

IHPCP Goal Evaluation Worksheet

Day 2 Meeting: November 20, 2025

Ending the HIV Epidemic Pillar: SUPPORT

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 socioeconomic 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

Key Disparity Metric(s): 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.

Data Sets Informing this Objective: Stakeholder Input Data # 1, 3, 4, 5, 7, 8, 10, 11, 16

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
73	Include/partner with representatives from Viral Hepatitis and STD in outreach efforts to affiliates or when establishing/building new working relationships.	greater synchronicity of comorbidity testing and education services	Division staff, field staff, Vital Hepatitis staff	N/A	# of desired/project ed new partnerships
74	Support and promote HIV anti stigma campaigns and related surveys and campaigns (such as PrEP awareness) as identified by the Division and/or HPG.	Stigma reduction; Barrier: Stigma, lack of issue awareness; Priority pop: specified communities impacted by HIV-related issues	HPCP, Partners: HPG, providers, Community groups, other stakeholders as applicable	One HIV anti-stigma campaign active in 2022; one PrEP Awareness campaign (CDC) was promoted in 2021	Maintain and report on one HIV anti-stigma campaign and at least one additional supported/promoted social media campaign
75	Support culturally competent HIV-related messaging to key and underserved/under resourced communities, such as individuals experiencing aging and/or long-term survivorship, rural communities, or young black Men who have sex with men (MSM) and transwomen.	Culturally competent HIV messaging; Barrier: lack of issue awareness/ education; Priority pop: specified communities impacted by HIV-related issues	HPCP; Partners: HPG, providers, community groups, other stakeholders as applicable	HPCP commenced Culturally competent messaging/pilot programming engaged in 2022 for rural community outreach and supporting SILK communities	Develop and pilot culturally competent outreach program to individuals experiencing aging and/or long-term survivorship; continue and report on

					efficacy of culturally competent messaging/pilot programming for any other specified communities' outreach
76	Monitor proposed/pending state legislation and provide legislative assessments or analysis as requested on their potential impacts on PLWH and communities at risk for HIV, including but not limited to issues such as HIV decriminalization, syringe service programs, aging, discrimination, employment, housing, poverty, health care, etc.	Scientifically And professionally accurate guidance to legislative activities impacting communities impacted by HIV.	Division Partners: HPG	N/A	Report yearly to the HPG on all legislation flagged and all assessments provided to the Pa legislature.

Please describe the initiative as a whole.

73. Include/partner with representatives from Viral Hepatitis and STD in outreach efforts to affiliates or when establishing/building new working relationships.

HIV Prevention partnered with the Department's Viral Hepatitis program to implement the activities prescribed in the State Opioid Response Grant we received through the Department of Drug and Alcohol Programs (DDAP). The funding for and the activities we developed have mostly ended except for a virtual "foundations" training for HIV and viral hepatitis

that is hosted by the PA Expanded HIV Testing Initiative (PEHTI) team, and other online resources that are routinely updated by both programs.

Currently, the Integrated Participating Provider Agreement (PPA) through the HIV and STD programs allows for risk-based hepatitis C serologic testing, and viral hepatitis testing required for the initiation of PrEP for uninsured individuals.

The Viral Hepatitis program invited HIV Prevention, among others, to participate in planning outreach to birthing hospitals to improve pre-natal testing and post-natal follow up.

Additionally, HIV Prevention and Viral Hepatitis meet regularly to discuss opportunities for collaboration on new projects and to share progress on current programs, and Viral Hepatitis participates in the monthly PEHTI meetings.

74. Support and promote HIV anti stigma campaigns and related surveys and campaigns (such as PrEP awareness) as identified by the Division and/or HPG.

HIV-related intersectional stigma in healthcare settings continues to represent one of the most significant barriers to effective HIV care and treatment in Pennsylvania, and it is essential that we recognize and address these intersecting forms of stigma.

75. Support culturally competent HIV-related messaging to key and underserved/under resourced communities, such as individuals experiencing aging and/or long-term survivorship, rural communities, or young black Men who have sex with men (MSM) and transwomen.

The HIV Friendly Training and Outreach Initiative uses a community-based approach to make the general public aware of the continued existence of HIV in Pennsylvania. This training initiative utilizes a two-tiered approach, beginning with the rollout of the HIV Friendly training for lay audiences. All HIV Friendly materials, including testimonial videos, presentation slides, companion guide and website resources were created and refined. Associated materials are currently under review approval, after which roll out will begin with two monthly training sessions and evaluation process.

