

IHPCP Goal Evaluation Worksheet

Day 2 Meeting: March 13, 2025

Ending the HIV Epidemic Pillar: Diagnose

Goal: Diagnose all people living with HIV as early as possible

Strategy: Strategy 2D: Continue and enhance Partner Services (PS)

Key Disparity Metric(s): PS linkage/engagement among BIPOC, SGM, youth and PWID who test positive

Data Sets Informing this Objective: Stakeholder Input Data # 1, 4, 10; PA-NEDSS

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
39	Increase partner elicitation among newly identified/diagnosed individuals with HIV.	<i>Need:</i> Testing capacity gap/need; prioritizes partner notification services	Field Staff, CMHD and other HIV testing providers	87 % of PLWH newly diagnosed in 2021 interviewed for PS	100% of PS for PLWH, newly diagnosed offered PS

40	Increase the number of partners identified with an unknown HIV status.	<i>Need/priority: key communities, esp. BIPOC and SGM communities</i>	Field Staff, CMHD and other HIV testing providers	198 partners elicited	100% of named partners with unknown status referred for HIV testing
41	Refer 100% of individuals in priority populations who test positive for HIV to PS.	<i>Need: connect newly diagnosed individuals to PS Priority pop: BIPOC, youth, SGM, PWID</i>	Field Staff, CMHD and other HIV testing providers	87 % of PLWH, newly diagnosed in 2021 interviewed for PS	100% of PLWH referred to PS

Please describe the program as a whole.

The HIV Prevention Program (HPP) oversees the monitoring and implementation of all HIV partner services (PS) activities including interviews, partner elicitation and notification, linkage to care, re-engagement to care, retention in care, health education, risk assessments and efforts to monitoring viral suppressions for people living with HIV (PLWH) . HPP develops protocol and procedures for field activities and response for HIV PS and seeks ways to increase the provision of PS, with prioritization being one method. HPP relies on Department and County and Municipal health Department (CMHD) field staff (FS), Division FS, Disease Intervention Specialists (DIS) and Community Health Nurses (CHN) to conduct HIV PS activities for every PLWH within the Commonwealth. Every newly diagnosed PLWH, already existing PLWH, and their named partners are located, notified, tested and referred to PrEP (if applicable) by staff who conduct PS.

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?

Activity 39: Increase partner elicitation among newly identified/diagnosed individuals with HIV.

- Target: 100% of PS for PLWH, newly diagnosed offered PS
- Current: 90.6% of PLWH were successfully interviewed through PS activities.

Activity 40: Increase the number of partners identified with an unknown HIV status.

- Target: 100% of named partners with unknown status referred for HIV testing
- Current: 71.79% of named partners with an unknown status were tested for HIV.

Activity 41: Refer 100% of individuals in priority populations who test positive for HIV to PS.

- Target: 100% of PLWH referred to PS
- Current: 99.6% of PS for PLWH, including newly diagnosed offered PS.

The table below shows additional supporting data relating to Strategy 2D goals and outcomes from years 2021-2024 (1st half), which is the most recent baseline data available for the HIV PS program. Overall, the program continues to successfully increase performance measure outcomes on an annual basis. Please note that between year 2023-2024, internal documentation and data collection procedures were updated for enhancement. Therefore, requiring stricter data collection documentation processes for staff to provide more reliable data of PS interview outcomes.

Percentage	2021	2022	2023	2024 1st half
% PS for PLWH	99.1%	99.3%	98.6%	99.6%
% of PLWH Successfully Interviewed	88.2%	93.3%	92.7%	90.6%
% of PLWH Interviewed within 30 days	68.9%	74.5%	72.3%	73.4%
% of PLWH Linked to Care	80.2%	91.0%	92.7%	94.4%
% of PLWH Linked to Care within 30 days	63.2%	71.8%	75.3%	76.8%

% of Named Partners with a Negative/Unknown HIV Status Tested	35.56%	40.27%	49.47%	71.79%
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Notes regarding table:

