

IHPCP Goal Evaluation Worksheet

Day 1 Meeting: July 16, 2025 (Morning/Afternoon Session)

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)

Strategy: 1C: Support and expand PrEP screenings and services

Key Disparity Metric(s): PrEP uptake among minority communities, SGM communities, women of color and other underserved/underutilizing groups

Data Sets Informing this Objective: Data Sets informing this objective: Stakeholder Input Data # 1, 8, 10, 11; Contract Laboratory and Provider Reporting

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
7	Increase number of Participating Provider Agreements (PPAs) providers prescribing PrEP.	Clinical capacity; Priority pop: PPA providers	Division; PPAs; Partners: CMHD	48 PrEP PPA Providers in 2021	5% Increase

8	Promote and increase access to new PrEP medications as they become available.	PrEP Uptake	Division, PrEP Providers	2879 PrEP visits supported by Division	15% increase in number of PrEP visits supported by Division annually
9	Ensure linkage to and retention in PrEP services for clients by the CMHD's and relevant providers throughout the grant cycle.	PrEP Uptake	Division; CMHD's	1850 PrEP linkages reported by CMHDs and relevant providers	50% increase in PrEP linkages reported by CMHDs and relevant providers
10	Develop collaborations with Department of Drug & Alcohol Programs (DDAP) providers to expand PrEP screening to people who inject drugs (PWID).	DDAP providers Priority Population: PWID	Division; Partners: Department of DDAP, DDAP providers	30 Single County Authorities (SCAs) and 4 provider collaborations in 2021	10% in overall HIV testing in health care settings, 15% increase in number of DDAP provider collaborations
11	Support research into expanding PrEP access and uptake among underserved populations, including women of color.	Culturally specific messaging for women esp. women of color	Division; Partner; HPCP	Research supported/underway in 2022	Report on research findings/successes

Please describe the initiative as a whole.

The HIV Prevention Program (HPP) supports and encourages access to Pre-Exposure Prophylaxis (PrEP) through no-cost laboratory and provider services for uninsured individuals. We implement this through a network of Participating Provider Agreements (PPA) that range from small community-based organizations to large medical systems. Over time, as PrEP has evolved, we made the necessary accommodations for laboratory services.

The PPAs that work with HPP are very knowledgeable in medication assistance programs to cover the cost of PrEP for uninsured individuals. The HPP does not purchase or distribute any PrEP drugs directly.

The County and Municipal Health Department (CMHD) grants provide resources to support an HIV prevention navigator for linking individuals to PrEP providers. Some CMHDs have started offering PrEP services in-house through collaborations with local medical providers.

The Department of Drug and Alcohol Programs (DDAP) awarded the HPP funding to provide education around testing and PrEP, purchase and distribute rapid HIV and hepatitis C test kits and offer technical assistance to individual providers offering testing on-site. This funding ended on December 31, 2024. The HPP remains in contact with providers interested in offering HIV and hepatitis C testing, but not to the same level as during the grant period.

The University of Pittsburgh HPCP is supporting research to expand PrEP uptake among underserved populations, gender and racial disparities in PrEP access and coverage remain in PA and it is critical that women of color have access to viable HIV risk reduction strategies such as PrEP.

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?

- Increase number of Participating Provider Agreements (PPAs) providers prescribing PrEP.
 - As of July 2025, 18 out of 25 PPAs offer PrEP through the PPA.
- Promote and increase access to new PrEP medications as they become available.
 - Adjusted allowable laboratory services and the number of patient visits per calendar year to support injectable PrEP
- Ensure linkage to and retention in PrEP services for clients by the CMHD's and relevant providers throughout the grant cycle.
 - The HPP continues to offer linkage and retention services through the CMHDs under the HNS and ARTAS programs. The HPP has developed the Status Neutral Navigation and Linkage Program (SNNLP) to be rolled out starting in 2025.

- Develop collaborations with Department of Drug & Alcohol Programs (DDAP) providers to expand PrEP screening to people who inject drugs (PWID).
 - Funding was discontinued and data is no longer reported to DDAP
- Support research into expanding PrEP access and uptake among underserved populations, including women of color.
 - Current work suggest that women of color are interested in in using PrEP though they have been under targeted in outreach and report several barriers to use (e.g., low-risk perception, mistrust of medical institutions and pharmaceutical companies, relationship dynamics (IPV), and lack of communication by healthcare providers).