76. Monitor proposed/pending state legislation and provide legislative assessments or analysis as requested on their potential impacts on PLWH and communities at risk for HIV, including but not limited to issues such as HIV decriminalization, syringe service programs, aging, discrimination, employment, housing, poverty, health care, etc.

Representative Struzzi's syringe services bill HB809 (House Bill 809 Information; 2025-2026 Regular Session - The Official Website of the Pennsylvania General Assembly) was reintroduced this session. It is awaiting action by the House Judiciary Committee. There was no action on the bill in 2025 but advocates are hoping for some movement in 2026. PA Harm Reduction Network is monitoring the bill. Folks can sign up for updates from them at PA Harm Reduction Network.

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?

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N/A

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The 2020 state-wide survey heard from 1,421 people with HIV and clients of PA's AIDS Drug Assistance program from all seven Ryan White Coalition regions around stigma experienced during healthcare visits. Forty three percent of survey respondents detailed experiencing stigma from healthcare-related staff at some point since HIV diagnosis, including non-HIV doctors, front desk staff, medical care team, case manager, and HIV doctors. The results revealed that higher HIV-related intersectional stigma was associated with higher probability of self-reported detectable viral load and higher probability of not being retained in HIV care.

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N/A

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N/A

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

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The state opioid response grant focused on individuals seeking care for opioid use disorder.

74. Support and promote HIV anti stigma campaigns and related surveys and campaigns (such as PrEP awareness) as identified by the Division and/or HPG.

Baseline survey data underscored the need to raise awareness among staff and healthcare providers at HIV-related health care agencies in PA of the impact of intersectional stigma on health outcomes and support strengthening workforce skills and competencies to ensure delivery of stigma-free HIV-related services and care

75. Support culturally competent HIV-related messaging to key and underserved/under resourced communities, such as individuals experiencing aging and/or long-term survivorship, rural communities, or young black Men who have sex with men (MSM) and transwomen.

Make the general public aware of the continued existence of HIV in Pennsylvania.

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No updates currently.

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

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N/A currently.

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An increased understanding of how stigma manifests in HIV care agencies and impacts the health and well-being of people living with HIV, commitment to stigma reduction of staff and health providers at HIV-related health care agencies, and mobilization of community stigma fighters/community of practice to address the complex problem of intersectional stigma.

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Evaluation metrics will be integrated into the implementation of HIV Friendly to assess such things as an increase in knowledge and awareness of HIV in PA.

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No updates currently

What barriers or challenges have you experienced/are experiencing?

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No barriers or challenges currently.

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Key stakeholders from HIV healthcare agencies perceive their clinic as only vaguely aware of the impact of intersectional stigma on HIV care outcomes and that HIV care clinics in PA have varied readiness level to take action against intersectional stigma. Readiness score did not vary significantly by PA region or stakeholder group and represented a 3 or 4 (out of 9). These scores indicate that clinics have a vague awareness of intersectional stigma or are preplanning action, and as such, interventions should focus on raising awareness that the community can do something and share concrete ideas to combat stigma, accordingly.

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No updates currently.

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

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We designed a Dear Colleague letter and associated infographic that summarizes the intersectional stigma work completed to date, including offering tangible action steps for health care providers. These materials urge healthcare leaders and providers in Pennsylvania to take decisive steps to combat HIV-related intersectional stigma through a clear call to action of reflect, plan, and act. The materials will be distributed to a broad network of stakeholders across PA (e.g., previous stigma stakeholder engagement, PPA list, HPG, PrEP provider list (150+ contacts), and word-of-mouth).

We designed an asynchronous 2-module HIV-related intersectional training (“HIV Intersectional Stigma and Healthcare”) that will equip all clinic employees, regardless of role, with the tools necessary to provide affirming, accessible, and compassionate care. This training centers the target learner of all staff and providers at HIV-related health care agencies in PA and includes learner objectives across module and provides learning opportunities through varied approaches (e.g., animated and traditional videos, real-life scenarios, custom animations and illustrations, handouts) and integrated assessments (e.g., knowledge checks, commitment to change assessment).

Module One (“Foundations of Intersectional Stigma in Healthcare”) lays the foundation for comprehending the complexities of stigma and oppression within healthcare, including how stigma emerges across race, gender identity, sexuality, HIV status, and others - and how those overlapping identities impact trust, health outcomes, and a person’s willingness to stay in health care. Participants will explore the origins of stigma, how it is systematically perpetuated, and its tangible impact on both clients and providers. The module leverages real-life examples on the health impact for Pennsylvanians living with HIV (using HPCP’s previous stigma-related work) to provide a practical, in-depth understanding of these critical issues.