- 1st half of year 2024= January-June 2024.
- % of PLWH Interviewed has not shown an increase from prior year for 2 reasons:
 1. Data presented is not a full year compared to prior annual data.
 2. HPP implemented stricter documentation guidelines for field staff conducting PS interviews to improve outcome data (How many were successfully interviewed vs not successfully interviewed).
- % of Named Partners Elicited and Tested for years 2021-2023 data is low due to prior guidance. Please note that staff's procedures have been improved for data collection purposes. Staff have been re-trained during 2023-2024 to document the named partners they can locate to ensure they are able to notify them and offer them testing referrals instead of documenting efforts for named partners they do not have enough locating information on.

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: Racial and ethnic minority youth ages 13-24, Men who have sex with men (MSM), African American/Black MSM, Hispanic MSM, All MSM ages 13-24, Transgender females, Racial and ethnic minorities within this group, Persons who currently inject drugs (PWID) or injected drugs within the last five years, Racial and ethnic minorities within this group, Pregnant Individuals, Racial and ethnic minorities within this group, and African American/Black and Hispanic women.

Decision on Target Populations: These target populations are set by the CDC.

Alignment with Disparity Metrics in IHPCP: PS linkage/engagement among BIPOC, SGM, youth and PWID who test positive.

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

HPP places high importance on the quality of data that is collected and maintained, and we ensure that the HIV surveillance and prevention practices make data documentation and collection a vital part in routine activities. There are 3 monitoring and evaluation geared reports that

measures progress and successes regarding each case the field staff are assigned to ensure up to date documentation, quality assurance checks and performance measure reports between a daily, weekly and monthly basis. In addition to those 3 reports, the CMHD have quarterly visits where their specific jurisdictional data is reviewed with the HIV PS PHPA to provide guidance, TA support and additional resources for conducting and documenting PS.

What barriers or challenges have you experienced/are experiencing?

HPP continues to experience challenges with HIV PS partner elicitation and notification due to the stigma surrounding HIV and client's not wanting to provide information on their sexual or needle sharing partners. The experienced challenges relate to working with social media apps and clients who have anonymous partners on the apps. There is a gap between the number of partners elicited and the number of partners who have been notified due to the barriers of locating those anonymous named partners due to lack of identifying information provided by clients. This is both a statewide and a national level barrier that continues to increase and impact the number of individuals accessing HIV testing after exposure.

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

HPP's solution is to ensure the FS, DIS and CHN who conduct PS are up to date with trainings and have all the necessary tools, best practices, updated guidance to successfully complete HIV PS in their assigned jurisdictions.

HPP also continuously seeks ways to increase referrals to HIV PS and participation in PS through education and awareness both at the provider level, FS and DIS level and client/patient level. To increase collaboration with non-health department organizations to identify more opportunities to provide education on PS activities, HPP will explore community engagement opportunities through the HIV PS and Data-to-Care programs for educational outreach in medical practices and non-health care settings.

HPP has also developed and will be distributing updated health educational materials for both the community and physicians regarding the importance of PS for all patients who are living with HIV, outlining the benefits of PS. HPP continues to encourage FS, DIS and CHN to educate community stakeholders on the value of PS and the role PS has in preventing the transmission of HIV infection.

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

The Division estimates that we are approximately 87% of the way done with reaching the goals outlined due to competing with social norms of HIV stigma and social media use for anonymous sex and hookups throughout the Commonwealth. Although there is a significant increase among annual PS performance outcomes, the staff who conduct PS activities are still relying on the consent of PLWH to engage in these non-mandatory prevention efforts and activities. Every newly diagnosed person living with HIV in the state of PA is offered partner services activities, but essentially the choice to engage is theirs.

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

The Division will continue working towards the successful implementation of these activities with our PS24-0047 grant. These activities are written into our work statement and will be actively addressed throughout the grant cycle.

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

N/A

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

N/A

This section is for Evaluation Subcommittee purposes only