies individuals with four (4) or more lifetime reported STDs. When an individual is reported to PA-NEDSS (the disease surveillance system used in Pennsylvania) they are added to a daily priority list for Field Staff to engage for a PrEP assessment. If the Field Staff believe the individual would benefit from PrEP (they are not currently living with HIV or other circumstance not indicating PrEP), they are referred to a local provider.

The referral information is collected in PA-NEDSS.

The rate of individuals with four STDs that are co-diagnosed with HIV is approximately 13%.

Among those living with HIV, the time between the fourth STD and an HIV diagnosis was an average of 13-16 months.

Describe the data indicators (if applicable) listed for your strategy and activity in the IHPCP.

What are your **baseline data** and your current data indicators?

Jurisdiction

Zip Code

Age
Sex
Race
Ethnicity
Date of report in PA-NEDSS
Date of initiation of PrEP engagement
Date of disposition (closing out)

Dispositions:

Not Eligible for PrEP
Referred to PrEP (insured)
Referred to PrEP (uninsured)
Refused PrEP
Unable to Locate
Out of Jurisdiction
Currently Enrolled in PrEP

From January through June 2024:

2742 Individuals Identified (4 or more STD)
1000 Incomplete
198 Unable to Locate
3 Out of Jurisdiction

1271 Individuals Engaged (46% of the total):

443 Not Eligible for PrEP (35% of those engaged)
383 Refused PrEP (30% of those engaged)
103 Currently Enrolled in PrEP (8% of those engaged)
32 Referred to PrEP Uninsured (3% of those engaged)
310 Referred to PrEP Insured (24% of those engaged)

What groups(s) are your target population(s) and how was that decided?

Does your target population(s) align with the disparity metrics outlined in the IHPCP under the corresponding strategy?

Target Population: Individuals with 4 or more Lifetime STDs

Decision on Target Populations: Data associated with these populations have historically reported a higher risk of acquiring HIV.

Alignment with Disparity Metrics in IHPCP: Based on program data from 2023 and 2024, the majority of clients are from the BIPOC population. And the majority of clients contacted are from the BIPOC population.

How are you measuring your success in accomplishing or maintaining this activity?

Number of individuals eligible for PrEP that received a PrEP referral.

What barriers or challenges have you experienced/are experiencing?

The Division is currently discussing the effectiveness of the program.

There are large numbers of incomplete cases, how do we address that?

This is not an activity that is “required” for reporting to CDC.

What solutions to these barriers and challenges have you come up with?

Should we increase to five (or more) lifetime STDs? It would decrease the number of individuals to engage, but how would that impact those we “miss” in the process.

If you had to give a percentage of how close you are to completing this goal(s), what would it be and why?

We are less than 50% complete because of the number of cases not engaged.

What are your next steps? What is the sustainability of this effort (if applicable)?

Evaluation of program effectiveness.
Evaluation of burden on Field Staff.
Surveying Field Staff program.

The program is sustainable, but we have to determine the best use.

Is there anything additional you'd like the HPG Evaluation Subcommittee to know?

Are there any other individuals associated with the program you'd like to recognize?

The Field Staff (State and County/Municipal Health Departments) are fully responsible for the implementation of this program and their efforts are appreciated.

This section is for Evaluation Subcommittee purposes only