Module Two (“Identifying Stigma in Clinical Settings & Sustaining a Stigma-Free Clinic Culture”) provides participants with the tools to identify stigma in clinical environments and understand its impact on patient care. Through guided exploration of real-world examples and role-playing activities to encourage reflection and help participants practice addressing these challenges effectively. This module will also equip participants with actionable strategies to foster a stigma-free clinic culture.

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N/A

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No updates currently.

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

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**The State Opioid Response grant project ended December 31, 2024.
Allowing hepatitis C and other viral hepatitis testing through the PPA is ongoing.
Participation in meetings/collaborations is ongoing.**

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Do not have a defined completion goal currently as this activity is continuous.

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No updates currently.

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

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With funding uncertainty across all programs, there are concerns about the sustainability of the PPA. However, the HIV and STD programs continue to try and mitigate any barriers/keep providers updated.

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A phased pilot test of the HIVIS training with appropriate evaluation metrics gathered throughout to assess feasibility, acceptability, and commitment to stigma reduction is in process. Example evaluation metrics include pre/post knowledge check and several open-ended reflection prompts (e.g., What's one idea or realization from this course that will stay with you? Where do you see opportunities to be more intentional in the way you show up for patients? What is one small shift you plan to make?). Additional implementation metrics will be measured (e.g., interest and reach).

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HIV Friendly Training and Outreach Initiative will begin with two monthly training sessions and evaluation process.

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No updates currently.

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

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Not currently.

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Responding to the 2020 stigma survey findings and the critical role stigma plays in health outcomes among people living with HIV in PA, we employed a series of stakeholder activities using Human-Centered Design to prioritize experts with lived experiences in the creation of intersectional stigma reduction interventions. Full report is available, though in summary:

- We conducted a series of seven HCD activities across four sessions from October 2022 to October 2023 within two phases of focus (Phase 1: Understanding Phase - Identify Challenges and Opportunities for Intersectional Stigma Reduction Work and Determine Priorities and Phase 2: Designing Phase - Envisioning Intervention Possibilities through Iterative Development Co-Design)**

- **Forty-one unique individuals participated in the project who represented varying experience receiving or working in HIV health care in Pennsylvania. Each participant completed at least one of the four stakeholder sessions with participation varying by activity - exploring (28 participants), prioritizing (20 participants), voting (18 participants), and generating and refining (12 participants). Three participants completed all four sessions. Participants were located across PA and represented varied regional areas.**
- **Ultimately, this iterative and inclusive process of sharing, prioritizing, generating, and refining resulted in the co-design of 8 intervention concepts to support patient-centered, non-stigmatizing health care for all in HIV care clinic spaces in PA.**
- **The HIVIS asynchronous training currently being piloted was designed from this work (intervention concept #4), as is the Dear Colleague letter (readiness level 3).**
- **The Partner Elicitation Services project aims to increase awareness and acceptance of partner services in PA. The project is exploring what factors may cause PES to be received negatively from the perspective of a community member and to develop strategies for the ongoing refinement of PES in collaboration with community partners and members.**

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Harm Reduction project involves piloting a harm reduction organizational coaching model with a partner HIV care agency. The organizational coaching model was developed to help health care agencies conduct organizational self-assessments and identify strengths and opportunities for growth in the practice of harm reduction care for all oppressed populations living with HIV. This 5-session capacity-building model aims to center relational approaches of harm reduction in PA HIV provider settings and includes learning objectives across each session, is tailored to each organization's needs and interests, and provides capacity building through varied approaches (e.g., lectures, case scenarios, narrative storytelling, learning activities). A pilot completion report is in development which will summarize implementation metrics collected, highlight insights and strategies to refine organizational coaching model, and offer opportunities to integrate with other healthcare professionals caring for people living with HIV in PA.

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No updates currently.

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

73. Include/partner with representatives from Viral Hepatitis and STD in outreach efforts to affiliates or when establishing/building new working relationships.

Lauren Orkis and Samantha Eldridge from Viral Hepatitis

Jeremy Sandberg and Liza Conyers from PEHTI

The team at DDAP that assisted with the state opioid response grant implementation/funding.

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Not currently.

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Not currently.

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Not currently.

This section is for Evaluation Subcommittee purposes only