

PRIORITIZATION OF FEDERAL REVIEWER COMMENTS / IHPCP

IHPCP Section & page(s)	Federal Reviewers Comment	Status	Timeline	NOTES
Section 1a Page 5	The jurisdiction lists the required entities, but they are not named by the organization	High/Medium	Either first or Subsequent Revision	Questioned the reviewers if a list could be added as an Appendix as there are too many to list individually.
Section 2 Page 8 to 22	The IHPCP states that there are representatives of the Part A recipient serving on the HPG but does not explain how they coordinate with the Part A to address duplication or gaps in service. The Part A is not identified as an integral partner in implementing the IHPCP	Medium	Subsequent Revision	Additional clarity could be provided in the narrative, but can also be included in the “responsible Party” listing for the activities in the workplan
Section 1 Page 5 to 7	There is no reference to collaboration with Philadelphia, though there may be an assumption that the reader understands that this engagement is required and takes place.	Medium	Subsequent Revision	It was assumed. Clarity to be provided through the workplan and, if appropriate, any revisions prioritized * As a notation, Philadelphia HD was commended on their plan for the amount of collaboration with the PADOH that occurs.
Page 23	The Epi snapshot does not provide specific information on the number of people with HIV who are unaware of their status. Also missing is a description of the socioeconomic, behavioral, and clinical characteristics of people newly diagnosed with HIV.	High	First Revision	This profile is updated annually for the Division. Changes can be incorporated into that activity, and then used to revise the plan and address comments. Some of the data referenced as “missing” is not data currently consistently collected by the Division. However, it may be available through the CDC’s Medical Monitoring Project. This should be explored and included if available.
Page 29	The Resource Inventory does include specifics of which agency/organization is receiving funding. However, it lacks information about the Part A, C, and D funding/resources	High/Medium	Either first or Subsequent Revision	Additional information to be gathered and included in the Resource Inventory once we have clarity on the extent of the information to be included.

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Page 29	The interactive map in the Epi Snapshot may be more appropriate in the Resource Inventory. In addition, it lacks information about providers and other RW Parts except for Part B funded services.	High	First Revision	The relocation is simple enough, the additional information can be provided as well.
Page 33 to 39	The Needs Assessment focuses on what the jurisdiction has done and is doing to address the HIV epidemic but does not discuss the “needs” of priority populations and people with HIV that were identified during the assessment activities. Many of the findings of needs assessment activities are presented in the Epi snapshot.	Low	To Be taken Under Advisement for future plan	This is a matter of “location” in the plan, and content. Something to be taken into consideration in the next plan. The “Needs Assessment” referenced here is to be a comprehensive assessment of what PLWH “need” to gain and maintain a non-detectable viral load and optimal health. So, it can be determined what is required in the Division’s plan to support/address those needs.
List -Page 20-21 Survey- Page 36-37	The list of priorities is found in Section 2. Section 4a presents details about the jurisdiction’s stigma survey, which doesn’t align with the topic heading.	Low	To Be taken Under Advisement for future plan	This is a “location” issue.
Section 4b Page 41	The description of the actions taken is vague. The description of how testing will be expanded to close contacts of people with HIV lacks detail.	Low	To Be taken Under Advisement for future plan	The narrative lacks detail, but the workplan provides the information.
	The jurisdiction does not explain how people with HIV were involved in the needs assessment process. The IHPCP does provide information about stakeholder involvement in planning, but it often does not conform with the format of the guidance making it difficult for reviewers to identify and assess.	Low	To Be taken Under Advisement for future plan	Formatting concern, to be taken under advisement
Section IV	Although the priority populations are listed, a description of how the goals and objectives address the needs of these priority populations is not provided.	Low	To Be taken Under Advisement for future plan	The Narrative may not make it clear, but the workplan identifies the priority populations for each activity. Consideration to be given in the narrative component of the next plan.
Section VII	A letter of concurrence is needed for the RW Part A	Completed		

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General	More intentional collaboration with the RW Part A recipient would support coordination and ensure there no duplication or gaps in HIV prevention and care.	High	First Revision	The work plan will be reviewed, and the Part A added as a responsible party as appropriate
	Many of the priorities identified by stakeholders in Section 2 do not align with the goals or interventions I Section 5. These priorities include many social determinants of health, such as housing and transportation.	High	First Revision	The work plan is missing some activities that were either under development, or since developed, they should be added in this revision
	Reducing late diagnosis is identified as a need/priority, but there is no goal or strategy identified to address this need.	Low	To Be taken Under Advisement for future plan	To be taken under consideration in the next plan. The workplan currently addresses the issue through multiple activities. It can be determined if a specific strategy should be added.
	In the goals and strategies section none of the strategies listed incorporate the RW Part A jurisdiction, which has over 10% of the total number of HIV cases in the state.	High	First Revision	The work plan will be reviewed, and the Part A added as a responsible party as appropriate