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:

As defined in the PPA, the priority populations include:

- Sexually active men who have sex with men
- Sexually active transgender individuals
- Individuals who inject drugs
- Racial and ethnic minorities and youth within these populations
- Sexual and needle sharing partners of persons living with HIV
- Individuals who exchange sex for drugs or money
- Individuals with multiple anonymous unprotected sexual or needle sharing partners
- Individuals that have been diagnosed with a sexually transmitted disease (STD)
- Additional populations as defined by surveillance data:
 - Individuals in high morbidity counties
 - Individuals with repeat/multiple STDs
 - Pregnant Individuals
 - All of the above between the ages of 15-24 years

How was your Target Populations Decided?

The priority populations are defined by the Centers for Disease Control and Prevention (CDC)

Alignment with Disparity Metrics in IHPCP:

Aligns with the priority populations listed on page 43 of the IHPCP

- Support research into expanding PrEP access and uptake among underserved populations, including women of color.
 - In PA, only 10% of PrEP users in 2022 were cisgender women and the PrEP-to-need ratio for women is 6.18 nationally and 10.24 in PA (vs. 15.97 and 23.81 for men, respectively) indicating unmet HIV prevention needs for women. Addressing this disparity in PrEP equity is critical to achieving substantial progress in reducing new HIV transmissions.

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

- Increase number of Participating Provider Agreements (PPAs) providers prescribing PrEP.
 - HPP believes we have an adequate number of PrEP PPA providers to meet the needs of the priority populations based on surveillance data. If additional providers reach out showing interest in becoming a PPA, our team reviews their proposal and decides if it is appropriate to onboard them.
- Promote and increase access to new PrEP medications as they become available.
 - No quantitative measure, all PPAs have access to the laboratory services needed to new PrEP medication
- Ensure linkage to and retention in PrEP services for clients by the CMHD's and relevant providers throughout the grant cycle.
 - Linkage and Retention efforts are measured based on the number of individuals enrolled in HNS and ARTAS, the number of times those individuals are seen, and referral or linkage outcome. Demographic data is also analyzed. Similar measures will be utilized for SNNLP.
- Develop collaborations with Department of Drug & Alcohol Programs (DDAP) providers to expand PrEP screening to people who inject drugs (PWID).
 - Funding was eliminated, no longer collecting data.
- Support research into expanding PrEP access and uptake among underserved populations, including women of color.
 - An increased understanding of the multi-level factors impacting PrEP care continuum for women of color in PA

What barriers or challenges have you experienced/are experiencing?

- Increase number of Participating Provider Agreements (PPAs) providers prescribing PrEP.
 - The HPP and STD programs submitted a revised PPA for approval through our contracts and grants workflow. Until this new agreement is approved, we are not onboarding any additional (new) providers. We do not have a set timeline/deadline for this process.
- Promote and increase access to new PrEP medications as they become available.
 - There are no barriers from the HPP, individual providers are increasing the use of injectable PrEP, but many continue to prescribe oral PrEP.
- Ensure linkage to and retention in PrEP services for clients by the CMHD's and relevant providers throughout the grant cycle.
 - Traditional barriers for linkage and retention services have involved strict structural/programmatic issues with HNS and ARTAS leading to a lack of navigation service uptake from potential clientele.
- Develop collaborations with Department of Drug & Alcohol Programs (DDAP) providers to expand PrEP screening to people who inject drugs (PWID).
 - The funding originated through the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response Grant awarded to DDAP. The HPP was then given a piece of that funding to increase awareness of HIV, hepatitis C and PrEP at facilities serving individuals who inject drugs. Unfortunately, this funding was eliminated, and the program requirements are no longer in place.
- Support research into expanding PrEP access and uptake among underserved populations, including women of color.
 - Health care providers serve a critical role in women's PrEP care continuum, however, slow adoption within women's healthcare systems remains a barrier (some initial factors impacting may include lack of awareness or skills/expertise (e.g., taking sexual histories, prescribing antiretroviral medications), confusion regarding scope of CDC guidelines, stigma and bias, and limited institutional support).

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

- Increase number of Participating Provider Agreements (PPAs) providers prescribing PrEP.
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- Promote and increase access to new PrEP medications as they become available.
 - N/A. The HPP has made appropriate testing available through the PPA for new PrEP medications.
- Ensure linkage to and retention in PrEP services for clients by the CMHD's and relevant providers throughout the grant cycle.
 - SNNLP was developed to remove strictures from previous programming that would allow navigation service providers increased ability to implement linkage and retention programming and report navigation work more readily.
- Develop collaborations with Department of Drug & Alcohol Programs (DDAP) providers to expand PrEP screening to people who inject drugs (PWID).
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- Support research into expanding PrEP access and uptake among underserved populations, including women of color.
 - A rapid systematic review of existing literature to identified 19 published articles reporting strategies to increase PrEP access and uptake among women. Articles were analyzed and results integrated into a summary document highlighting potential intervention opportunities.
 - Substantial outreach to community and health care settings serving women in Allegheny County took place with four major PrEP prescribing organizations answering questions about engaging women in HIV prevention services.
 - Facilitated a brainstorming session with AIDS Free Pittsburgh PrEP sub-committee members (Sept. 2022) around their organization's experience providing PrEP to women (e.g., barriers/challenges, successful strategies) and ideas around supporting women's increased PrEP access and use (e.g., data/information to help improve work, things sub-committee can do to support work). A "board" was created using Mural Board, an online collaboration tool, which was distributed by email to sub-committee members not in attendance to further solicit stakeholder feedback in the brainstorming.

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

- Increase number of Participating Provider Agreements (PPAs) providers prescribing PrEP.
 - 50% as the HPP and STD programs will have to onboard all providers when the new agreement is approved.
- Promote and increase access to new PrEP medications as they become available.
 - 100%, all PPA providers have the ability to serve uninsured individuals seeking injectable PrEP.
- Ensure linkage to and retention in PrEP services for clients by the CMHD's and relevant providers throughout the grant cycle.
 - HNS and ARTAS program implementation will continue while SNNLP is being rolled out in 2025. The SNNLP pilot has been completed, training opportunities will commence in 2025. Implementation of the SNNLP program is approximately 75% complete.
- Develop collaborations with Department of Drug & Alcohol Programs (DDAP) providers to expand PrEP screening to people who inject drugs (PWID).
 - N/A
- Support research into expanding PrEP access and uptake among underserved populations, including women of color.
 - Ongoing

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

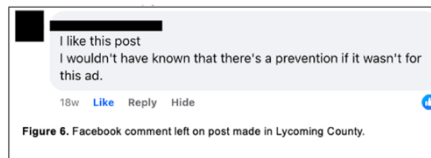
- Receive the approved PPA from the contracts and grants workflow
- Execute agreements with providers meeting the criteria of the PPA
- Continue to provide no-cost rapid HIV, hepatitis C and syphilis test kits to providers through the PA Expanded HIV Testing Initiative (PEHTI) including DDAP providers.

The PPA is sustainable as long as the HPP and STD Programs continue to receive federal and state funding. If there was a significant reduction or cut in funding, the programs would have to execute a plan to provide for the highest priority individuals.

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

The Power of PrEP” social media campaign was re-launched for a fourth wave (Dec. 2024) to increase PrEP awareness and interest among cisgender women and included a three-county evaluation comparison (Lycoming, Erie, and Allegheny counties). Full evaluation report is available, though in summary the campaign reached the intended audience with:

- Allegheny County having highest overall reach with 37,928 total viewers, while ads in Lycoming and Erie had more similar reach with 31,072 and 30,606 viewers.
- Allegheny County had the most overall engagement, with the highest number of post reactions largely contributing, Erie had the most link clicks to find information with 558 clicks vs. 443 and 375 in the other counties.
- Allegheny had the most public-facing actions (likes, comments, shares), Lycoming clicked the links to explore HPCP information more often, indicating a potential existing desire to learn more about PrEP in this region. As one Facebook post said:



The PrEP Navigation Tool was distributed by email (April 2023) to participants of HPCP capacity building trainings (e.g., HNS, ARTAS, HIV testing) since 2020 (130 individuals across PA). The project team also developed an anonymous, online feedback questionnaire that is incorporated into distribution of the tool (QR code and link on PDF of tool) as a way to get feedback (e.g., ways to improve). Since May 2023, the PrEP Navigation Tool has been distributed (electronic and hard copy) to all participants of HPCP capacity building trainings.

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

The HIV monitoring and evaluation section and STD program for managing the PPAs.

The PPA providers willing and able to provide services to uninsured individuals and support the mission of the Department.

The SNNLP workgroup and pilot group member organizations.

This section is for Evaluation Subcommittee purposes only

